“Carter Steps in to Cool Venezuela Referendum Fight”
—Reuters, January 28, 2004

“A Seed of Hope for Africa; Altered Corn Feeds a Revolution in Ghana, With Assistance From The Carter Center”
—Cox News Service, March 3, 2004

“Carter Center to Send 57 Election Monitors to Indonesia”
—Antara, The Indonesian National News Agency, September 15, 2004

“Carter Center, Volunteers Close in on Eradicating Guinea Worm”
—Associated Press, August 1, 2004

“Activists Call for Shoring Up Human Rights Amid Security Concerns”
—U.N. Wire, November 12, 2003

“Former First Lady Pushes for Mental Health Reform”
—Atlanta Journal-Constitution, May 13, 2004

“Fight to Eliminate River Blindness Receives $10 Million From Bill and Melinda Gates Foundation”
—BBC World Service, November 21, 2003
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.
Violence, disease, and poverty are such imposing challenges that many of the world’s people abandon their dreams of a future without famine, a government without tyranny, or a life without suffering.

At the Carter Center, we believe one of our most important tools is to spread hope through action. We select projects neglected by others and take the lead in promoting human rights, democracy, and good health.

We are waging peace, fighting disease, and building hope ... by taking action.

Jimmy Carter
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 53 elections in 24 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.

Budget
$38 million 2003-2004 operating budget.

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) 865-7101.

Staff
150 employees, based primarily in Atlanta.
Eighteenth century British statesman Edmund Burke once said, “The public interest requires doing today those things that men of intelligence and good will would wish, five or ten years hence, had been done.”

At The Carter Center, each day is a call to action. And, in today’s world, we have unique and unprecedented opportunities to succeed in our efforts to achieve lasting solutions to complex challenges in peace and health.

This past year, we recorded progress on many fronts. Our campaign against the ancient parasitic disease of Guinea worm resulted in fewer than 23,000 cases being reported in Africa, down from 3.5 million when we began to lead the eradication effort in 1986. Less than 1 percent of the disease remains!

Taking action would not be possible without critical financial support. We now can escalate our effort to eradicate river blindness in the Americas thanks to a $10 million matching grant from the Bill & Melinda Gates Foundation and subsequent support from Merck & Co., Inc. and the Lions Clubs International Foundation.

Meanwhile, our peace programs observed momentous elections in Venezuela, which held the first known presidential recall referendum in modern history, and in Indonesia, where citizens for the first time voted directly to elect their president.

Ever watchful of opportunities to end the conflict in the Middle East, we endorsed the signing of the Geneva Accord — an unofficial but highly regarded proposal outlining how the parties might secure a future free from fear and bloodshed for millions living in this troubled region.

Further, an unprecedented gathering of international human rights defenders at the Center brought to light new threats to their work, human rights, and civil liberties by many governments emboldened by anti-terrorism laws in the wake of 9/11.

At The Carter Center, we build hope through deeds. The difference is a world with real legacies of freedom and improved health.

Executive Director
The Carter Center
“Resolving every conflict in the world today would not guarantee world peace in the future. Human rights, good governance, economic opportunity, and a healthy population — each of these is necessary to foster stability and permanently advance the quality of life on earth.”

— John Hardman, M.D., executive director and acting associate executive director for peace programs
Creating a world at peace requires sustained action on many fronts. Helping parties find their way through dialogue or mediation to peaceful coexistence has set the stage within nations for greater consensus building through democratic governance. Indeed, The Carter Center has played a key role in one of the most profound trends in the world today, the spread of democracy. Having observed 53 elections, we now also strengthen the institutional fabric of democracies, helping governments to accept the wisdom of transparency and of being accountable, and showing citizens peaceful ways to participate in local and national decision-making. When this occurs, the foundation is set for all sectors of society to work together to make the critical choices required for comprehensive and sustainable development in poor nations.

Taking action now, peace, democracy, human rights, and economic opportunity will be the legacy we leave for future generations.
Venezuela Takes Steps to Heal Political Rift

When political opponents become entrenched in their positions, it often takes an impartial and respected negotiator to help the two parties resolve their differences. Such was the case in Venezuela this past year, where the rift between the government and the opposition caused many to fear the country would disintegrate into civil war.

Two years ago, both sides welcomed The Carter Center and its partner, the Organization of American States, to help them find common ground to defuse an increasingly hostile political crisis. Along the way, the Center and the OAS helped the government and its opponents negotiate the “rules of the game” as the opposition sought to use a constitutional provision allowing a presidential recall referendum. Both organizations also observed the recall process’s public aspects, such as collecting signatures to petition for a recall vote, verification of petition signatures, and the referendum vote.

Americas Program Director Dr. Jennifer McCoy, who spearheaded the Center’s mediation, cautioned both sides that while the referendum was an important step in the democratic process, the result would only satisfy the winner, in this case, President Hugo Chavez. A lasting resolution to their differences would require sincere political reconciliation and collective efforts to solve the deep problems of poverty, corruption, crime, and loss of interpersonal trust.

“The government should reach out to its opponents to create a national vision for the country and ensure all Venezuelans feel represented,” Dr. McCoy said. “Venezuela’s future depends on all Venezuelans acknowledging that the country requires the contributions of all of its citizens to advance and that no group or sector can be eliminated or excluded.”

The Center founded a “third-side” council of prominent Venezuelans seeking a peaceful resolution to the political crisis, who will continue to use their voices to heal the country. Nationwide, a network of community organizations trained by The Carter Center continues to teach mediation skills necessary for various sectors of society to coexist.

More on the Center in Action

The Americas Program, with the Democracy Program, held two forums in Guatemala in February 2004 with leaders from Congress, the political parties, and civil society to explore possible reforms to political finance law. Staff also examined campaign finance issues during their observation of the 2003 presidential elections, particularly the misuse of state resources.
Council of Presidents and Prime Ministers of the Americas

Established in 1986, the Council of Presidents and Prime Ministers of the Americas is a group of current and former heads of government from throughout the Americas. The council's goals are to reinforce democracy and transparency in the Americas, help resolve conflict in the hemisphere, and advance regional economic cooperation and freer trade. A pioneer in mediating and observing elections in Latin America, the council is based at the Americas Program of The Carter Center.

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

Leonel Fernández Reyna
President of Dominican Republic (1996-2000, 2004-present)

Said Musa
Prime Minister of Belize (1999-present)

P. J. Patterson
Prime Minister of Jamaica (1992-present)

Raúl Alfonsín
Former President of Argentina (1983-89)

Nicolás Ardito-Barletta
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
Former President of Costa Rica (1978-82)

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

Vinicio Cerezo
Former President of Guatemala (1986-90)

Violeta Barrios de Chamorro
Former President of Nicaragua (1990-96)

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

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

Gerald Ford
Former President of the United States of America (1974-77)

Eduardo Frei
Former President of Chile (1994-2000)

Osvaldo 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 (1989-99)

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

Valentin Paniagua
Former President of Peru (2000-01)

Andrés 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 (1986-91, 1997-present)

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

Gonzalo Sánchez de Lozada
Former President of Bolivia (1992-97, 2002-03)

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

George Price
Former Prime Minister of Belize (1981-84, 1989-93)

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)

• A field office was opened in Bolivia in May 2004 to support the efforts of President Carlos Mesa, the Congress, and civil society to pass a comprehensive access to information law. A new field office in Jamaica also supports the government’s implementation and enforcement of its recently passed Access to Information Act and promotes citizens’ use of this new right.

• A broad range of Cuban-American groups from the United States gathered at the Center for two dialogues intended to foster communication and better understanding among them.
The conflict between Israelis and Palestinians has raged for so long and been so violent that many have little hope for a peaceful solution. Refusing to let pessimism rule, a small group of Israelis and Palestinians, with advice from The Carter Center, has drafted the Geneva Accord, an unofficial road map that spells out what peace could look like.

Palestinian and Israeli leaders who were part of the official 2001 negotiations at Taba embarked on a bold experiment: What would have happened if they had more time during the negotiations? They picked up where they had left off, and in 2003 the result was the document that lays out borders and settlements and the status of Jerusalem.

The Carter Center's Matthew Hodes, director of the Conflict Resolution Program, participated in meetings in Jordan and the United Kingdom, where specifics of the initiative were hammered out.

