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.
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Overview

The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University, to advance peace and health worldwide. A nongovernmental organization, the Center has helped to improve life for people in more than 65 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; improving mental health care; and teaching farmers to increase crop production.

Accomplishments

The Center has observed 62 elections in 25 countries; helped farmers double or triple grain production in 15 African countries; worked to prevent and resolve 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

$46.8 million 2004-2005 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.
At the Carter Center, we see the success of our work in the faces of forgotten and oppressed peoples who have found new hope by casting their first vote, ridding their villages of debilitating diseases, or laying down arms for the prospect of peace. The faces we see around the world inspire our staff to meet new challenges with faith and confidence that permanent positive change is possible, and extremely rewarding.

Jimmy Carter
We bring hope to people in more than 65 countries across the globe. Whether educating Liberians about voting during the first presidential election since 1997 or distributing an antibiotic to prevent blindness in Mexican villagers, the Center builds brighter futures for people often forgotten by the rest of the world.

On a recent trip to Africa, we saw Ethiopians who were empowered to better their own lives by building thousands of latrines in some of the most impoverished and isolated communities in their country due to a comprehensive education campaign by The Carter Center. The latrines improve community sanitation and help stop the spread of trachoma, a devastating infection that can cause blindness.

Millions of people who suffered from Guinea worm disease have reason to hope as the Center enters the final stages of disease eradication. The number of cases has been reduced by more than 99.5 percent since the program began, from 3.5 million cases in 1986 to fewer than 12,000 cases in 2005.

And there is hope and renewal today in countries torn apart by civil war and political violence, such as Liberia, the Palestinian state, Ethiopia, and Mozambique, where The Carter Center recently observed elections to promote democracy and build a strong foundation for peace.

As a leading expert on election monitoring, The Carter Center, in partnership with the United Nations and other nongovernmental organizations, spearheaded an international movement to establish election observation protocol and standards to create more accurate and universal evaluation criteria.

In addition, the Center continues to work to strengthen democracy by promoting government transparency and campaign finance reform in Latin American countries.

We dare to dream the impossible and make it a reality. Peace where there was none before, human rights protected where they were abused, and diseases eradicated where they were once rampant.

We are changing lives for a more hopeful future, and we are doing it with your help and support.

From the Executive Director and the Chairman

John Hardman  
Executive Director  
John Moores  
Chairman
Above: Carter Center Executive Director John Hardman confers with former Benin President Nicéphore Soglo at a polling site in Mozambique. The Carter Center monitored the country’s presidential and legislative elections in December 2004.

Right: John Moores greets two Ethiopian children who have just shown him their household latrine. Moores, named chairman of the Carter Center Board of Trustees in 2005, joined Emory University President Jim Wagner, President Carter, and other Center officials for a trip to Mali, Nigeria, and Ethiopia in September 2005.
Looking across the many rows of wood-and-mud shacks that house more than 12,000 people in a camp for displaced persons in Margibi County, Liberia, Jacob Lablah knows he still has work to do. The scene inside the camp varies little from day to day. Women sit patiently next to stands selling combs, seasonings, and rice while children carry toys made from tin cans and old plastic bottles, their shirts in tatters and hanging off their shoulders. Men play checkers on a splintered wooden board for hours. People here have no jobs, no means to improve their lives, and no real place to call home.

This displaced persons camp outside Kakata, Liberia, is one of the places where Jacob Lablah registers people to vote.

Jacob Lablah  |  Liberia
Once a schoolteacher, Jacob Lablah (above) now teaches civics to his fellow Liberians, including students at St. Christopher Catholic High School (right).

Hundreds of thousands of Liberians live in similar camps across the country, and it is in conditions like this that Lablah works to register voters and conduct civic education in preparation for Liberia’s first national election since 1997. He was once a physics and math teacher but now has devoted himself entirely to teaching civics to his fellow Liberians. He founded a grassroots organization called Promoting Activities for Development and Sustenance (PADS), which is assisted by The Carter Center. He and his small staff educate voters in Margibi County’s camps, in high schools, and across the region’s villages and towns.

The process has been difficult at times. Many Liberians were skeptical that their votes mattered or that an election would bring change. Their primary concern was getting food for their families, said Lablah, not learning about government. But Lablah has helped them realize that the democratic process is the means for improving the quality of life in Liberia.

Lablah’s work involves not only instructing voters about how to correctly fill out a ballot but also teaching residents the legal framework guiding elections and their human rights as Liberian citizens.

“We try to tell them that life is not yet finished,” said Lablah. “We try to make them understand that if they aren’t a part of this particular election, and they aren’t a part of selecting and electing their policy leaders, certainly there will be no change.”

The persistent efforts of Lablah, PADS, and other Carter Center partners in Liberia paid off with high voter turnout for the 2005 elections. Some Liberians waited overnight in line to vote, and others walked for up to seven hours to reach their polling stations.

Now that the historic election is over, Lablah will continue to educate Liberians about their civic rights and responsibilities.

“My greatest hope is sustaining a democracy,” said Lablah. “The election is not the end of the road. It’s the beginning.”
Weak democratic institutions in the Western Hemisphere burden the development of peaceful and prosperous governments and impair the protection of basic human rights. The Americas Program helps address these problems by promoting democracy, fostering government transparency, and championing campaign finance reform.

In May 2005, former U.S. President Jimmy Carter and 22 other leaders from the Western Hemisphere formed the Friends of the Inter-American Democratic Charter to encourage dialogue about weaknesses in the region’s democracies and ways to strengthen them through the charter. Approved by the Organization of American States in 2001, the charter provided a way for member countries to address threats to regional democracy but little definition of what constituted a threat.

Serving as the secretariat for the Friends of the Inter-American Democratic Charter, the Americas Program worked with the group to identify conditions that would constitute an alteration of democracy, including failure to hold elections that meet minimal international standards, arbitrary removal of members of the judiciary or electoral bodies, and the silencing of political opposition, media, or civil society. The group also sent two missions to Nicaragua to assess the political conflict in 2005.

Also this year, the Carter Center’s Access to Information Project, which works to build government transparency, expanded its presence in Jamaica and Bolivia to a third nation, Nicaragua. The Carter Center has had a long relationship with Nicaragua, monitoring elections there since 1989. The Access to Information Project seeks to establish voluntary openness strategies in Nicaragua through select pilot ministries, build consensus among civil society and the government, and provide technical assistance to legislators tasked with drafting access-to-information laws.

Another way the Americas Program is working to strengthen democracy is through political finance reform, including political

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“There was a commission of inquiry in Jamaica regarding some prison beatings. One commissioner decided that even though it was a public process, the ordinary citizen was not entitled to take notes. We took the case all the way to the Supreme Court and won. The basis of that case was that members of the press enjoy their rights to disseminate information because they are ordinary citizens, so ordinary citizens should have this right to monitor public proceedings, too. I don’t think we can overstate the role The Carter Center has played in providing training to help Jamaica move away from a culture of secrecy to a culture of openness.”

—Carolyn Gomes, executive director, Jamaicans for Justice
The Americas Program teaches community organizations in countries like Venezuela (right) the communication skills necessary to help various segments of society coexist.

Carter Center staff visited a warehouse in Bolivia where an association of miners had created a well-organized system for archiving records. The Center’s Access to Information Project helps countries develop information systems, which serve to hold governments accountable and help citizens exercise their rights.

advertising. The Mapping the Media in the Americas Project uses state-of-the-art technology to show exactly which news and political advertising sources reach voters in a country’s electoral districts. Some towns may only have one media outlet, and if the owner favors one candidate over another, citizens may never know the opposition’s platform or even that opposition exists. Accessible on the Internet (www.mediamap.info), the map will stimulate public discussion about the relationship between the media and elections and will inform legislative changes to make candidate access to the media more equitable.

Inter-American Democratic Charter Initiative
Friends of the Democratic Charter

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

Nicolás Ardito Barleta
Former President of Panama

Carlos Ayala Corao
Former President, Inter-American Commission of Human Rights

Patricio Aylwin
Former President of Chile

Cass Ballenger
Former Representative of the United States Congress

Dante Caputo
Former Foreign Minister of Argentina

Rodrigo Carazo
Former President of Costa Rica

Fernando Henrique Cardoso
Former President of Brazil

Jimmy Carter
Former President of the United States of America

Joe Clark
Former Prime Minister of Canada

John Compton
Former Prime Minister of St. Lucia

Diego García-Sayán
Former Foreign Minister of Peru

Oswaldo Hurtado
Former President of Ecuador

Luis Alberto Lacalle
Former President of Uruguay

John Manley
Former Minister of Foreign Affairs of Canada

María Emma Mejía
Former Foreign Minister of Colombia

Pedro Nikken
Former President, Inter-American Court for Human Rights, Venezuela

Andrés Pastrana
Former President of Colombia

Sonia Picado
Chair of the Board of Directors of the Inter-American Institute of Human Rights

Sergio Ramírez
Former Vice President of Nicaragua

Arthur Robinson
Former President of Trinidad and Tobago

Lloyd Erskine Sandiford
Former Prime Minister of Barbados

Jorge Santistevan
Former Human Rights Ombudsman of Peru

Ernesto Zedillo
Former President of Mexico

Advisors

Cecilia Blondet
Former Minister for the Advancement of Women and Human Development of Peru

Fernando Carrillo-Flores
Principal Advisor, Special Office in Europe, Inter-American Development Bank

Peter DeShazo
Director, Americas Program at the Center for Strategic and International Studies

John Graham
Chair, Canadian Foundation for the Americas

Elizabeth Spehar
Former Executive Coordinator of the OAS Unit for Promotion of Democracy, Canada
The Center’s Conflict Resolution Program works around the world to curb ongoing disputes and stop violence before it escalates into war.

In January, as part of a Carter Center election mission, President Carter and conflict resolution staff met with Israeli Prime Minister Arial Sharon and Palestinian Authority President Mahmoud Abbas to discuss future actions on the Middle East peace process. After the subsequent Gaza disengagement, the program hosted a high-level conference on peace in the region.

The 2004 assassination of Guinea-Bissau’s chief of staff of the armed forces prompted an invitation from the Alliance for International Conflict Resolution for The Carter Center to assess tensions and provide recommendations to prevent further bloodshed. Major parties accepted program staff counsel to follow the political process, and elections were held in a peaceful environment.

Also in Africa, the Carter Center’s Conflict Resolution and Democracy programs have worked with the people of Liberia for a decade through the transition from civil war to a peace agreement and open elections this past year. A focal point for many conflicts in the region, security and democracy in Liberia will have a significant impact on peace in the region.

In Asia, the Conflict Resolution Program monitored the conflict between Maoist insurgents and the Nepalese government, networked with Nepali leaders, and arranged a meeting between President Carter and the key actors in the conflict.

And in the United States, the Conflict Resolution Program co-convened its second consultation on the future of the nuclear nonproliferation treaty, bringing together representatives of countries that have rejected nuclear weapons but have the potential to develop them. President Carter wrote to 28 heads of state urging their support for constructive reform.

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“I was a battlefront commander, spending almost two years in the struggle. I used to harass civilians, disturb life and property. Things were not okay then. Now I’ve learned masonry, and I can build a house. Now I am free, I can breathe, and everything is fine. When I was fighting, at any moment I could die. But now I am fine.”

—Ex-combatant in Liberia explaining how his life has changed following the end of civil war
The International Council for Conflict Resolution is a 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 in its projects. Members are encouraged to work with the program to advance the common understanding of the art and science of conflict resolution.

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

Dr. Mari Fitzduff  
Professor and Director of Master’s Program in Intercommunal Coexistence, Brandeis University

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

Mr. Giandomenico Picco  
Executive Director, GDP Associates Inc.

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

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

International Council for Conflict Resolution

Palestinian children flash the peace sign in January 2005. The Conflict Resolution Program is working to help end the Israeli and Palestinian conflict.

A U.N. tank rolls through the streets of Liberia in October 2005 to keep peace in the country. The Carter Center helped Liberia transition from civil war to peace.
Center Monitors Elections in Africa, Middle East

The Carter Center advances democracy worldwide by providing independent assessments of the quality of elections and working to strengthen democratic institutions and processes. As impartial and respected observers, the Center’s Democracy Program works to build confidence that elections are conducted transparently and without interference. The Center had observed 61 elections in 25 nations as of October 2005.

In the past year, Center observers witnessed democratic gains in three African nations and in the Middle East.

Following the death of Yasser Arafat, Center representatives observed the historic Palestinian election of Mahmoud Abbas as president in January 2005. The orderly and well-administered elections were widely viewed as setting an important example of the potential for democracy in the Arab world and for opening new opportunities for building peace in the Middle East. On

A poll worker paints ink on the thumb of a Palestinian voter.

“...not only give the Palestinians hope that the elections will be as they should be but also show the international community’s interest, and that affects the Palestinian people themselves. We can make change and push on even further toward the will of the international community and toward the people’s will for peace.”

—Dimitri Diliani of the People’s Campaign for Peace and Democracy in the West Bank
election day, President Carter helped Israeli officials and Palestinians reach a compromise to resolve problems with voter lists at polling stations in East Jerusalem, allowing voters to cast their ballots peacefully.

Liberians turned out in large numbers to elect a new president in fall 2005. The overwhelming demonstration of commitment to democracy was a sign of progress in the strife-torn and destitute nation, where the Center has worked for more than a decade. The new leader, President Ellen Johnson-Sirleaf, the first woman elected to lead an African country, faces challenges to end insecurity, ensure transparent governance, and provide economic development to fulfill public confidence that democracy will improve the quality of life in Liberia.

In Ethiopia, elections for national parliament gave citizens a democratic choice for the first time. Following years of civil war, military rule, and monarchies, new electoral reforms allowed more access to the media by opposition parties and more open debates between candidates. Protests and violence, a large number of electoral complaints, and a problematic dispute process marred the

Carter Center Backs New Observation Standards

Representatives of nearly two dozen election observation organizations worldwide, including The Carter Center, joined U.N. Secretary-General Kofi Annan in endorsing a set of common standards for professional and effective election observation in October 2005.

The 12-page Declaration of Principles and an accompanying Code of Conduct bring participating observer groups for the first time under a common set of standards for observation and provide guidelines for best practices in the field. The initiative was started by The Carter Center, the United Nations Electoral Assistance Division, and the National Democratic Institute, which jointly served as the secretariat for the project.

“Our hope is that the declaration will enable consistency among observer groups and ensure the effectiveness and credibility of observation missions worldwide,” President Carter said.

The new standards commit endorsing organizations to act impartially, monitor all stages of the election process, and accept no funding from host governments. They also establish prerequisites that must be met for international observation, including freedom of movement, freedom to make public statements, and free access to information.
postelection period, but following re-elections in August, final results confirmed sizable gains in parliament for the opposition.

A Carter Center team also monitored Mozambique’s December 2004 presidential elections as the southern African nation continued to advance its democratic development following the end of a brutal civil war in 1992. The Center commended the well-functioning, peaceful voting process but urged attention to persistent and serious problems with voter registries and tabulation of results.

Since the Carter Center’s groundbreaking agreement with China’s Ministry of Civil Affairs (MCA) in 1997 to assist with standardizing village elections, the Center has expanded to working in 14 provinces across China, reaching 353,817 villages. Last year, the Center worked with the MCA to promote fair and competitive village elections and enhance the governance skills of elected village leaders, and in May 2005, observed elections in a Tibetan village in Qinghai province.

The Carter Center also partnered with the MCA and the Chinese Academy of Social Sciences to launch the first national survey on village elections and self-governance, involving 520 villages in some 20 provinces. This survey will offer an independent and scientific assessment of the quality of village elections and scale of villagers’ political participation.

The Center and the National People’s Congress cooperated to improve the quality of direct elections and to empower local People’s Congress deputies.

The Chinese Web site on elections and governance (www.chinaelections.org), sponsored by The Carter Center, reached a new stage in 2005 with average daily hits of about 4,000. It has become an important online platform for debating reform issues and deliberating about democratic experiments. It is, in the words of one Chinese scholar, the barometer of China’s long-overdue political reform.

In addition, the Center hosted Chinese election officials to observe voting procedures during the U.S. presidential elections in Chattanooga, Tenn., and Atlanta, Ga. Officials from the MCA and the National People’s Congress examined local campaigning, voter registration, ballot counting, and verification procedures to determine if new measures could be implemented in China.

China Village Election Project Broadens

A Mozambican man relaxes next to a wall of campaign posters in December 2004.