“The conversations were alternatively positive and contentious but exceptionally candid,” Hodes said. “I took it as a reflection of how deeply felt the positions were, how firmly they were prepared to protect their underlying interests, and how hard it was for them to acknowledge the need to compromise.”

Hodes and former U.S. President Jimmy Carter joined international dignitaries to endorse the agreement at its public unveiling in Geneva in December 2003, with President Carter calling it the “best chance for peace” in the Middle East.

“Even before the Geneva Initiative was publicly launched, 40 percent of the Israeli and Palestinian public favored the plan,” Hodes said. “Continuing to generate support for the proposal will pressure politicians to come to the negotiating table and look at its merits.”
More on the Center in Action

• Conflict Resolution Program staff closely monitored the conflict in Nepal, where Maoist rebels seek to abolish the ruling monarchy, undertaking an assessment mission there in June 2004 and follow-up visits with political actors.

• The program joined other conflict resolution professionals in October 2004 on a mission to assess the risk of conflict in Guinea-Bissau. The West African country has been beset by numerous coups since its independence from Portugal in 1974 and, most recently, a civil war that devastated the economy.

International Council for Conflict Resolution

The International Council for Conflict Resolution is a small body of internationally recognized diplomats, academics, and conflict resolution experts who advise and complement the efforts of the Center's Conflict Resolution Program. Council members take an active role in program activities and are engaged on an individual basis in its projects. Members are encouraged to work with the program to advance the common understanding of the art and science of conflict resolution.

Mr. Ali Alatas
Former Minister of Foreign Affairs, Indonesia

Dame Margaret Anstee
Former Undersecretary-General, Former Special Representative of Secretary-General in Angola

Mr. Carl Bildt
Former Prime Minister of Sweden, Special Envoy of the Secretary-General of the United Nations to the Balkans

Mr. Daniel Bowling
Former Executive Director, Association for Conflict Resolution

Ambassador Vitaly Churkin
Embassy of the Russian Federation

Mr. Samuel Gbaydee Doe
Former Executive Director, West African Network for Peace Building

Dr. Mari Fitzduff
Professor and Director, Massachusetts Conflict and Coexistence Program, Brandeis University

Ms. Angela King
Assistant Secretary-General, United Nations, Special Adviser on Gender Issues and the Advancement of Women

Ambassador Lansana Kouyate
Former Executive Secretary, The Economic Community of West African States

Dr. Christopher Mitchell
French-Cumbie Professor of Conflict Resolution, Institute for Conflict Analysis and Resolution, George Mason University

Mr. Joseph Montville
Former Director of Preventative Diplomacy, Center for Strategic and International Studies

Dr. Makumi Mwagiru
Institute of Diplomacy and International Studies, University of Nairobi; Director, Center for Conflict Research

Mr. Lauri Nathan
Former Executive Director, Center for Conflict Resolution, University of Cape Town; Visiting Fellow, Crisis States Research Center, London School of Economics

Mrs. Sadako Ogata
Former United Nations High Commissioner for Refugees; President, Japan International Cooperation Agency

Mr. Giandomenico Picco
Executive Director, GDP Associates Inc.

Ambassador Sir Kieran Prendergast
Undersecretary-General for Political Affairs, United Nations

Ambassador Mohamed Sahnoun
Special Adviser to the United Nations Secretary-General

Ambassador Mary Simon
Former Canadian Ambassador for Circumpolar Affairs with the Department of Foreign Affairs and International Trade in Ottawa, Canada

Retired General Sir Rupert Smith
Deputy Supreme Allied Commander, NATO

Mr. Paul Van Tongeren
Executive Director, European Center for Conflict Prevention

Dr. William Ury
Director, Global Negotiation Project, Harvard University

Dr. William Zartman
Jacob Blaustein Professor of International Organization and Conflict Resolution; Director of Conflict Management Program, The School of Advanced International Studies, The Johns Hopkins University
Prior to 1998, Indonesians who went to the ballot box had little hope of electing a president other than the candidate designated by their government. Yet Indonesia quickly emerged from the shadow of 40 years of authoritarian rule to hold legislative elections in 1999 that Carter Center monitors found to be credible and transparent. Although Indonesians gained new political freedoms, the country’s democratic future seemed unstable, marred by a presidential corruption scandal and ouster, economic decline, and human rights violations.

In 2004, Indonesia held three sets of elections, including for the first time a direct election of the president, demonstrating an impressive strengthening of democracy in the country. The world’s fourth largest country and home to the world’s largest Muslim population, Indonesia is crucial to democratic progress throughout Southeast Asia and beyond.

“The 2004 elections were a major step forward in Indonesia’s democratic transition,” said Dr. David Carroll, acting director of the Center’s Democracy Program. “Voters demonstrated their commitment to democratic principles and to holding leaders accountable. The presence of our observers helped build confidence in the electoral process.”

The Center deployed 15 long-term observers in April to monitor the electoral process, including campaigning and voter education efforts. At the July 5 first-round presidential elections and the Sept. 20 runoff, 57 delegates were deployed to a representative sample of polling stations—a complex logistical challenge in this archipelago of 6,000 inhabited islands.

Carter Center election observers praised the administration of the election as peaceful and open. In the second round, about 60 percent of voters chose to replace incumbent President Megawati Sukarnoputri with popular ex-general Susilo Bambang Yudhoyono, known as SBY.
More on the Center in Action

• A long-term election project in Mozambique began in late 2003, when the Center monitored municipal elections, and continued with observation of the 2004 presidential elections in December.

• The Center completed rule of law and governance projects in Guyana in 2004, improving the influence of not-for-profit organizations on public policy, founding the Mediation Centre of Guyana to strengthen administration of justice, and helping enhance judicial system efficiency.

• A Carter Center team drew widespread attention to human rights and campaign finance issues during Guatemala’s November 2003 elections, noting political violence; systemic discrimination against poor, indigenous communities; and lack of accountability for human rights abuses.

• In October 2003, The Carter Center, the U.N. Electoral Assistance Division, and the National Democratic Institute for International Affairs hosted a conference of major international observation organizations to build consensus on proposed principles and a code of conduct for election observation worldwide.

While Indonesia has emerged from 40 years of authoritarian rule, many people remain disillusioned with the country’s economic decline.

The successful conclusion of Indonesia’s presidential elections represents a major step in the country’s ongoing democratic transition. The country must now continue efforts to build accountable, effective political institutions and to ensure citizens can participate meaningfully in the political life of their country.
Following a 17-year civil war, Mozambique achieved record-setting growth for a sub-Saharan African country, and more political parties were emerging to claim their stake in its future. However, this progress was dampened in the late 1990s by formidable challenges, including contested national election results, a series of high-profile corruption scandals, and slow poverty reduction.

Mozambique President Joaquim Chissano foresaw the need for a national dialogue about the future direction of the country. In 1998, he called on the major political and social forces to work together to craft a national agenda for the period to 2025 and invited the Center’s Global Development Initiative to lend its expertise to help manage the process. The initiative’s experience enabled it to bring together Mozambicans from across the social and political spectrum to develop a shared long-term strategy for the future development of their country.

When strained relations between the government and opposition after the 1999 elections threatened to forestall the process, former U.S. President Jimmy Carter assisted by meeting with opposition leader Afonso Dhlakama to encourage his party’s participation. Dhlakama’s party and the government each went on to appoint members to the Agenda 2025’s advisory committee.

“Creating an environment which enables government representatives, opposition parties, civil society, and business interests to work together to craft a national vision is essential, especially in deeply divided societies like Mozambique, if the fragile peace following years of war is to be maintained,” said Global Development Initiative Director Edmund Cain.

The final version of the agenda was published in November 2003 and unanimously approved by Parliament the next month. The Global Development Initiative expects to continue advising on the agenda’s implementation, particularly its use as a guide for short-term poverty reduction activities funded by donors.
More on the Center in Action

• The initiative continues to foster civil society participation in Albania’s Poverty Reduction Strategy Process, a requirement of the World Bank and the donor community for a country to receive funding. The Center has helped train civil society groups to participate more actively in policy-making and has promoted greater international cooperation with Albania’s objectives.

• President and Mrs. Carter and initiative Director Edmund Cain traveled to Mali in February 2004 to meet with President Amadou Toumani Touré to launch the Development and Cooperation Initiative. This multiyear effort aims to strengthen Mali’s ability to manage its development, including strengthening donor coordination. The initiative will work with the government and civil society to improve development planning, increase citizen input into development policy, and build government capacity to focus external assistance on national priorities so greater progress can be made in reducing poverty.
Human Rights

Defenders Struggle on the Front Lines of Freedom

Human rights defenders from 41 countries came to The Carter Center to tell their unique stories, yet they were all disturbingly the same: Hard-won gains in human rights and civil liberties were being reversed following 9/11 as countries expanded their police and military powers on the pretext of defense against terrorism.

Former U.S. President Jimmy Carter, Acting High Commissioner for Human Rights Bertrand Ramcharan, and U.N. Special Representative to the Secretary-General on Human Rights Defenders Hina Jilani convened the group in November 2003 to create a public record of a trend many suspected. Countries were using the war on terrorism as an excuse to silence dissent by cracking down on opposition parties, minority groups, and civil society organizations. Some of the activists said they or their colleagues were arrested on suspicion of terrorism because of their human rights work.

The action outcome was the “Atlanta Declaration,” calling for the repeal of legislation undermining fundamental freedoms and for the establishment of a Human Rights Defenders Policy Forum to foster more effective engagement between grassroots human rights activists and governmental and intergovernmental bodies to develop policies that better promote democracy and protect human rights. The declaration was publicized by the activists in their countries and presented to senior U.S. administration and U.N. officials. The full text can be found at www.cartercenter.org.
Saad Eddin Ibrahim, Egypt

I was in prison on Sept. 11, 2001... Every dictator in the world is using what the United States has done under the Patriot Act and other derivative measures to justify their past violations of human rights, as well as declaring a license to continue to abuse human rights. They say, “Look, here is a United States that had for years reprimanded us for violation of human rights; look what they are doing.”

Hina Jilani, Pakistan

In the name of security, we have given precedence to military means and methods. In my way of thinking, we have almost abandoned political solutions to political issues. This makes for more and more militarization of states. This is one of the biggest threats I fear is emerging, which could permanently destroy the value, the effectiveness, and the essence and norms of human rights as we know them.

Willy Mutunga, Kenya

The U.S.-backed Suppression of Terrorism Bill under consideration by the Kenyan Parliament will hinder progressive democratization in Kenya, as it gives the state and its institutions draconian powers. The bill, if it becomes law, will claw back all the concessions that Kenyans have consolidated against the dictatorship for the last decade and may be the death of the human rights movement in Kenya. This is not an exaggeration. It is very possible that a group like the Kenya Human Rights Commission can become a terrorist group under the Suppression of Terrorism Bill.

Rachland Nashidik, Indonesia

What we have struggled for 30 years to obtain, and partially achieved after 1998, is to push the military away from internal security and toward working as a defense power only. But after 9/11 and particularly after the Bali bombing and the Marriott bombing, the military used this momentum to get back its traditional power, based on the idea that the police force in Indonesia is incapable of combating acts of terrorism... Foreign countries like the United States, for example, prefer to resume military cooperation instead of giving training to police in Indonesia.

Vrinda Grover, India

On May 1, 2003, in one Indian state, some lawyers who had been organizing tobacco workers there circulated a leaflet which was a judgment passed by the Supreme Court of India on the rights of a person on arrest. These lawyers have been charged with sedition for simply reproducing and distributing that judgment.

Neil Hicks, Human Rights First

What the U.S. government has done, perhaps unintentionally, in its reaction to the 9/11 attacks is create a new pretext to violate human rights, both for itself and perhaps even more damagingly for other governments around the world who can claim to be following the U.S. model.

Arnold Tsunga, Zimbabwe

It is not sustainable to fight terrorism using only counter-terrorism measures. It is important to root the fight against terrorism in the principles of universally accepted human rights and fundamental freedoms. It is only through that process that we will achieve sustainability.

These tranquil waters in Albania belie the depth of change in this former dictatorship where The Carter Center works.
“Mozart almost died of smallpox as a child. How much poorer would the world be if Nelson Mandela had died of measles as a boy? The world is losing potential scientists, statesmen, and artists every day to preventable diseases.”

— Dr. Donald Hopkins, associate executive director for health programs
The future of humankind depends on our seizing opportunities today to reduce threats to our children’s health from preventable diseases and malnutrition. Poor health is a serious impediment to development and economic well-being worldwide. Fortunately, many nations are coming to understand the importance of a healthy population, and each year, medicine is acquiring more technology and tools, strengthening political will and global resolve to tackle major challenges in disease control that once seemed insurmountable.

The Carter Center has forged successful alliances with partners to strengthen primary health services for rural and urban populations in more than 30 nations. We build capacity by sharing with people the tools and knowledge they need to address their own problems, take ownership of them, and sustain solutions. This approach is strengthening the infrastructure for self-sustaining health education and delivery in communities throughout Africa and Latin America.

Taking action now, we are helping to improve overall quality of life for millions and building hope for the future.
The Carter Center and its partners achieved in 2004 what for thousands of years seemed a dream — more than 99 percent of Guinea worm disease eradicated from the planet.

With the prospect of eradication near, the Center redoubled its efforts in early 2004 in several West African countries, the most endemic after Sudan. By year’s end, Nigeria for the first time had reported zero Guinea worm cases in one month — September, and Ghana reported a 51 percent reduction in cases July-September compared to a year earlier. Uganda, in East Africa, has stopped transmission of the disease altogether.

Concern about a temporary upswing in cases in Ghana sparked a visit to the country by President Carter, World Health Organization Director-General Dr. Lee Jong-wook, and UNICEF Deputy Executive Director Kul Gautam in February 2004 to urge government officials to intensify prevention efforts.

“Although relatively few cases remain in West Africa compared to when the eradication campaign began in 1986, every case must be contained in the countdown to eradication. The last cases are always the hardest, so the political will of a nation’s leaders to make Guinea worm eradication a health priority is more important than at any other stage,” said Dr. Ernesto Ruiz-Tiben, technical director, Guinea Worm Eradication Program.

Following the visit, the Ghanaian government renewed its commitment to the fight against Guinea worm disease, including airing public service announcements by fellow Ghanaian U.N. Secretary-General Kofi Annan, mounting a major effort to provide new wells in as many endemic villages as possible, and releasing funds to improve surveillance and reporting in nonendemic areas.

Back in Atlanta, more than 500 corporate volunteers and members of the diplomatic community joined Carter Center staff in July to assemble 30,000 medical kits from materials donated by Johnson & Johnson and the Kimberly-Clark Corporation to help eradicate Guinea worm disease in Ghana, Nigeria, and Sudan.

Thanks to the efforts of volunteers, donors, and many other partners, the day is within sight when the horrible Guinea worm disease will be found only in the pages of history books.
With only 20 Ghanaian districts reporting most of the remaining cases of Guinea worm disease, this young girl may never suffer from the debilitating disease as her father, 38-year-old Lukaas Njakune, does.

**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 then it 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.

**Olusoji Adeyi, M.D., M.P.H., Dr.PH**
Coordinator of Global Partnerships for Communicable Diseases, The World Bank

**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

**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
A goal to end the misery caused by river blindness disease in the Americas was reaffirmed in 2004 with a $10 million challenge grant to The Carter Center from the Bill & Melinda Gates Foundation. The grant challenges the Center to raise $5 million in matching funds to secure a total of $15 million for the project.

The eradication campaign in six endemic nations was endorsed by the Center’s International Task Force for Disease Eradication and by a group of 60 global experts who reviewed the scientific and practical feasibility of the goal.

“The science tells us that semiannual doses to 85 percent or more of infected people in the Americas will halt transmission,” said Dr. Donald Hopkins, Carter Center associate executive director for health programs. “Meanwhile, the relatively small concentrations of the disease make it an actionable goal. Regional eradication is indeed possible.”

Since 1996, the Center’s River Blindness Program has assisted ministries of health in 11 countries in Africa and the Americas to dispense a total of more than 60 million treatments of the drug Mectizan®, donated by Merck & Co., Inc., to large segments of an at-risk population of 123 million worldwide. In the Americas, 500,000 are at risk, and 180,000 are infected in Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela.