A delegation of Chinese election officials traveled to the United States in November 2004 to observe voting procedures.

Poll workers tally ballots after an election in China.
Rights Need Protection in Face of Terrorism

Human rights defenders worldwide gathered at The Carter Center in June 2005 for their second forum in the series “Human Rights Defenders on the Frontlines of Freedom” to report on abuses enabled by the global fight against terrorism and to urge global support for nonviolent grassroots efforts to protect human rights and promote democracy.

Activists represented 14 countries as well as major human rights organizations and included U.N. High Commissioner for Human Rights Louise Arbour and U.N. Special Representative for Human Rights Defenders Hina Jilani.

The group asserted that, although the war against terrorism is necessary, many countries claiming to be partners in the U.S. fight against terrorism use it as a pretext to restrict freedoms and target human rights defenders, undermining the prospects for democracy and human rights in those countries. Conference participants also condemned revelations of systematic torture in Iraq, Afghanistan, and Guantánamo Bay, Cuba, as well as policies of indefinitely detaining terror suspects in those and other secret detention facilities.

Recommendations included: closing Guantánamo and the two dozen secret detention facilities run by the United States as soon as is practical; establishing an independent commission with authority to investigate and publicly report on places where terrorism suspects are held in U.S. custody; and calling for concerted international action to build a culture of human rights in every nation and to combat the most extreme human rights violations in such places as Burma, Uzbekistan, and Zimbabwe.

On another human rights front, the long-standing call to end execution of juveniles in the United States, endorsed by President and Mrs. Carter, was given a boost by the U.S. Supreme Court, which ruled in March 2005 that executing juvenile offenders is cruel and unusual punishment. The decision in Roper vs. Simmons acknowledged both the national trend against juvenile capital punishment at the state level and the opinion of the international community, which uniformly renounces this practice.

“...
Mali has consistently been ranked as one of the poorest countries in the world, with only 19 percent of the adult population able to read and write and more than 90 percent of Malians living on less than $2 USD a day. Since 1991, The Carter Center has partnered with the government of Mali to improve health, agricultural production, and election processes.

In 2004, Mali President Amadou Toumani Touré invited the Carter Center’s Global Development Initiative to work with his government on a three-year program to address systemic problems in development cooperation in his country. Both President Carter and President Touré recognized that major reforms were needed to improve the way Mali and its donor partners interacted if Mali had any hope of achieving the kind of transformative economic growth necessary to meaningfully reduce poverty and human suffering.

Although millions of dollars in loans and grants are made available to Mali each year, it is not able to use significant amounts of these resources due to cumbersome donor aid practices and government capacity constraints. The government’s severely limited ability to effectively manage aid is exacerbated by its need to devote scarce resources to the multiple, and sometimes conflicting, procedures donors require for accessing their assistance.

Problems in the management of aid are further complicated by the kind of aid offered. Malian development priorities...
Albania has been the fastest-growing country in southeastern Europe and wants to advance on European integration. One of the challenges to doing this is developing strategies to promote sustainable growth and development. I think the most visible impact of the Carter Center’s work in Albania has been expanding the participation of government, civil society, and other representative stakeholders in the development planning process. As a trusted impartial organization, the Center has opened dialogue in countries where political forces have no forum to talk to each other or where the national government does not talk well with the local people.

—Nadir Mohammed, country manager for the World Bank in Albania, who attended the Fourth Development Cooperation Forum at The Carter Center in December 2005
Yengussie Tebeje, 55, sits outside her hut next to a small fire in the rural Ethiopian village of Mosebo. As flies dart around and land on her worn face, she describes her struggle against trachoma, a debilitating eye disease.

Like many people in her village, Tebeje endured years of repeated eye infections, due to bacteria transmitted by eye-seeking flies.

Scarring from multiple infections caused her eyelashes to turn inward, which was extremely painful. For a period of time, Tebeje used homemade tweezers every two weeks to remove five or six inturned lashes. This was the only way she could see well enough to do her housework and go to the local market. But after a while, the tweezing was no longer effective, and Tebeje’s vision deteriorated so much that she could no longer perform daily chores like sweeping floors and cooking meals.

But Tebeje had reason to hope. She learned about an operation that would improve her vision. The surgery on her eyelids was provided locally at no charge to Tebeje, thanks to a program by The Carter Center. Afterward, her vision improved, allowing her to identify people she could not before and to do everyday activities with ease.

Trachoma is the leading cause of preventable blindness worldwide, affecting 6 million people, with another 500 million at risk from the disease. The Carter Center has worked to treat and prevent the disease since 1998.
Although surgery improved life for Tebeje, it is only a temporary fix. Transmission and infection can reoccur when the conditions that support the bacteria persist, such as lack of latrines and inadequate hygiene practices.

In addition, trachoma is often generational, as it is easily transmitted by a mother’s unknowing touch to wipe her child’s eye. Tebeje’s daughter and granddaughter now struggle with the disease. The comprehensive Ethiopian trachoma control program, which is assisted by The Carter Center, offers hope for all generations with immediate relief from trachoma through surgery and antibiotics, and long-term solutions for controlling the disease, such as latrine building and education about face washing.
The end of Guinea worm is in sight. One by one, countries are declaring victory over this parasitic disease as it is eliminated within their borders. Not only are people living free of the physical pain of Guinea worms, but communities are mending as more children can attend school and farmers can return to their fields.

When the Guinea Worm Eradication Program began in 1986, there were roughly 3.5 million cases in 20 countries in Africa and Asia. Today, there are fewer than 12,000 cases in nine countries—all in Africa.

Guinea worm disease is now concentrated in only a few countries, with Sudan and Ghana accounting for 90 percent of all cases.

For 22 years, Guinea worm control in Sudan was hindered by a civil war keeping health workers from fully accessing much of southern Sudan. Now, more areas than ever before are accessible thanks to a peace agreement signed in January 2005, and Guinea worm eradication is a priority in postwar Sudan.

Ghana has renewed eradication efforts by targeting the disease for complete elimination in the nation’s golden anniversary year, 2007. Providing additional visibility, Miss Ghana 2005 announced that Guinea worm eradication would be among her major causes.

Nigeria continues to make enormous strides. In 2004, the nation reported fewer than 500 cases compared to the more than 653,000 cases reported in 1988, when it was the most endemic country in the world. Nigeria is expected to report fewer than 200 cases for 2005 and has pledged to stop transmission in 2006.

In addition, Benin and Mauritania stopped transmission in 2004, and Uganda stopped transmission in 2003.

In the past 12 months, years of hard work have spun hopes into realities, preparing Guinea worm to become the next disease eradicated from Earth.

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

Adetokunbo Lucas, M.D.
Adjunct Professor, Harvard University

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
In a makeshift Guinea worm care center in Savelugu-Nanton, Ghana, 6-year-old Lukma receives treatment for a worm emerging from a blister on the top of his left foot. Abukari Abukari, a local health worker, questions Lukma’s mother about her water-filtering practices, reminding her that she must filter all of the family’s drinking water to prevent the disease from occurring. She says she uses her filter but cannot follow the children everywhere. “The children drink water I don’t know about,” she says with a sigh of guilt and frustration.

Lukma whimpers while Abukari massages the infected wound and rolls the emerging worm onto a roll of gauze, inch by agonizing inch. The worm has been breaking through Lukma’s skin for one week, and today Abukari is able to coax out 2 inches of what will probably be a 3-foot worm. Removing a Guinea worm is a long and painful process taking weeks, sometimes months. Abukari lightly wraps Lukma’s foot with gauze and requests to see him again in a few days. Lukma is told to stay out of the water until the worm has been completely removed. An emerging worm will release hundreds of thousands of eggs into the water.

To help break the cycle of infection, health workers like Abukari continue to educate their communities about the causes of the disease and teach neighbors how to use simple filters to strain Guinea worm larvae from their drinking water.

With efforts from the community level to the international arena, the last fraction of 1 percent of this disease is dwindling.