“Not only will eradication in the Americas dramatically improve life for our immediate neighbors, but there is hope it will help teach us how to overcome challenges to drug distribution and interruption of transmission in Africa, where 99 percent of the disease remains,” Dr. Hopkins said.

Joining the Bill & Melinda Gates Foundation in the eradication challenge are many donors, including Lions Clubs International Foundation and Merck & Co., Inc.
In most of rural Ethiopia, people practice “open field defecation” of human waste, providing fertile breeding places for flies that transmit the eye disease trachoma. Eye diseases are so prevalent in the Amhara region in the northwestern part of the country that as many as 80 percent of children 1 to 9 years old are known to have been infected with active trachoma. And trichiasis, the most severe stage of trachoma leading to blindness, is as high as 15-20 percent among women 40 years and older.

The Amhara regional health bureau, with support from The Carter Center, launched an intensive campaign in 2004 to promote latrines to remove human waste from the environment. The response in a woreda, or district, called Hulet Eju Enessie was exceptionally compelling, where two visionary leaders, the woreda administrator and the woreda health officer, mobilized women promoters in every village.

“I had the chance to visit some of the villages in the woreda,” said Teshome Gbe, Carter Center country representative. “Everyone, including men, was extremely excited with the latrine project. One old woman said, ‘Of all people in the community, I am the most blessed by this pit latrine, because I am too old to go farther away looking for a hiding place to defecate.’ A man in another village exclaimed, ‘I give more attention to this pit latrine than my own residence; you can see that I have plastered the walls of my latrine superstructure very nicely, but not my residence.’”

With more than 26,000 latrines now constructed in the villages of Hulet Eju Enessie, the program looks forward to promoting latrine use in all remaining villages and households. “The achievements of this Trachoma Control Program are so thrilling I don’t even have words to express my excitement,” said Gbe.

More on the Center in Action

Trachoma is endemic in poorer, rural communities in developing countries and is the world’s leading cause of preventable blindness. But trachoma, a bacterial conjunctivitis that can persist for years, can be prevented with improved personal and environmental hygiene. The Carter Center’s Trachoma Control Program works with ministries of health and other partners in Ghana, Mali, Niger, Ethiopia, Sudan, and Nigeria to promote improvements in sanitation and to deliver antibiotics to people at risk for blinding trachoma. Funding for this work is provided by the Conrad N. Hilton Foundation for Ghana, Mali, Niger, and Nigeria and by Lions Clubs International Foundation for Ethiopia and Sudan.
Lymphatic filariasis affects 120 million people in 73 endemic countries worldwide in Africa, Asia, the Western Pacific, and Latin America. More than 41 million of those cases are in Africa.

Lymphatic filariasis is caused by infection with a parasitic worm that lives in the victim’s lymphatic system and is transmitted by mosquitoes. In its severest form, the disease causes elephantiasis, or dramatic swelling of limbs and genitals. Transmission of the infection can be halted by treating people once a year, for four to six years, with a single-dose combination of oral medicines — in Africa, usually ivermectin (Mectizan) and albendazole.

Joseph would like to have married, but instead he lives with his parents, who as they grow older are concerned about their son’s care. “Rather than my supporting a family, my parents support me,” Joseph said. “I had seven years of primary education, and if I could have continued with my schooling, I would have liked to have been a teacher.”

Rakia is married and has followed her treatment program for a full year. Her ulcers have healed, she has not had fever, she is no longer bedridden for months at a time, and since she has a husband and brothers who can assist her, she wants to enroll in evening classes to continue her education. “When I started classes, my leg would swell and become painful from sitting,” said Rakia. “I couldn’t continue, but now I want to try again.”
Children Can Play Safely

School-age children around the world love to play in water any chance they get. Those living in Plateau and Nasarawa states in Nigeria are no different, except many are at great risk of contracting urinary schistosomiasis, a debilitating parasitic disease caused by contact with contaminated water.

The Carter Center’s Schistosomiasis Control Program works with ministries of health in the two states to reduce prevalence of the disease by providing health education and a single annual dose of the drug praziquantel to those communities with the highest infection rates. From January 2003 to September 2004, the program administered more than 231,000 treatments, a number expected to increase greatly by the end of 2004. Since the program began delivering medication in 2000, the number of children with bloody urine has decreased more than 95 percent in treated villages.

The parasite that causes schistosomiasis lives for years in veins near the bladder or intestines, where it lays thousands of spiny eggs that tear and scar tissues of the intestines, liver, bladder, and lungs. When children urinate or pass feces into water, they release eggs that infect certain snails. Later the parasites in the snails change into forms that re-enter the water and can penetrate human skin, infecting new victims.

Nigerians suffer a disproportionate share of the disease burden from schistosomiasis: An estimated 22 million Nigerians, including 7.7 million children, need to be treated for schistosomiasis, more than any other country.

More on the Center in Action

Anxiously queuing to be measured for treatment, a group of 5- to 14-year-olds listens to the health educator just off the main road that passes through their village of Kwa’al. After Ishaya Hubu, 6, swallows his pill, his name is checked from the community logbook. When asked why he took the treatment, he shyly replies, “I take the pill because my urine has blood.” In some areas of Nigeria, the infection in young boys is so severe that schistosomiasis is referred to locally as male menstruation.

Children are the most heavily infected members of any endemic community, mainly because they disseminate the infection by urinating in or near fresh water and also are the ones most exposed by swimming and playing in contaminated water. Yet, within 15 minutes of receiving their treatments, Ishaya and all the other little boys previously standing in line are found up the road splashing and dancing in the very water where they most likely contracted the disease. However, this time they are being treated by the Carter Center-assisted program to reduce the transmission of disease, which ultimately protects them from repeated infection and potentially permanent scarring to their lungs, liver, bladder, intestines, and other internal organs.
Ghanaian Farmers Increase Yields, Gain Stability

“This program taught us to plant maize and peppers in rows. Before, we would make random holes and put five seeds in a hole. Now, we plant in lines with two seeds in a hole. We fertilize, and every seed has a better chance of growing.”

— Charles Mensah, a father of five in Ghana’s Elmina district

“People look on farmers trained in the new methods like rich people because they are rich in nourishment.”
— James Aessel, chairman, Hope Farmers Association

For 17 years, The Carter Center and its partner, the Sasakawa Africa Association, worked with Ghana’s Ministry of Agriculture and national extension service to double and triple the amount of quality food produced and to protect natural resources in the country’s central region.

Farmer to farmer, community to community, success stories spread, and in December 2003, convinced of the value and sustainability of the new methods, the Ghanaian government and local communities assumed full support for the program.

“Our happiest day is when we can close our field office in a country, knowing we have given others the tools and knowledge they need to create and sustain food self-sufficiency,” said Craig Withers, director of program support for the Carter Center’s health programs.

Farmers who agreed to provide labor and 1,000-5,000 square meters of land for demonstration plots were provided credit for fertilizer and seeds and gained firsthand knowledge of new ways of farming and managing farms and also of grain storage and distribution systems. Since 1986, more than 4 million farmers have increased crop production in 15 sub-Saharan African countries where malnutrition is a constant threat.

The Center’s program in Ghana also taught farmers about quality protein maize, a variety of corn with twice the nutritional value of traditional maize and about 90 percent of the nutritional value of milk, which often is cost-prohibitive. Children fed porridge made from QPM rather than regular maize grow at more normal rates and are less likely to get sick.

The economic impact of better nutrition is visible in the community. Said Seth A pesu of the neighboring Ki-yah district, “We are hard-working people in this village. We used to live in mud houses. But now others who come to see our crops learn that we live in cement block houses and send our children to school. They come to learn our way of cultivating crops in the improved way.”

The Carter Center’s Agriculture Program also continues successfully in Mali, Guinea, Benin, Nigeria, Ethiopia, Uganda, Tanzania, Malawi, and Mozambique.
It was because of this need for improved health care in rural areas, such as in the small border town of Metema, four hours from the capital city of Addis Ababa, that Prime Minister Meles Zenawi invited former President Jimmy Carter in 1991 to assist with health training in his country. The resulting Ethiopia Public Health Training Initiative is a partnership of the Center, the Ethiopian ministries of education and health, and seven national universities and colleges. The project is strengthening the teaching of health science faculty, developing health curriculum materials, and improving learning environments.