Join the Historic Effort

Building on the tremendous momentum of the Guinea worm eradication effort, the Bill & Melinda Gates Foundation pledged a $5 million grant and $20 million matching grant toward eradication. The foundation will match dollar for dollar any gift, up to a total of $20 million, made to The Carter Center for Guinea worm eradication. Funds from the Gates Foundation will help to expedite the fight against this debilitating disease and meet the eradication target date of 2009.
transmitted by the bite of a small black fly that breeds near swiftly flowing rivers and streams, onchocerciasis, or river blindness, is one of the leading causes of preventable blindness and is endemic to 37 countries. Worldwide, 18 million people are infected by this parasitic disease and more than 128 million are at risk. Yet, through the distribution of Mectizan®, a drug donated by Merck & Co., Inc., the complications of river blindness can be prevented.

The Carter Center, in collaboration with Lions Clubs International Foundation, the Bill & Melinda Gates Foundation, the World Health Organization, and the governments of 11 countries, is working to control the disease in Africa and eliminate it in Latin America.

Since its inception in 1996, the Center’s River Blindness Program has assisted ministries of health in 11 countries to administer more than 70 million treatments, and more than 11 million of these took place in 2004 alone. Additionally, since 2003, the six endemic countries in Latin America have exceeded the minimum goal of 85 percent treatment coverage needed to eliminate transmission there.

The program is leading the initiative forward in Latin America through the application of community mobilization techniques that rely on kinship networks to distribute Mectizan. Family members are likely to ensure that an absent cousin or sibling will get the treatment needed if he or she misses a health worker’s visit.

Unfortunately, Mexico and Guatemala were hit severely by natural disasters in 2005, complicating efforts to continue health education and Mectizan distribution by limiting community access and resources. Despite these obstacles, the continent is well on its way to halting transmission of onchocerciasis.

A local Lions Club member in Mexico helps a young girl paint a Styrofoam fly, an activity designed to teach children that black flies transmit river blindness. Lions Clubs International Foundation is one of the Carter Center’s partners.

Pitasia Gonzalez, a 78-year-old blind woman from Mexico, lives with her daughters in a home accessible only by foot. Like many of the women nearby, Gonzalez was a strong and capable provider for her family until damage from river blindness stole her sight many years ago. Unable to cook, clean, or dress herself without help, Gonzalez’s blindness has made her dependent on her daughters. But Gonzalez said she is hopeful because her grandchildren receive treatment for the disease through the Carter Center-assisted Onchocerciasis Elimination Program for the Americas. “Their generation has the opportunity to preserve its vision,” she said. As a result, Gonzalez may be one of the last people in the Americas to be blinded by this disease.
Perhaps nowhere in the world is the gift of sight more cherished than in Ethiopia, the nation with one of the world’s highest rates of blindness.

A third of the cases of blindness in Ethiopia are caused by a bacterial infection called trachoma. Trachoma’s effects are far-reaching and devastating to Ethiopian families, who make only $100 USD a year on average. Sighted children become caretakers for the disabled victims, and these children often leave school at an early age to help support their families.

Trachoma cases are decreasing dramatically thanks to a partnership between the Ethiopia Ministry of Health and The Carter Center, which together implement the World Health Organization’s SAFE strategy. SAFE is the four-prong approach to trachoma control — surgery, antibiotics, facial cleanliness, and environmental improvement. Support for the program is provided by the Lions-funded SightFirst Initiative.

Transmission of the disease takes place when the bacteria move from the eyes of young children to the eyes of an uninfected person via eye-seeking flies, eye rubbing, mothers’ shawls, and shared towels.

Dedicated health workers and volunteers have conducted health education and prevention activities for more than 7,000 children at three schools in the Amhara region as well as for adults in the surrounding communities. These programs promote good hygiene practices such as hand and face washing.

The Center also works to improve environmental sanitation by encouraging the construction of latrines. Latrines reduce the amount of human waste in the open and limit breeding grounds for flies.

Due to overwhelming support of village leaders and low building costs, nearly 250,000 pit latrines have been constructed in the Amhara region of Ethiopia in 2005 alone. In addition, Mali, Nigeria, and Niger’s national trachoma programs surpassed their latrine-building target by more than 20 percent in 2004.

To treat trachoma’s early stages, The Carter Center works with ministries of health and partner organizations to distribute Pfizer Inc.’s donation of the antibiotic Zithromax®. In 2004, more than 625,000 doses were distributed in Ethiopia.

Provided political will and financial support for these programs continue, trachoma control could contribute to the restoration of a nation’s vision, with more people than ever before knowing the precious treasure of eyesight preserved.

“He that is struck blind cannot forget the precious treasure of his eyesight lost.”

—William Shakespeare
In Nigeria, an estimated 25 million people suffer from lymphatic filariasis. This parasitic disease is transmitted by mosquito bites and can lead to extreme swelling in legs and other body parts and cause fever, sweats, and other conditions. Not only does the disease produce miserable symptoms, but people with the disease may be stigmatized and, because of their disability, unable to farm or carry out basic daily tasks.

Carter Center-assisted efforts in Plateau and Nasarawa states are the only treatments for lymphatic filariasis underway in all of Nigeria, which is the most endemic country in Africa for the disease. Since beginning work on the ground in 2000, the Lymphatic Filariasis Elimination Program has made significant progress in fighting the disease through health education and annual single-dose combinations of oral medicines—albendazole donated by GlaxoSmithKline and Mectizan® donated by Merck & Co., Inc. In samples of the population in Carter Center-assisted villages between 2000–2004, the infection rates in people had been reduced by 78 percent, and the number of infected mosquitoes had dropped 79 percent. Another prevention strategy is the use of insecticide-treated mosquito nets, the same nets used to control malaria. In 2004, the Nigeria Ministry of Health donated treated bed nets to the program to help reduce transmission of the disease in areas endemic for both lymphatic filariasis and malaria. Nets also protect pregnant women and young children who are not eligible for drug treatment. So far, 55,881 bed nets have been distributed by village volunteers working to combat river blindness. These volunteers show how one community distribution system can be used to disseminate resources to treat several diseases, shaping a standard for integrated public health systems in all developing countries.

**Faces of Hope**

Sitting on a white plastic chair, Hamisu Isa, 35, listens to members of his lymphatic filariasis support group describe their symptoms, challenges, successes, and hopes. For years, he has suffered from the disease’s severest form, elephantiasis.

Although Hamisu’s leg and foot are enlarged and it is sometimes difficult for him to get around, he finds joy in little things that make his life easier. Today, he shows off a custom-made shoe. Typical flip-flops would not fit over his swollen foot, so a friend melted the strap off another shoe and attached it to a strap on Hamisu’s shoe, creating a larger flip-flop, and as a result, a shoe that fits.

Hamisu’s group, the Jos urban support group, is among the first of its kind. Led by Carter Center expert Dr. John Umaru, participants learn about the transmission and prevention of lymphatic filariasis and discuss techniques for preventing skin infections. The forum is equally important for providing a place for people like Hamisu to discuss how to overcome seemingly insignificant everyday challenges, such as finding properly fitting shoes.
Schistosomiasis is one of the most devastating parasitic diseases in tropical countries. In Nigeria, the world’s most schistosomiasis-endemic country, approximately 20 million people need treatment to prevent the disease’s serious and sometimes life-threatening complications.

Caused by a microscopic parasite found in fresh water, schistosomiasis is easily contracted while performing daily chores such as fetch water and herding animals. School-age children are most affected by the disease, which prevents them from growing and developing normally and causes bloody urine.

Fortunately, destruction caused by urinary schistosomiasis can be prevented. Since 1999, The Carter Center, in partnership with Nigeria’s Schistosomiasis Control Program, has been working with communities in Plateau and Nasarawa states to control the disease in the most endemic areas. And in 2004, the program grew to include Delta state.

First, community members are educated about schistosomiasis and its prevention. Then program health workers distribute praziquantel, a pill that can reverse much of the internal organ damage caused by schistosomiasis, to those who need it.

In Plateau and Nasarawa states, The Carter Center and the ministries of health are combining prevention programs for river blindness and lymphatic filariasis with schistosomiasis control efforts to streamline health interventions and village visits.

However, unlike other Carter Center health programs, the medication needed to treat schistosomiasis is not donated and can cost as much as 20 cents USD per tablet, which limits the number of drugs the Center can afford to purchase.

Despite this obstacle, the schistosomiasis program has been increasingly successful. More than 700,000 treatments have been distributed to endemic areas since the program began, and last year the program achieved 103 percent of its annual objective — more than 215,000 treatments. Some Carter Center-assisted areas have shown an 83 percent reduction of bloody urine between 1999 and 2004.

One village, one child at a time, The Carter Center, its partners, and the Nigeria Ministry of Health are making a real difference against this quiet, devastating plague.
Agriculture Techniques
Increase Crop Yields in Africa

Even though the past 50 years have been the most productive in global agricultural history, some 203 million people are malnourished, and each year 6 million children die in a vicious cycle of poverty, hunger, and disease.

Since 1986, The Carter Center has worked to ensure that the benefits of the green revolution, the development of new technology and higher yielding crops, reach those who need it most in Africa.

In partnership with the Sasakawa Africa Association, led by Dr. Norman Borlaug, the Carter Center’s Agriculture Program is part of a larger joint initiative that has helped more than 4 million sub-Saharan farmers in 15 countries to increase their crop yields three- or even fourfold.

For example, in 2004, Ethiopia experienced an abundant harvest, the likes of which had not been observed in years. Farmers harvested more than 14 million tons of food grain—a 24 percent increase from 2003 and a major boon to a nation suffering from chronic food insecurity. Ethiopia’s success is largely the result of increased use of fertilizer and the application of higher-yielding seeds.

In Malawi, one of the largest consumers of maize in the world, farmers are unable to keep up with local needs, forcing the nation to import one of its principal food staples. As a result, the Ministry of Agriculture is implementing maize production technologies promoted by the Sasakawa Africa Association and The Carter Center to close the domestic gap between supply and demand.

And in Ghana, the program is strengthening farmers’ business practices through the development of self-sustaining, business-oriented farmer organizations and offering agribusiness courses for members. This new emphasis on agribusiness has increased profits for small landholders and is expected to increase the use of improved farming technologies.

The Carter Center, along with its partners, realizes the vast potential of a continent, once starving, to someday no longer be vulnerable to famine.
Disease is a formidable and often deadly adversary to the people of many poor African nations. For Ethiopians, the single biggest factor of poor health is lack of access to trained health personnel.

Less than half the population of Ethiopia currently has access to adequate medical treatment. But a partnership among The Carter Center, the Ethiopia Ministry of Education, the Ethiopia Ministry of Health, and seven national universities and colleges is reducing this problem. Launched in 1997, the Ethiopia Public Health Training Initiative is creating a corps of qualified health care workers to serve 90 percent of the Ethiopian population in more than 600 rural health centers.

In 2005, classroom materials were provided to each of the partnering universities, including:
- Text and reference books valued at $15,000 USD
- Computers, printers, and photocopiers
- Periodical and journal subscriptions
- Classroom demonstration materials and basic laboratory equipment, including autoclaves and microscopes

The partner institutions—Addis Ababa, Alemaya, Awassa, Defense, Gondar, Jimma, and Mekelle campuses—hold workshops to draft and produce training modules that address life-threatening diseases, long-term health promotion, and disease prevention.

One of the keys to the initiative’s success is the involvement of Ethiopians in creating program materials.

Ethiopian teaching staff work side by side with international experts to develop curricula that relate to Ethiopia.

Other projects of the initiative include promoting healthy pregnancies, providing drought assistance, and developing teaching and learning materials for the growing health extension worker program.
Quality of Mental Health Services Among Policy Priorities for Industry

People with mental illnesses have great obstacles to overcome. Not only do they face personal stigma and discrimination from society as a whole and sometimes the people in their lives, but they also must deal with a health care system that is underequipped to handle their needs. Although much has been accomplished in the mental health field since Rosalynn Carter began working on these issues in the 1970s, many challenges remain.

The Carter Center’s Mental Health Program works to improve mental health care by tackling public policy and promoting public awareness.

In November 2005, The Carter Center hosted the 21st Annual Rosalynn Carter Mental Health Symposium, which focused on improving quality of care in behavioral health. The two-day meeting brought in experts from around the United States to examine and discuss patients’ experiences and build an action plan to address pervasive problems.

Sweeping public change begins on the local level, and because it is headquartered in Atlanta, the Mental Health Program sponsors an annual Georgia Forum on statewide mental health issues. This year’s forum examined the impact of the state’s transition to managed care in the Medicaid program, which serves many people with mental illnesses.

Regulations and standards of care are closely linked to public opinion, and the program seeks to bring mental health to the forefront of community and national discourse. The Rosalynn Carter Fellowships for Mental Health Journalism provide stipends to journalists who research and report on topics in the field. The 2004–2005 class of recipients included eight reporters from across the United States plus two from New Zealand and two from South Africa. Projects included a radio series on adolescent mental health and a magazine piece about how the 2004 tsunami affected the mental health of people living in the region.

“The fellowship played a major role in allowing me to demonstrate to journalism colleagues that mental health is a legitimate, newsworthy topic that deserves coverage. As my mental health reporting increased in scope, I found that sources and organizations started to seek me out.”

— Caroline Clauss-Ehlers, 2004–2005 recipient of a Rosalynn Carter Fellowship, who wrote a series of articles on how stigma affects mental health care for Latino families
The Carter Center Mental Health Task Force

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

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Internships Offer Relevant, Meaningful Experience

Recognized internationally for the expertise of its staff, The Carter Center also boasts a wealth of skills and experience among its interns who work side by side with program staff. Internships are offered throughout the year to undergraduate juniors and seniors, recent graduates, and graduate or professional students who have demonstrated superior academic ability and career interests related to Carter Center programs.

“Our interns are a very select group, who bring a high quality of skills, academic training, and sometimes even experiences related to the peace and health work of the Center,” said Lauren Kent-Delany, director of educational programs at The Carter Center. “They hail from around the world — Asia, Africa, Western Europe, and North America — and speak a variety of languages from Hausa to Italian to Farsi and Uzbek.

“Our goal is to make the internship a practical application of a student’s academic experience. You will not find interns spending much of their time on administrative work. They are given important projects under the supervision of experts in their field.”

In addition to supporting the Center’s work, interns learn through a series of formal educational programs, through mentoring by program staff, and through interactions with intern peers. The unique opportunities provided by the Carter Center internship program consistently place it on the Princeton Review’s list of top internship programs.

Kavitha Nallathambi, an intern last fall in the Global Development Initiative, has been impressed with the opportunities offered at the Center. “I feel the work I do is meaningful and gives me skills I plan to use in a future career,” said Nallathambi, a recent graduate of the London School of Economics Development Studies Program.

“The staff does a lot to create community among the interns. I’ve met people here I hope I can keep in touch with for the rest of my life.”

Intern Deborah Hakes traveled to Liberia with the Center’s election monitoring delegation and kept a log about her experience on the Carter Center Web site. Hakes was an intern in the Office of Public Information.

Zamira Yusufjonoua, a fall 2005 intern in the Conflict Resolution Program, writes a report on conflict potential in Colombia and Haiti.
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Donors and partners from around the globe join with The Carter Center in a commitment to our peace and health projects. Individuals, foundations, corporations, multilateral organizations, and governments support our programs. These partnerships allow the Center’s work to have greater impact through a shared pursuit to wage peace, fight disease, and build hope throughout the world.

More than 170,000 donors contributed more than $152 million in cash, pledges, and in-kind gifts in fiscal year 2004–2005

Gifts ranging from $1 to more than $25 million support the work of the Center. From direct mail and Ambassadors Circle support, to planned giving and program-specific gifts, each donation contributes to the Center’s ability to realize its mission.

Donor partnerships are fundamental to the Center’s success and reflect the global scope of our projects

For example, the Guinea Worm Eradication Program received a $25 million challenge grant from the Bill & Melinda Gates Foundation. Matching support for this challenge grant includes pledges from the Canadian International Development Agency, the Government of Japan, the United States Agency for International Development, the Conrad N. Hilton Foundation, the Government of Norway, and the Saudi Fund for Development, among others.

Donors from more than 42 countries contributed to our work in 2005. The Government of Ireland pledged major support for the Democracy Program’s Liberian elections project, and The Open Society Institute’s support of the Americas Program will go toward the Mapping the Media project in Latin America. The Center recently established The Carter Centre United Kingdom (CCUK), a U.K.-registered charity and nongovernmental organization created to expand donor opportunities throughout Europe. A partnership between the CCUK and Electoral Reform International Services, a nongovernmental organization based in London, secured a European Union grant in 2005 to support election work in Liberia.