Workers trained by the initiative bring modern health care to 600 centers that serve the 90 percent of the Ethiopian population in rural areas. More than 79,800 workers have completed health center training, laying a solid foundation for opening more centers and expanding care for millions of villagers.

“Even though the official waiting area of the center was a lean-to in the front yard, most of those waiting to see a doctor preferred the little shade the porch or side of the building offered. Most patients had been waiting days to see a doctor or nurse; there were simply not enough health care workers to see everyone who arrived each day.”

— Shelly Brownsberger, senior program officer, May 2004

To date, the partnership has organized 435 workshops and completed 30 training modules on HIV/AIDS, malaria, diarrhea, pneumonia, trachoma, protein-energy malnutrition, and various other endemic health problems. The seven universities have formed a council to oversee initiative activities and technical committees to address specific issues, including mental health.
Journalists, armed with Carter Center fellowships, are waging a successful battle against the myths and stereotypes perpetuating stigma and discrimination against people who have mental illnesses.

In their eighth year, the Rosalynn Carter Fellowships for Mental Health Journalism recently expanded to include for the first time two journalists from South Africa. They join annual awards to six U.S. fellows and two from New Zealand, whose accurate reporting raises awareness and dispels misunderstandings of mental illnesses.

“Project topics from the three countries reflect both the prevalence of challenges and diversity of issues in mental health worldwide,” said Dr. Thom Bornemann, director of the Center’s Mental Health Program.

Fellowship project topics have varied from how mental illnesses are being treated under the Americans With Disabilities Act in the United States to issues affecting the mental health of migrants in New Zealand to the mental health effects of HIV/AIDS in South Africa.

Each fellow receives a modest stipend and is matched with a member of the program’s distinguished advisory board, who guides the project’s progress. In addition, fellows receive expense-paid trips to the Center at the beginning and end of the fellowship year to discuss and present their projects.

Since the fellowships began in 1997, 58 journalists have prepared in-depth articles, radio and television documentaries, or books, bringing mental health issues to a wider and wider audience. Some have garnered nominations for the Pulitzer Prize and Emmy Award.

“Major advances in brain research show us that recovery from mental illnesses is possible and hope for prevention is promising. Informed journalists are crucial to the public’s understanding of these developments.”

- former First Lady Rosalynn Carter

Virginia Holman, a 2003-2004 journalism fellow, wrote mental health magazine and newspaper articles and is compiling narratives of adult offspring of parents with schizophrenia.

Dr. Larke N ahme Huang, a member of the Center’s Mental Health Task Force, listens at the 2004 Symposium on Mental Health Policy.
The Rosalynn Carter Fellowships for Mental Health Journalism Advisory Board

The Journalism Advisory Board selects fellows and works with them to design and guide their projects.

Kathryn E. Cade
The Carter Center Mental Health Task Force Liaison

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Robert D. Ray, Governor of Iowa, 1969-83; President Emeritus, Drake University

Richard Surles, Ph.D.
Commissioner, New York State Office of Mental Health, 1987-94; Head of Operations, Comprehensive Neuroscience Inc.

J oanne Woodward, Actress; Director

Focus on President's New Freedom Commission on Mental Health

Local experts and policy-makers at the November 2003 Rosalynn Carter Symposium on Mental Health Policy and the May 2004 Rosalynn Carter Georgia Mental Health Forum explored challenges and opportunities presented by President Bush's New Freedom Commission on Mental Health. The commission made recommendations for transforming a national mental health system they reported to be in disarray.

A follow-up survey of symposium participants found many organizations applying some of the commission's recommendations. The Georgia forum examined how state agencies might implement the commission's findings despite budget cutbacks.

The Carter Center Mental Health Task Force

Chaired by former First Lady Rosalynn Carter and supported by the J ohn D. and Catherine T. MacArthur Foundation, the M ental Health Task Force focuses on mental health policy issues. It develops initiatives to reduce stigma and discrimination against people with mental illnesses; seeks equity for mental health care comparable to other health care; advances prevention, promotion, and early intervention services for young children and their families; and works to increase public awareness and stimulate actions about mental health issues.
Interns typically support research projects, monitor conflicts and human rights concerns worldwide, and provide important logistical backing for conferences and overseas missions. Graduate assistants often research and write conceptual papers to help design Center projects.

Interns this year hailed from five continents and spoke 21 languages. More than 60 percent were either recently graduated from college or pursuing a graduate degree.

The unique opportunities provided by the Center’s internship program consistently place it on the Princeton Review’s list of top internship programs.

The relationships, contacts, and experience I’ve gained through this internship outweigh any paying job I have had. It may sound like an exaggeration, but it is absolutely true that I hold this professional experience as the most educational, challenging, and useful of my life, including the time I spent at the United Nations and in the field.”

— Nealin Parker, Conflict Resolution Program intern, Lexington, Ky.
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The mission and work of The Carter Center are possible only because of the support of friends and partners around the world. Our donors represent the compassion and caring that underlie all of our efforts to wage peace, fight disease, and build hope. We take this opportunity to mention a few representative examples from the 160,000 donors who contributed more than $150 million in cash, pledges, and in-kind gifts in fiscal year 2004. These supporters included individuals, corporations, foundations, international organizations, and the United States and other governments.

Overseas donors included the United Kingdom Department for International Development (DFID), which has committed more than $4.3 million to the Center's peace and health programs since 1997. Most recently, DFID pledged more than $700,000 to the access to information project in Bolivia and to election monitoring in Mozambique. The Sultanate of Oman pledged $1 million to the Guinea Worm Eradication Program, and the Federal Republic of Germany's latest gift of $150,000 supported the Democracy Program's series of conferences aimed at building consensus on principles for international election observation.

The Center received a $10 million challenge grant from the Bill & Melinda Gates Foundation to eliminate river blindness from the Western Hemisphere by the end of this decade. This grant challenges the Center to raise $5 million in matching funds to secure a total of $15 million for the initiative. The Center is well on its way to meeting the challenge with significant support from the Lions Clubs International Foundation, Merck & Co., Inc., the Falconer Charitable Remainder Trust, and several individuals.

Foundation support also came from the Glaser Progress Foundation, which contributed $100,000 to the work of the Global Development Initiative, and a multiyear pledge to the Center's education program from the Annenberg Foundation.

Sydelle and Lee Blatt of Vero Beach, Fla., have been supporters of the Center's work since 1990. Beginning as direct mail donors, they became Legacy Circle members through the gift of an annuity and later joined the Ambassadors Circle. Most recently, they gave a special gift in honor of Sydelle's birthday toward the shipping of Guinea worm medical kits to Africa. “The Carter Center and Jimmy and Rosalynn Carter represent the good in our world today. We are pleased and honored to be a part of their effort,” says Sydelle.

Joseph and Lynne Horning are also Ambassadors Circle members. A partner in the Center's work since 1995, Joe is president of Horning Brothers of Washington, D.C. According to Joe, “I have always felt strongly about being engaged in the local D.C. community, and The Carter Center enlarges this idea of community to include the whole world.”

Through the generosity and commitment of these donor partners and many others, The Carter Center continues its efforts on behalf of citizens in Africa, Central and South America, Asia, and the United States.