The voices of many individuals contribute to one mission

Thousands of individual donors have united to support the Center’s efforts. Sheila Fyfe and Mark Cohen of Coconut Grove, Fla., have been supporters of the Center since 1997, as Ambassadors and through a planned gift. In Sheila and Mark’s words, “In a world of competing and complex interests, commitment to the public good is more important than ever. We are proud to join our voices with the Center’s and make a commitment to effective change around the globe.”

Generosity has an impact

The generosity and commitment of the Center’s many donor partners has been crucial to the success of our past work and to our ongoing efforts around the world. With a shared vision to build hope around the world, our voices have greater impact. Together, we make the Center’s mission a powerful reality.

Click on www.cartercenter.org to donate online — quickly, easily, and securely.
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Approximately 164 volunteers donated 10,237 hours of service in 2004–2005. Their energy and devotion help the Center achieve much more with the resources it receives from its financial contributors. We thank our volunteers for their support.
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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. (CCI) as of August 31, 2005 and 2004, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of CCI’s management. 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CCI’s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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, 2005 and 2004, and the changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

KPMG LLP

December 23, 2005
Statements of Financial Position
August 31, 2005 and 2004

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</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 $10,872,962 and $8,849,142 in 2005 and 2004, respectively</td>
<td>$ 26,862,833</td>
<td>36,946,251</td>
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<tr>
<td>Accounts receivable:</td>
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<td></td>
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<tr>
<td>Due from Federal government</td>
<td>1,621,799</td>
<td>1,666,945</td>
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<tr>
<td>Other</td>
<td>296,347</td>
<td>169,690</td>
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<tr>
<td>Total accounts receivable</td>
<td>1,918,146</td>
<td>1,836,635</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>41,372,627</td>
<td>13,654,624</td>
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<tr>
<td>Inventory (note 4)</td>
<td>38,050,051</td>
<td>31,274,660</td>
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<tr>
<td>Investments (note 5)</td>
<td>257,077,482</td>
<td>194,883,947</td>
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<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>10,158,068</td>
<td>10,701,142</td>
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<tr>
<td>Artwork</td>
<td>2,020,415</td>
<td>1,834,815</td>
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<tr>
<td>Other assets</td>
<td>36,892</td>
<td>36,892</td>
</tr>
<tr>
<td>Total assets</td>
<td>$377,496,514</td>
<td>291,168,966</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |           |           |
| Accounts payable and accrued expenses (note 7) | $ 6,092,792 | 4,671,702 |
| Net assets (note 10):          |           |           |
| Unrestricted                  | 171,235,243| 132,531,360|
| Temporarily restricted         | 80,745,213 | 39,249,907 |
| Permanently restricted         | 119,423,266| 114,715,997|
| Total net assets               | 371,403,722| 286,497,264|
| Commitments and contingencies (note 12) |           |           |
| Total liabilities and net assets | $377,496,514 | 291,168,966 |

*See accompanying notes to financial statements.*
Statement of Activities

Year Ended August 31, 2005 (With Comparative Totals for 2004)

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support</strong></td>
<td></td>
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<tr>
<td>Contributions and grants</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Operating</td>
<td>$ 20,725,067</td>
<td>34,674</td>
<td>—</td>
<td>20,759,741</td>
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<tr>
<td></td>
<td>20,307,171</td>
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<td>Programs:</td>
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<tr>
<td>Health</td>
<td>6,300,479</td>
<td>48,556,681</td>
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<td>54,857,160</td>
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<td></td>
<td>18,725,211</td>
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<td>Peace</td>
<td>3,773,392</td>
<td>813,168</td>
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<td>4,586,560</td>
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<td>5,520,296</td>
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<tr>
<td>Cross-program</td>
<td>—</td>
<td>884,183</td>
<td>—</td>
<td>884,183</td>
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<tr>
<td></td>
<td>362,973</td>
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<td></td>
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<tr>
<td>In-kind goods (note 9):</td>
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<tr>
<td>Health</td>
<td>—</td>
<td>66,494,397</td>
<td>—</td>
<td>66,494,397</td>
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<tr>
<td></td>
<td>50,000</td>
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<td></td>
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<tr>
<td>Peace</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td></td>
<td>198,716</td>
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<tr>
<td>Operating</td>
<td>203,000</td>
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<td>—</td>
<td>203,000</td>
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<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>4,707,269</td>
<td>4,707,269</td>
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<tr>
<td>Total contributions and grants</td>
<td>31,001,938</td>
<td>116,783,103</td>
<td>4,707,269</td>
<td>152,492,310</td>
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<tr>
<td></td>
<td>150,937,534</td>
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<td>Endowment fund earnings</td>
<td>13,057,670</td>
<td>81,726</td>
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<td>13,139,396</td>
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<td></td>
<td>11,804,412</td>
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<tr>
<td>Appreciation of restricted</td>
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</tr>
<tr>
<td>endowment investments, net</td>
<td>15,878,199</td>
<td>—</td>
<td>—</td>
<td>15,878,199</td>
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<tr>
<td></td>
<td>6,355,092</td>
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<tr>
<td>Facilities use income</td>
<td>365,385</td>
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<td>—</td>
<td>365,385</td>
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<tr>
<td></td>
<td>409,172</td>
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<td>Interest and investment income</td>
<td>730,273</td>
<td>116,392</td>
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<td>846,665</td>
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<td></td>
<td>401,230</td>
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<td><strong>Net assets released from restrictions:</strong></td>
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<td>Health</td>
<td>72,749,630</td>
<td>(72,749,630)</td>
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<tr>
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<tr>
<td>Peace</td>
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<td>(2,092,037)</td>
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<tr>
<td></td>
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<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>532,820</td>
<td>(532,820)</td>
<td>—</td>
<td>—</td>
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<td></td>
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<td>Operating</td>
<td>111,428</td>
<td>(111,428)</td>
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<tr>
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<td>4,707,269</td>
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<tr>
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<td>169,907,440</td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program:</td>
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<td></td>
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<td></td>
</tr>
<tr>
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<tr>
<td>Peace</td>
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<tr>
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<td>Cross-program</td>
<td>449,028</td>
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<td>—</td>
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<tr>
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<td>Fund-raising</td>
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<td>—</td>
<td>7,915,560</td>
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<tr>
<td></td>
<td>7,419,977</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
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<td>—</td>
<td>5,351,537</td>
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<tr>
<td></td>
<td>5,159,472</td>
<td></td>
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<tr>
<td><strong>Total expenses</strong></td>
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<td>97,815,497</td>
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<tr>
<td></td>
<td>121,398,793</td>
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<td>Change in net assets</td>
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<td>4,707,269</td>
<td>84,906,458</td>
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<tr>
<td></td>
<td>48,508,647</td>
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<td></td>
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</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>132,531,360</td>
<td>39,249,907</td>
<td>114,715,997</td>
<td>286,497,264</td>
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<tr>
<td></td>
<td>237,988,617</td>
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<td>Net assets at end of year</td>
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<td>119,423,266</td>
<td>371,403,722</td>
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<td>286,497,264</td>
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See accompanying notes to financial statements.
Statement of Activities

Year Ended August 31, 2004

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<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
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<td><strong>Revenue and support</strong></td>
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<td></td>
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<td>Contributions and grants:</td>
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<td></td>
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<td>Operating  Operating</td>
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<td>20,307,171</td>
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<td>Programs:</td>
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<td>362,973</td>
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<tr>
<td>In-kind goods (note 9):</td>
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<td>Operating</td>
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<td>—</td>
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<td>198,716</td>
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<tr>
<td>Endowment</td>
<td>—</td>
<td>8,931,147</td>
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<td>8,931,147</td>
</tr>
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<td>Total contributions and grants</td>
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<td>112,258,922</td>
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<td>150,937,534</td>
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<td>55,958</td>
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<td>11,804,412</td>
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<td>Appreciation (depreciation) of endowment investments, net</td>
<td>6,355,092</td>
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<td>—</td>
<td>6,355,092</td>
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<td>Facilities use income</td>
<td>409,172</td>
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<td>409,172</td>
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<tr>
<td>Interest and investment income</td>
<td>362,266</td>
<td>38,964</td>
<td></td>
<td>401,230</td>
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<td>Net assets released from restrictions:</td>
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<td></td>
<td></td>
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<tr>
<td>Health</td>
<td>97,843,178</td>
<td>(97,843,178)</td>
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<tr>
<td>Peace</td>
<td>2,872,981</td>
<td>(2,872,981)</td>
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<tr>
<td>Cross-program</td>
<td>221,585</td>
<td>(221,585)</td>
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</tr>
<tr>
<td>Operating</td>
<td>323,656</td>
<td>(323,656)</td>
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</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>
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**Expenses**