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M r. Luke R. M umma
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Mrs. Katherine W. P aterson and
Mr. J ohn B. P aterson
Mr. and Mrs. Randy G. Paul
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Ms. Una Marie Pierc e
Mrs. J ohn M. P op e
Ms. Rose P risko

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Mr. and M rs. M aynard F. Stukey
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Spurgeon Richardson
President and CEO
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Chairman
Haverty Furniture Companies

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Alimera Sciences

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Sharp Advertising  

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Shivers Consulting  

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Silverman Construction Services  

Calder P. Sinclair Esq.  
President  
Sinclair, Townes & Company  

Joe Sisson, Ph.D.  
Sisson Company  

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Vice President  
Coalition America  

Sean S. Smith  
Chairman & CEO  
Coalition America  

W. Thomas Smith J. r.  

Gail A. Solomon  
Chief Executive Officer  
American Sightseeing Atlanta  

William R. Spalding  
Partner  
King & Spalding  

Shelton g. Stanfill  
President and CEO  
Robert W. Woodruff Arts Center  

The Honorable Cathey W. Steinberg  

Scott G. Stephenson  
President  
Intego Solutions  

Rebekah Stewart  
Brigadoon Lodge  

Wally Stover  
CEO  
Wally Stover Homes  

Carolyn A. Stradley  
Founder and CEO  
C & S Paving  

Constance Swank  
Chief Operating Officer  
The Junior League of Atlanta  

J ohn T. Sweetwood  

Betty Talmadge  

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President and CEO  
Bennett International Group  

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A. T. Kearney  

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Partner  
Sutherland Asbill & Brennan  

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Blue Cross and Blue Shield of Georgia  

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Wood Partners  

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Woodall & Broome  

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James W. Wagner, Ph.D.  
President  
Emory University
The Carter Center and The Jimmy Carter Library were built in large measure thanks to the early leadership and financial support of The Carter Center Founders.

<table>
<thead>
<tr>
<th>Agha Hasan Abedi</th>
<th>Walter and Elise Haas</th>
<th>Allen E. Paulson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senator Hajime Akiyama</td>
<td>Armand Hammer</td>
<td>Lamar and Frances Plunkett</td>
</tr>
<tr>
<td>Ivan Allen III</td>
<td>Sidney Harman and</td>
<td>John and Betty Pope</td>
</tr>
<tr>
<td>Dwayne O. Andreas</td>
<td>Jane Frank Harman Esq.</td>
<td>James D. Robinson III</td>
</tr>
<tr>
<td>Arthur and Diana Blank</td>
<td>Governor and Mrs.</td>
<td>Hasib J. Sabbagh</td>
</tr>
<tr>
<td>Richard C. Blum</td>
<td>W. Averell Harriman</td>
<td>Deen Day Sanders</td>
</tr>
<tr>
<td>W. Michael Blumenthal</td>
<td>Jess Hay</td>
<td>Ryoichi Sasakawa</td>
</tr>
<tr>
<td>Edgar M. Bronfman</td>
<td>Christopher B. and</td>
<td>Walter H. and</td>
</tr>
<tr>
<td>James C. and Connie Calaway</td>
<td>Patricia K. Hemmeter</td>
<td>Phyllis J. Shorenstein</td>
</tr>
<tr>
<td>Mr. and Mrs. Michael C. Carlos</td>
<td>Philip M. and Ethel Klutznick</td>
<td>Richard R. Swann</td>
</tr>
<tr>
<td>Anne Cox Chambers</td>
<td>Mathilde and Arthur Krim</td>
<td>R.E. “Ted” Turner</td>
</tr>
<tr>
<td>Warren Christopher</td>
<td>George P. Livanos</td>
<td>Robert and Ann Utley</td>
</tr>
<tr>
<td>Dominique de Menil</td>
<td>Fraydun Manocherian</td>
<td>Edie and Lew Wasserman</td>
</tr>
<tr>
<td>His Majesty King Fahd of Saudi Arabia</td>
<td>George P. and Cynthia Mitchell</td>
<td>Milton A. Wolf</td>
</tr>
<tr>
<td>J.B. Fuqua</td>
<td>Guy W. Millner</td>
<td>Robert W. Woodruff</td>
</tr>
<tr>
<td>Roberto C. Goizueta</td>
<td>George and Thelma</td>
<td>Tadao Yoshida</td>
</tr>
<tr>
<td></td>
<td>Paraskevaides</td>
<td>Erwin E. Zaban</td>
</tr>
</tbody>
</table>
The Carter Center, Inc.
Financial Statements
August 31, 2004 and 2003
(With Independent Auditors’ Report Thereon)

Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc:

We have audited the accompanying statements of financial position of The Carter Center, Inc. as of August 31, 2004 and 2003, 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 financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 2004 and 2003, 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
February 25, 2005
## Statements of Financial Position

### August 31, 2004 and 2003

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents, including cash restricted by donors of $8,320,421 and $10,369,498 in 2004 and 2003, respectively</td>
<td>$36,946,251</td>
<td>41,682,135</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from Federal government</td>
<td>1,666,945</td>
<td>1,082,756</td>
</tr>
<tr>
<td>Other</td>
<td>169,690</td>
<td>205,423</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>1,836,635</td>
<td>1,288,179</td>
</tr>
<tr>
<td>Contributions receivable, net (note 3)</td>
<td>13,654,624</td>
<td>17,910,002</td>
</tr>
<tr>
<td>Inventory (note 4)</td>
<td>31,274,660</td>
<td>16,511,887</td>
</tr>
<tr>
<td>Investments (note 5)</td>
<td>194,883,947</td>
<td>150,302,267</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>10,701,142</td>
<td>11,274,370</td>
</tr>
<tr>
<td>Artwork</td>
<td>1,834,815</td>
<td>1,893,750</td>
</tr>
<tr>
<td>Other assets</td>
<td>36,892</td>
<td>36,892</td>
</tr>
<tr>
<td>Total assets</td>
<td>$291,168,966</td>
<td>240,899,482</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses (note 7)</td>
<td>$4,671,702</td>
<td>2,910,865</td>
</tr>
<tr>
<td>Net assets (note 10):</td>
<td></td>
<td></td>
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<tr>
<td>Unrestricted</td>
<td>132,531,360</td>
<td>104,046,304</td>
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<tr>
<td>Temporarily restricted</td>
<td>39,249,907</td>
<td>28,157,463</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>114,715,997</td>
<td>105,784,850</td>
</tr>
<tr>
<td>Total net assets</td>
<td>286,497,264</td>
<td>237,988,617</td>
</tr>
<tr>
<td>Commitments and contingencies (note 12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$291,168,966</td>
<td>240,899,482</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
Statements of Activities
Year Ended August 31, 2004 (With Comparative Totals for 2003)

Revenue and support
Contributions and grants:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals 2004</th>
<th>Totals 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>$20,229,556</td>
<td>77,615</td>
<td>—</td>
<td>20,307,171</td>
<td>22,516,133</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>5,516,558</td>
<td>13,208,653</td>
<td>—</td>
<td>18,725,211</td>
<td>16,876,579</td>
</tr>
<tr>
<td>Peace</td>
<td>3,802,635</td>
<td>1,717,661</td>
<td>—</td>
<td>5,520,296</td>
<td>5,028,307</td>
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<tr>
<td>Cross-program</td>
<td>—</td>
<td>362,973</td>
<td>—</td>
<td>362,973</td>
<td>30,640</td>
</tr>
<tr>
<td>In-kind goods (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>96,842,020</td>
<td>—</td>
<td>96,842,020</td>
<td>53,865,402</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>50,000</td>
<td>—</td>
<td>50,000</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>198,716</td>
<td>—</td>
<td>—</td>
<td>198,716</td>
<td>—</td>
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<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>8,931,147</td>
<td>8,931,147</td>
<td>18,865,965</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>29,747,465</td>
<td>112,258,922</td>
<td>8,931,147</td>
<td>150,937,534</td>
<td>117,183,026</td>
</tr>
</tbody>
</table>

Endowment fund earnings 11,748,454 55,958 — 11,804,412 10,130,958
Appreciation (depreciation) of restricted endowment investments, net 6,355,092 — — 6,355,092 (8,127,785)
Facilities use income 409,172 — — 409,172 404,808
Interest and investment income 362,266 38,964 — 401,230 384,288

Net assets released from restrictions:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals 2004</th>
<th>Totals 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>97,843,178</td>
<td>(97,843,178)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>2,872,981</td>
<td>(2,872,981)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>221,585</td>
<td>(221,585)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>323,656</td>
<td>(323,656)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>149,883,849</td>
<td>11,092,444</td>
<td>8,931,147</td>
<td>169,907,440</td>
<td>119,975,295</td>
</tr>
</tbody>
</table>