Program:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
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<td>—</td>
<td>101,652,815</td>
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<tr>
<td>Peace</td>
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<td>—</td>
<td>—</td>
<td>6,779,312</td>
</tr>
<tr>
<td>Cross-program</td>
<td>387,217</td>
<td>—</td>
<td>—</td>
<td>387,217</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>7,419,977</td>
<td>—</td>
<td>—</td>
<td>7,419,977</td>
</tr>
<tr>
<td>General and administrative</td>
<td>5,159,472</td>
<td>—</td>
<td>—</td>
<td>5,159,472</td>
</tr>
<tr>
<td>Total expenses</td>
<td>121,398,793</td>
<td>—</td>
<td>—</td>
<td>121,398,793</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>
</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>
</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>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
Statements of Cash Flows
Years Ended August 31, 2005 and 2004

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</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>$ 84,906,458</td>
<td>48,508,647</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>918,791</td>
<td>1,053,626</td>
</tr>
<tr>
<td>Appreciation in fair value of endowment investments</td>
<td>(15,878,199)</td>
<td>(6,355,092)</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(185,600)</td>
<td>(13,165)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(4,707,269)</td>
<td>(8,931,147)</td>
</tr>
<tr>
<td>Increase in inventory balances due to noncash contributions in excess of noncash distributions</td>
<td>(6,775,391)</td>
<td>(14,762,773)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>(81,511)</td>
<td>(548,456)</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>(31,250,618)</td>
<td>195,786</td>
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<tr>
<td>Other assets</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>1,421,090</td>
<td>1,760,837</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>28,367,751</td>
<td>20,908,263</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities** |          |          |
| Purchase of property and equipment, net of related payables | (375,717) | (480,398) |
| Purchase of investments                | (46,315,336) | (38,226,588) |
| Disposals of artwork                  | —        | 72,100   |
| Net cash used in investing activities  | (46,691,053) | (38,634,886) |

| **Cash flows from financing activities** |          |          |
| Permanently restricted contributions | 4,707,269 | 8,931,147 |
| Decrease in permanently restricted contributions receivable | 3,532,615 | 4,059,592 |
| Net cash provided by financing activities | 8,239,884 | 12,990,739 |
| Net change in cash and cash equivalents | (10,083,418) | (4,735,884) |
| Cash and cash equivalents at beginning of year | 36,946,251 | 41,682,135 |
| Cash and cash equivalents at end of year        | $ 26,862,833 | 36,946,251 |

See accompanying notes to financial statements.
Statement of Functional Expenses

Year Ended August 31, 2005 (With Comparative Totals for 2004)

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Peace</th>
<th>Cross-program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
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<td>2,539,840</td>
<td>184,661</td>
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<tr>
<td>Consulting</td>
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<td>1,022,518</td>
<td>49,484</td>
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<tr>
<td>Communications</td>
<td>533,473</td>
<td>302,048</td>
<td>6,555</td>
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<tr>
<td>Services</td>
<td>161,205</td>
<td>205,529</td>
<td>102,336</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>619,447</td>
<td>284,352</td>
<td>5,838</td>
</tr>
<tr>
<td>Vehicles</td>
<td>757,400</td>
<td>30,875</td>
<td>53</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>1,759,763</td>
<td>2,274,123</td>
<td>67,302</td>
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<tr>
<td>Interventions</td>
<td>65,015,240</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>195,008</td>
<td>46,500</td>
<td>2,253</td>
</tr>
<tr>
<td>Grants</td>
<td>867,727</td>
<td>113,770</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td><strong>76,909,595</strong></td>
<td><strong>7,189,777</strong></td>
<td><strong>449,028</strong></td>
</tr>
</tbody>
</table>

Common area and depreciation

Total expenses

See accompanying notes to financial statements.

Statement of Functional Expenses

Year Ended August 31, 2004

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Peace</th>
<th>Cross-program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
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<td>Consulting</td>
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<td>48,332</td>
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<tr>
<td>Communications</td>
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<td>5,497</td>
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<tr>
<td>Services</td>
<td>177,459</td>
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<td>9,270</td>
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<tr>
<td>Office and equipment</td>
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<tr>
<td>Vehicles</td>
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<tr>
<td>Travel/meetings</td>
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<td>1,888,003</td>
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<td>Interventions</td>
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<tr>
<td>Other</td>
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<td><strong>101,333,716</strong></td>
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</table>

Common area and depreciation

Total expenses

See accompanying notes to financial statements.
<table>
<thead>
<tr>
<th>Supporting expenses</th>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2004</td>
<td>2005</td>
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<tr>
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<tr>
<td>Fundraising</td>
<td>1,716,380</td>
<td>2,809,519</td>
<td>12,967,855</td>
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<td>295,803</td>
<td>294,120</td>
<td>2,634,732</td>
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<td>2,392,102</td>
<td>199,679</td>
<td>3,433,857</td>
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<td>1,875,235</td>
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<td>2,488,024</td>
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<td>120,594</td>
<td>1,087,667</td>
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<td>790,657</td>
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<td>981,497</td>
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<td>2,046,947</td>
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<tr>
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<td>7,915,560</td>
<td>5,351,537</td>
<td>97,815,497</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting expenses</th>
<th>Fundraising</th>
<th>General and administrative</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td>1,438,057</td>
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<td>3,531,341</td>
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<td>186,849</td>
<td>2,334,790</td>
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<td>68,230</td>
<td>118,444</td>
<td>1,059,464</td>
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<tr>
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<td>621</td>
<td>1,469</td>
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<td></td>
<td>735,435</td>
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<td>—</td>
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<td>203,756</td>
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<td>1,123,434</td>
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<td>—</td>
<td>1,670,420</td>
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<td>7,011,322</td>
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<td>119,292,239</td>
</tr>
<tr>
<td></td>
<td>408,655</td>
<td>966,362</td>
<td>2,106,554</td>
</tr>
<tr>
<td></td>
<td>7,419,977</td>
<td>5,159,472</td>
<td>121,398,793</td>
</tr>
</tbody>
</table>
Notes to Financial Statements

August 31, 2005 and 2004

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 22 members, which include President and Mrs. Carter, the president of Emory University, 9 members appointed by Emory University’s board of trustees, and 10 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.

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
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
Contributions received, including unconditional promises to give, are recognized as revenue when a donor's commitment is received.

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.

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.

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 in the pooled endowment fund are stated at fair value as determined by the custodian, Emory University. All other investments are stated at fair value based on quoted market prices. Net realized and unrealized gains or losses on investments are 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.

Artwork
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.

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.
Notes to Financial Statements

August 31, 2005 and 2004

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.

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 of investments in the pooled endowment fund is fair value as determined by Emory University. The carrying value of all other investments is fair value 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 requires management to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Significant items subject to such estimates and assumptions include the useful lives of property, plant, and equipment, carrying values of contributions receivable and inventory, fair values of contributed items, and obligations under split-interest agreements and various employment arrangements. Actual results could differ from those estimates.

3. Contributions Receivable
Contributions receivable consists of the following at August 31, 2005 and 2004:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temporarily restricted:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$30,942,311</td>
<td>75,000</td>
</tr>
<tr>
<td>Cross-program</td>
<td>463,761</td>
<td>—</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>847,489</td>
<td>927,943</td>
</tr>
<tr>
<td><strong>Permanently restricted:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>9,119,066</td>
<td>12,651,681</td>
</tr>
<tr>
<td>Total</td>
<td>$41,372,627</td>
<td>13,654,624</td>
</tr>
</tbody>
</table>
The anticipated receipts of these receivables are as follows at August 31, 2005 and 2004:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$14,079,947</td>
<td>4,343,937</td>
</tr>
<tr>
<td>One to five years</td>
<td>24,572,680</td>
<td>5,484,411</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,038,483</td>
<td>8,064,847</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(5,318,483)</td>
<td>(4,238,571)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$41,372,627</strong></td>
<td><strong>13,654,624</strong></td>
</tr>
</tbody>
</table>

Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. 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, 2005 and 2004 are deemed fully collectible.