Expenses

Program:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals 2004</th>
<th>Totals 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>101,652,815</td>
<td>—</td>
<td>—</td>
<td>101,652,815</td>
<td>63,308,566</td>
</tr>
<tr>
<td>Peace</td>
<td>6,779,312</td>
<td>—</td>
<td>—</td>
<td>6,779,312</td>
<td>5,409,899</td>
</tr>
<tr>
<td>Cross-program</td>
<td>387,217</td>
<td>—</td>
<td>—</td>
<td>387,217</td>
<td>761,732</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>7,419,977</td>
<td>—</td>
<td>—</td>
<td>7,419,977</td>
<td>7,416,625</td>
</tr>
<tr>
<td>General and administrative</td>
<td>5,159,472</td>
<td>—</td>
<td>—</td>
<td>5,159,472</td>
<td>4,849,010</td>
</tr>
<tr>
<td>Total expenses</td>
<td>121,398,793</td>
<td>—</td>
<td>—</td>
<td>121,398,793</td>
<td>81,745,832</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>28,485,056</td>
<td>11,092,444</td>
<td>8,931,147</td>
<td>48,508,647</td>
<td>38,229,463</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>104,046,304</td>
<td>28,157,463</td>
<td>105,784,850</td>
<td>237,988,617</td>
<td>199,759,154</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$132,531,360</td>
<td>39,249,907</td>
<td>114,715,997</td>
<td>286,497,264</td>
<td>237,988,617</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## Statements of Activities

### Year Ended August 31, 2003

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue and support: Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 22,516,133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs: Health</td>
<td>4,259,800</td>
<td>12,616,779</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>2,116,905</td>
<td>2,911,402</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>30,640</td>
<td>—</td>
</tr>
<tr>
<td>In-kind goods (note 9): Health</td>
<td>—</td>
<td>53,865,402</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>18,865,965</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>28,892,838</td>
<td>69,424,223</td>
<td>18,865,965</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>10,130,958</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation of restricted endowment investments, net</td>
<td>(8,127,785)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities use income</td>
<td>404,808</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>342,803</td>
<td>41,485</td>
<td>—</td>
</tr>
<tr>
<td>Net assets released from restrictions: Health</td>
<td>58,210,674</td>
<td>(58,210,674)</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>2,810,853</td>
<td>(2,810,853)</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>183,942</td>
<td>(183,942)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>92,849,091</td>
<td>8,260,239</td>
<td>18,865,965</td>
</tr>
<tr>
<td>Expenses: Program: Health</td>
<td>63,308,566</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peace</td>
<td>5,409,899</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-program</td>
<td>761,732</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund-raising</td>
<td>7,416,625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>4,849,010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total expenses</td>
<td>81,745,832</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>11,103,259</td>
<td>8,260,239</td>
<td>18,865,965</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>92,943,045</td>
<td>19,897,224</td>
<td>86,918,885</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$104,046,304</td>
<td>28,157,463</td>
<td>105,784,850</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## Statements of Cash Flows

### Years Ended August 31, 2004 and 2003

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ 48,508,647</td>
<td>38,229,463</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,053,626</td>
<td>1,039,086</td>
</tr>
<tr>
<td>(Appreciation) depreciation in fair value of endowment investments</td>
<td>(6,355,092)</td>
<td>8,127,785</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(13,165)</td>
<td>(121,200)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(8,931,147)</td>
<td>(18,865,965)</td>
</tr>
<tr>
<td>Increase in inventory balances due to noncash contributions in excess of noncash distributions</td>
<td>(14,762,773)</td>
<td>(7,313,971)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(548,456)</td>
<td>(261,819)</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>195,786</td>
<td>225</td>
</tr>
<tr>
<td>Other assets</td>
<td>—</td>
<td>10,001</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>1,760,837</td>
<td>220,975</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td><strong>20,908,263</strong></td>
<td><strong>21,064,610</strong></td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities:** |            |            |
| Purchase of property and equipment, net of related payables | (480,398)  | (578,665)  |
| Purchase of investments                                  | (38,226,588) | (25,224,843) |
| Disposals of artwork                                     | 72,100      | —          |
| **Net cash used in investing activities**                | **(38,634,886)** | **(25,803,508)** |

| **Cash flows from financing activities:** |            |            |
| Permanently restricted contributions                   | 8,931,147   | 18,865,965 |
| Decrease (increase) in permanently restricted contributions receivable | 4,059,592    | (6,792,964) |
| **Net cash provided by financing activities**          | **12,990,739** | **12,073,001** |
| **Net (decrease) increase in cash and cash equivalents** | **(4,735,884)** | **7,334,103** |
| Cash and cash equivalents at beginning of year         | 41,682,135  | 34,348,032 |
| Cash and cash equivalents at end of year               | **$ 36,946,251** | **41,682,135** |

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

### Year Ended August 31, 2004 (With Comparative Totals for 2003)

<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>$5,104,326</td>
<td>2,405,235</td>
<td>181,091</td>
</tr>
<tr>
<td>Consulting</td>
<td>887,902</td>
<td>1,098,412</td>
<td>48,332</td>
</tr>
<tr>
<td>Communications</td>
<td>576,611</td>
<td>297,960</td>
<td>5,497</td>
</tr>
<tr>
<td>Services</td>
<td>177,459</td>
<td>182,819</td>
<td>9,270</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>534,879</td>
<td>329,690</td>
<td>8,221</td>
</tr>
<tr>
<td>Vehicles</td>
<td>934,508</td>
<td>12,015</td>
<td>48</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>1,720,402</td>
<td>1,888,003</td>
<td>100,936</td>
</tr>
<tr>
<td>Interventions</td>
<td>89,679,804</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>196,654</td>
<td>34,926</td>
<td>2,387</td>
</tr>
<tr>
<td>Grants</td>
<td>1,521,171</td>
<td>149,249</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$101,333,716</td>
<td>6,398,309</td>
<td>355,782</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>319,099</td>
<td>381,003</td>
<td>31,435</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$101,652,815</td>
<td>6,779,312</td>
<td>387,217</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.

## Statement of Functional Expenses

### Year Ended August 31, 2003

<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>51,780,191</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>963,886</td>
<td>193,489</td>
<td>436,547</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$62,997,384</td>
<td>5,038,350</td>
<td>731,077</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>311,182</td>
<td>371,549</td>
<td>30,655</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$63,308,566</td>
<td>5,409,899</td>
<td>761,732</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## Supporting expenses

<table>
<thead>
<tr>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2004 -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>1,438,057</td>
<td>2,705,843</td>
<td>11,834,552</td>
</tr>
<tr>
<td>333,066</td>
<td>227,312</td>
<td>2,595,024</td>
</tr>
<tr>
<td>2,453,764</td>
<td>197,509</td>
<td>3,531,341</td>
</tr>
<tr>
<td>1,778,393</td>
<td>186,849</td>
<td>2,334,790</td>
</tr>
<tr>
<td>68,230</td>
<td>118,444</td>
<td>1,059,464</td>
</tr>
<tr>
<td>621</td>
<td>1,469</td>
<td>948,661</td>
</tr>
<tr>
<td>735,435</td>
<td>69,973</td>
<td>4,514,749</td>
</tr>
<tr>
<td>203,756</td>
<td>685,711</td>
<td>1,123,434</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>1,670,420</td>
</tr>
<tr>
<td>7,011,322</td>
<td>4,193,110</td>
<td>119,292,239</td>
</tr>
<tr>
<td>408,655</td>
<td>966,362</td>
<td>2,106,554</td>
</tr>
<tr>
<td>7,419,977</td>
<td>5,159,472</td>
<td>121,398,793</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>1,425,155</td>
<td>2,592,508</td>
<td>11,352,873</td>
</tr>
<tr>
<td>316,026</td>
<td>149,027</td>
<td>2,285,866</td>
</tr>
<tr>
<td>2,551,601</td>
<td>244,688</td>
<td>3,506,572</td>
</tr>
<tr>
<td>1,874,908</td>
<td>160,157</td>
<td>2,287,133</td>
</tr>
<tr>
<td>53,246</td>
<td>88,745</td>
<td>912,935</td>
</tr>
<tr>
<td>469</td>
<td>1,107</td>
<td>1,172,100</td>
</tr>
<tr>
<td>623,728</td>
<td>37,057</td>
<td>3,625,052</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>51,804,498</td>
</tr>
<tr>
<td>172,977</td>
<td>633,337</td>
<td>1,150,596</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>1,593,922</td>
</tr>
<tr>
<td>7,018,110</td>
<td>3,906,626</td>
<td>79,691,547</td>
</tr>
<tr>
<td>398,515</td>
<td>942,384</td>
<td>2,054,285</td>
</tr>
<tr>
<td>7,416,625</td>
<td>4,849,010</td>
<td>81,745,832</td>
</tr>
</tbody>
</table>
Notes to Financial Statements
August 31, 2004 and 2003

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. CCI operates field offices in various African and Latin American countries as needed to fulfill its programmatic objectives.

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 affiliated with Carter Center of Emory University (CCEU). CCEU is a department of Emory University which was established to assist with the operations of CCI’s programs. The financial data for CCEU is not included in these financial statements.

During 2003, CCI established two affiliated entities in the United Kingdom to further its programmatic mission. The Carter Center UK and The Carter Center UK Foundation were created on July 24, 2003. Neither the activities nor the balances for these entities were significant during the years ended August 31, 2004 and 2003.

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 must 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 has been designated by the donor to be spent on specific programmatic activities.

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 fair value at the time of the gift.

Investments
Investments are stated at fair value based on quoted market prices, 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, primarily medical supplies, are reflected as contributions at their estimated fair values. 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.
Notes to Financial Statements

August 31, 2004 and 2003

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 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, 2004 and 2003:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$ 75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>927,943</td>
<td>1,123,729</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>12,651,681</td>
<td>16,711,273</td>
</tr>
<tr>
<td>Total</td>
<td>$13,654,624</td>
<td>17,910,002</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2004 and 2003:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$ 4,343,937</td>
<td>7,267,444</td>
</tr>
<tr>
<td>One to five years</td>
<td>5,484,411</td>
<td>7,085,968</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,064,847</td>
<td>8,102,711</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(4,238,571)</td>
<td>(4,546,121)</td>
</tr>
<tr>
<td>Total</td>
<td>$13,654,624</td>
<td>17,910,002</td>
</tr>
</tbody>
</table>
Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. Estimated future cash flows to be received after one year were discounted at rates ranging from 1.3% to 6%, based on the U.S. Treasury bill rate in effect in the fiscal year in which the pledge was made. In the opinion of CCI's management, all contributions receivable recorded at August 31, 2004 and 2003 are deemed fully collectible.

4. Inventory

Inventory at August 31, 2004 and 2003 is comprised of:

<table>
<thead>
<tr>
<th>Medication</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mectizan</td>
<td>$26,288,550</td>
<td>16,417,821</td>
</tr>
<tr>
<td>Zithromax</td>
<td>3,858,538</td>
<td>94,066</td>
</tr>
<tr>
<td>Medical Kits</td>
<td>1,127,572</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$31,274,660</td>
<td>16,511,887</td>
</tr>
</tbody>
</table>

5. Investments

CCI invests its endowment assets in a pooled investment fund managed by Emory University. As of August 31, 2004 and 2003, respectively, the pooled investment fund was invested in a composite of cash equivalents (2% and 3%), bonds (11% and 10%), equity holdings (57% and 62%), marketable alternatives (12% and 4%), private market investments (10% and 8%), marketable real estate (3% and 4%), and natural resources (5% and 4%).

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>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fair value</strong></td>
<td><strong>Cost</strong></td>
<td><strong>Fair value</strong></td>
</tr>
<tr>
<td>Pooled investment fund</td>
<td>$192,081,513</td>
<td>177,302,997</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>89,095</td>
<td>89,095</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td>1,155,579</td>
<td>1,132,616</td>
</tr>
<tr>
<td>Equity securities</td>
<td>1,557,760</td>
<td>1,586,810</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$194,883,947</strong></td>
<td><strong>180,111,518</strong></td>
</tr>
</tbody>
</table>
6. Property, Plant, and Equipment

The components of property, plant, and equipment are as follows at August 31, 2004 and 2003:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</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>940,595</td>
<td>767,268</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>1,042,276</td>
<td>1,037,531</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>502,258</td>
<td>474,314</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>633,711</td>
<td>702,076</td>
<td>3 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,425,452</td>
<td>1,298,167</td>
<td>15 years</td>
</tr>
</tbody>
</table>

21,474,065  21,209,129

Less accumulated depreciation

(10,772,923) (9,934,759)

$10,701,142  11,274,370

Depreciation expense totaled $1,053,626 and $1,039,086 during 2004 and 2003, respectively.

7. 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.

Certain states have restrictions on investment allocations. CCI has complied with any known restrictions in states in which it has received charitable gifts subject to such restrictions.

The fair value of the assets related to the split-interest agreements is $2,802,433 and $1,842,985 at August 31, 2004 and 2003, respectively. The annuity liability related to these agreements is $1,833,716 and $1,308,407 at August 31, 2004 and 2003, respectively. The net contribution revenue reported for split-interest agreements was $552,981 and $191,521 during the years ended August 31, 2004 and 2003, respectively.
8. **Leases**

CCI is not lessee under any material short-term or long-term lease commitments.

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.

9. **Donated Goods and Services**

The components of donated goods and services for the years ended August 31, 2004 and 2003 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$95,639,448</td>
<td>53,625,402</td>
</tr>
<tr>
<td>Medical kits</td>
<td>1,127,572</td>
<td>—</td>
</tr>
<tr>
<td>Transportation</td>
<td>75,000</td>
<td>—</td>
</tr>
<tr>
<td>Water filtration material and chemicals</td>
<td>—</td>
<td>240,000</td>
</tr>
<tr>
<td><strong>Peace:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer equipment</td>
<td>50,000</td>
<td>—</td>
</tr>
<tr>
<td><strong>Operating:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>180,000</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>18,716</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$97,090,736</td>
<td>53,865,402</td>
</tr>
</tbody>
</table>

The majority of the donations of medication were received from two pharmaceutical companies during the years ended August 31, 2004 and 2003.

10. **Net Assets**

**Unrestricted**

As of August 31, 2004 and 2003, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealized gain on restricted endowment investments</td>
<td>$14,778,847</td>
<td>8,423,755</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>79,061,473</td>
<td>52,833,611</td>
</tr>
<tr>
<td>Program funds</td>
<td>5,220,499</td>
<td>4,030,897</td>
</tr>
<tr>
<td>Undesignated</td>
<td>32,970,541</td>
<td>38,258,041</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$132,531,360</td>
<td>104,046,304</td>
</tr>
</tbody>
</table>
Notes to Financial Statements
August 31, 2004 and 2003

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, 2004 and 2003, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$35,188,372</td>
<td>22,601,913</td>
</tr>
<tr>
<td>Peace</td>
<td>2,355,830</td>
<td>2,245,330</td>
</tr>
<tr>
<td>Cross-program</td>
<td>777,762</td>
<td>2,136,236</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>927,943</td>
<td>1,173,984</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$39,249,907</strong></td>
<td><strong>28,157,463</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 activities of CCI.

11. Related-Party Transactions
Emory University provides certain administrative functions to CCI, including, but not limited to, payroll administration, investment management, information technology, and legal services. CCI paid Emory University $426,456 and $414,168 during the years ended August 31, 2004 and 2003, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $748,717 during both of the years ended August 31, 2004 and 2003. In addition, CCEU made unrestricted contributions to CCI, related to endowment earnings at CCEU, of $472,742 and $472,514 during the years ended August 31, 2004 and 2003.

12. Commitments and Contingencies
Federally funded programs are routinely subject to special audits that could result in claims against the resources of CCI. Management does not believe that there will be any claims arising from such audits that could have a material adverse effect on the financial position of CCI.
The Carter Center 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.

Sherry Lansing
Chairman
Paramount Pictures

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President and CEO
The United Negro College Fund

John J. Moores Sr.
Investor and Chair
San Diego Padres

Kent C. “Oz” Nelson
Retired Chairman and CEO
United Parcel Service

Sally E. Pingree
Trustee
The Charles Engelhard Foundation

Alice R. Rubenstein
Co-Founder and Managing Director
Rhodes Partners

Marjorie M. Scardino
Chief Executive Pearson PLC

Lynn H. Stahl
Chairman
The Stahl Family Foundation

James W. Wagner, Ph.D.
President
Emory University

Tadahiro “Tad” Yoshida
President
YKK Corporation

Trustee Emeritus
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Lipshutz, Greenblatt & King