**4. Inventory**

Inventory at August 31, 2005 and 2004 is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$27,082,155</td>
<td>26,288,550</td>
</tr>
<tr>
<td>Zithromax</td>
<td>9,974,586</td>
<td>3,858,538</td>
</tr>
<tr>
<td><strong>Medical Kits</strong></td>
<td>993,310</td>
<td>1,127,572</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$38,050,051</strong></td>
<td><strong>31,274,660</strong></td>
</tr>
</tbody>
</table>

**5. Investments**

CCI invests its endowment assets in a pooled investment fund managed by Emory University. As of August 31, 2005 and 2004, respectively, the pooled investment fund was invested in a composite of cash equivalents (4% and 3%), bonds (14% and 11%), equity holdings (42% and 53%), marketable alternatives (18% and 15%), private market investments (12% and 10%), marketable real estate (5% 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>2005</th>
<th>2004</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>$253,649,409</td>
<td>222,992,694</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>59,443</td>
<td>59,443</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td>1,411,455</td>
<td>1,400,163</td>
</tr>
<tr>
<td>Equity securities</td>
<td>1,957,175</td>
<td>1,725,901</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$257,077,482</strong></td>
<td><strong>226,178,201</strong></td>
</tr>
</tbody>
</table>
Notes to Financial Statements

August 31, 2005 and 2004

6. Property, Plant, and Equipment

The components of property, plant, and equipment are as follows at August 31, 2005 and 2004:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</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>696,751</td>
<td>940,595</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>602,800</td>
<td>1,042,276</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>408,884</td>
<td>502,258</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>500,244</td>
<td>633,711</td>
<td>3 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,491,240</td>
<td>1,425,452</td>
<td>15 years</td>
</tr>
</tbody>
</table>

20,629,692 21,474,065

Less accumulated depreciation
(10,471,624) (10,772,923)

$10,158,068 10,701,142

Depreciation expense totaled $918,791 and $1,053,626 during 2005 and 2004, 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 recognizes 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 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 $3,428,073 and $2,802,433 at August 31, 2005 and 2004, respectively. The annuity liability related to these agreements is $2,119,333 and $1,833,716 at August 31, 2005 and 2004, respectively. The net contribution revenue reported for split-interest agreements was $345,924 and $552,981 during the years ended August 31, 2005 and 2004, 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, 2005 and 2004 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>$66,481,145</td>
<td>95,639,448</td>
</tr>
<tr>
<td>Medical kits</td>
<td>—</td>
<td>1,127,572</td>
</tr>
<tr>
<td>Other</td>
<td>13,252</td>
<td>75,000</td>
</tr>
<tr>
<td>Peace:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer equipment</td>
<td>—</td>
<td>50,000</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>203,000</td>
<td>180,000</td>
</tr>
<tr>
<td>Other</td>
<td>—</td>
<td>18,716</td>
</tr>
<tr>
<td>Total</td>
<td>$66,697,397</td>
<td>97,090,736</td>
</tr>
</tbody>
</table>

The majority of the donations of medication were received from two pharmaceutical companies during the years ended August 31, 2005 and 2004.

10. Net Assets

Unrestricted

As of August 31, 2005 and 2004, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealized gain on restricted endowment investments</td>
<td>$30,657,046</td>
<td>14,778,847</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>114,816,855</td>
<td>79,061,473</td>
</tr>
<tr>
<td>Program funds</td>
<td>5,020,024</td>
<td>5,220,499</td>
</tr>
<tr>
<td>Undesignated</td>
<td>20,241,318</td>
<td>32,970,541</td>
</tr>
<tr>
<td>Total</td>
<td>$171,235,243</td>
<td>132,531,360</td>
</tr>
</tbody>
</table>

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, 2005 and 2004, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$77,606,212</td>
<td>35,188,372</td>
</tr>
<tr>
<td>Peace</td>
<td>1,052,531</td>
<td>2,355,830</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,235,281</td>
<td>777,762</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>851,189</td>
<td>927,943</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$80,745,213</strong></td>
<td><strong>39,249,907</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 $429,420 and $426,456 during the years ended August 31, 2005 and 2004, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $748,717 and $748,717, respectively, during the years ended August 31, 2005 and 2004. In addition, CCEU made unrestricted contributions to CCI, related to endowment earnings at CCEU, of $228,682 and $472,742 during the years ended August 31, 2005 and 2004.

CCI is currently affiliated with two separately incorporated organizations, Carter Center U.K. and Carter Center U.K. Foundation. Payments made by CCI in support of its affiliates are included in Peace Program expense in the accompanying financial statements. Revenue provided by these affiliates was $38,746 and $0 for fiscal years 2005 and 2004, respectively, and is included in program grants in the accompanying statements of activities. Net receivables due from these affiliates were $108,693 and $0 as of August 31, 2005 and 2004, respectively, and are included in other accounts receivable in the accompanying statements of financial position.

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 is governed by its Board of Trustees which oversees the Center’s assets and property and promotes its objectives and goals.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>John J. Moores Sr.</td>
<td>Chairman, The Carter Center</td>
</tr>
<tr>
<td></td>
<td>Investor and Chairman San Diego Padres</td>
</tr>
<tr>
<td>Terrence B. Adamson</td>
<td>Executive Vice President National Geographic Society</td>
</tr>
<tr>
<td>Arthur M. Blank</td>
<td>Owner and CEO, Atlanta Falcons and Georgia Force Football Teams Chairman, The Arthur M. Blank Family Foundation</td>
</tr>
<tr>
<td>Richard C. Blum</td>
<td>Chairman Blum Capital Partners</td>
</tr>
<tr>
<td>Jimmy Carter</td>
<td>Co-founder, The Carter Center</td>
</tr>
<tr>
<td>Rosalyn Carter</td>
<td>Co-founder, The Carter Center</td>
</tr>
<tr>
<td>Johnnetta B. Cole, Ph.D.</td>
<td>President Bennett College</td>
</tr>
<tr>
<td>Bradley N. Currey Jr.</td>
<td>Retired Chairman and CEO Rock-Tenn Company</td>
</tr>
<tr>
<td>The Hon. Gordon D. Giffin</td>
<td>Partner McKenna Long &amp; Aldridge</td>
</tr>
<tr>
<td>David A. Hamburg, M.D.</td>
<td>President Emeritus Carnegie Corporation of New York</td>
</tr>
<tr>
<td>Ben F. Johnson III</td>
<td>Managing Partner Alston &amp; Bird</td>
</tr>
<tr>
<td>Frank C. Jones</td>
<td>Of Counsel Jones, Cork &amp; Miller, LLP</td>
</tr>
<tr>
<td>The Hon. James T. Laney</td>
<td>Former U.S. Ambassador to South Korea</td>
</tr>
<tr>
<td>Sherry Lansing</td>
<td>CEO Sherry Lansing Foundation</td>
</tr>
<tr>
<td>Michael L. Lomax, Ph.D.</td>
<td>President and CEO The United Negro College Fund</td>
</tr>
<tr>
<td>Kent C. “Oz” Nelson</td>
<td>Retired Chairman and CEO United Parcel Service</td>
</tr>
<tr>
<td>Sally E. Pingree</td>
<td>Trustee The Charles Engelhard Foundation</td>
</tr>
<tr>
<td>Alice R. Rubenstein</td>
<td>Co-Founder and Managing Director Rhodes Partners</td>
</tr>
<tr>
<td>Marjorie M. Scardino</td>
<td>Chief Executive Pearson PLC</td>
</tr>
<tr>
<td>Lynn H. Stahl</td>
<td>Chairman The Stahl Family Foundation</td>
</tr>
<tr>
<td>James W. Wagner, Ph.D.</td>
<td>President Emory University</td>
</tr>
<tr>
<td>Tadahiro “Tad” Yoshida</td>
<td>President YKK Corporation</td>
</tr>
<tr>
<td>Sidney Harman, Ph.D.</td>
<td>Chairman of the Board and CEO Harman International Industries</td>
</tr>
<tr>
<td>Robert J. Lipshutz</td>
<td>Lipshutz, Greenblatt &amp; King</td>
</tr>
<tr>
<td>Trustees Emeritus</td>
<td></td>
</tr>
</tbody>
</table>

**The Carter Center Board of Trustees**