“The Carter Center helps others help themselves, offering them the tools and knowledge they need to improve their own lives. When people believe in themselves, hope is born.”
—Jimmy Carter
The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, to advance peace and health worldwide. A non-governmental organization, the Center has helped to improve life for people in more than 65 countries by resolving conflicts, advancing democracy and human rights, preventing diseases, diminishing the stigma of mental illnesses, and teaching farmers to increase crop production. The Carter Center has a staff of 160 and an annual budget of $49.1 million.
On the 25th anniversary of The Carter Center, Rosalynn and I are filled with gratitude for the many partners who have believed in our vision of a world where everyone can live in peace and enjoy good health. Your love and generosity have renewed hope for people in more than 65 nations and saved millions of lives.

We thank you from the bottom of our hearts.

Jimmy Carter
If the past is prologue, a future filled with opportunity to tangibly improve life for the poorest of the world’s people awaits The Carter Center and its partners in the next 25 years.

President and Mrs. Carter often tell the story of the Center’s founding in 1982, when they envisioned it as a retreat where people could come to resolve conflicts. That happened. But with experience, the Carters realized world peace requires more than a resolution of existing conflicts.

People must be empowered to determine their own futures through self-governance, have equitable access to health care and adequate food to feed their families, and enjoy a guarantee of human rights in order to build and sustain hope for the future.

By our second decade, the Center’s official mission grew to encompass the promotion of a broader range of human rights. A new descriptor for our mission—“Waging Peace. Fighting Disease. Building Hope.”—communicated simply what is a complex relationship between peace, respect for human rights, and the basic quality of life for many populations living in abject poverty worldwide.

The result is a new ambitious model of non-governmental organization taking a holistic approach by simultaneously advancing human rights and alleviating human suffering. Most of this work is in Africa and Latin America, regions either neglected by Western governmental and social agencies or that struggle to end conflict and maintain stable systems of governance.

During our first 25 years, the Carters’ vision has been translated into action and results, pioneering innovative and effective approaches to conflict resolution, strengthening democracy, and preventing disease on massive scales. Hundreds of millions of citizens have cast their first votes in fair elections under the watch of Carter Center observers and now enjoy a meaningful voice in how they are governed. Just as many people no longer suffer from diseases we have helped them learn to prevent.

Let’s celebrate the past by advancing into the future with the now certain knowledge that, working together, we truly can shape a better world for future generations.

John Hardman
Executive Director

John Moores
Chairman

Top: John Hardman, executive director of The Carter Center, asks a voter a question while observing Palestinian elections in January 2006.

Above: John Moores, chairman of the board of trustees, greets several children in Ethiopia.
The Carter Center’s peace programs have helped individuals gain freedom and nations secure democracy across the globe in the belief that human rights, credible elections, and rule of law are vital for preventing deadly conflict.

When formal diplomacy failed, or when international organizations would not intervene in conflicts between their member states, President Carter and Carter Center staff showed that nongovernmental actors could fill the mediation gap, advancing peace in Ethiopia, Eritrea, Liberia, Sudan, Uganda, the Great Lakes region of Africa, the Korean Peninsula, Haiti, and Bosnia-Herzegovina.

As more countries turned to free elections to resolve internal power struggles, The Carter Center pioneered the field of election observation, monitoring more than 67 national elections in 26 countries to help deter fraud, reassure voters they could safely and secretly cast their ballots, and give people confidence their votes would count.

Beyond elections, the Center nurtured the growth of national democratic institutions to help ensure respect for rule of law, open and transparent government decisions, and fair access to resources to compete for public office. Program staff also worked to strengthen the U.N. human rights system and the International Criminal Court, so international law may preserve the universal human rights upholding the dignity and worth of individuals.

The following timeline provides a brief look at the Center’s 25 years of waging peace.
Panama elections

1998

China village elections

The Carter Center

Liberia elections

Gregory H. Stem

The Carter Center
Through 25 years, Carter Center programs have shown that creating a world at peace is a possible journey, taken one step at a time, and an inspiration for generations to come.

1983  **Middle East consultation** of leaders and scholars seeks to resolve conflict and promote peace with justice.

1985  **International security and arms control conference** issues recommendations on U.S.-Soviet nuclear arsenals and policies.

1989  Council of Presidents and Prime Ministers of the Americas undertakes the Center’s **first election observation**, in Panama, and denounces the process as fraudulent.

1990  The Center’s **first Global Development Forum** brings to the table the U.N. secretary-general, donors, and leaders of developing nations seeking strategies and policies for the most effective use of foreign aid.

1994  President Carter undertakes peace initiatives that lead to **resumption of dialogue between North Korea and the United States**, help Haiti avert a U.S.-led invasion, and produce a four-month cease-fire between Bosnian Muslims and Serbs in the former Yugoslavia.

1995  A summit of presidents from the Great Lakes region of **Africa** examines means to begin the safe return of Rwandan refugees; stop the cycle of violence in Burundi; and promote peace, reconciliation, and justice in the region.

1997  After regional mediations end civil war, the Center observes **Liberia’s first democratic elections**.
1998 A long-term project begins to help improve the capacity of the **Chinese government to conduct village elections** and standardize election procedures nationwide.

1999 After 40 years of military rule, Indonesia—the world’s most populous Muslim nation—holds its first truly **democratic elections**, observed by The Carter Center.

2000 Sudanese and Ugandan governments restore diplomatic **working relations** as part of a peace agreement mediated by President Carter and The Carter Center in 1999.

2002 Invited by Fidel Castro, President and Mrs. Carter head a **Carter Center delegation to Cuba**, where he calls for the United States to end its economic embargo and Cuba to hold free elections and improve human rights.


2004 Jamaica implements an **access to information act**, with assistance from the Center.

2005 Mozambique’s parliament approves **Agenda 2025**, a national vision and development strategy to help reduce poverty and improve use of foreign aid, facilitated by the Center.

2006 Center observes the **Democratic Republic of the Congo’s first multiparty elections** in 40 years.
The afternoon sun catches Yayu Zonveni’s face near the door of her otherwise shadowed home in Kinshasa, Democratic Republic of the Congo. She sits in a blue plastic chair waiting for customers to buy the soda and beer she sells from her house: 200 Congolese francs for a Coke, 400 for a beer. It takes her a day and a half to sell a case of 24 bottles, for which she receives a profit of 400 FC, or almost $1 USD.

Yayu, 67, says things were easier when her husband, Rimmond, worked. Now 70 years old, he retired three years ago after 45 years with the district commissioner. His retirement income, and that of 500 others, has never been distributed. The money Yayu makes selling beverages buys the family food.

The story of their hardship is similar to that of others throughout the DRC; everyone has been affected by the corruption and lack of infrastructure plaguing the country.

DRC’s five-year war ended in 2003, leaving it in a humanitarian crisis. More than 3 million people died in the conflict from fighting, disease, or malnutrition. The country held its first election in 46 years in July 2006. That elections took place at all makes the Zonveni family optimistic. DRC is the size of Western Europe; there were 50,000 polling stations and more than 25 million registered voters in a country with only 300 miles of paved roads.

A 58-member Carter Center election observation delegation participated in the elections, with teams deployed throughout the country to monitor polling sites, the voting process, and final tabulations. Although the observation team noted procedures that weakened the elections’ overall transparency, The Carter Center determined that the overall results were credible.

Rimmond smiles as he reflects on the relative peacefulness of election day in Kinshasa.

“People expressed their will,” he said. “The international observers showed us how to run an election correctly, democratically.”

He wants organizations to stay involved in the country to develop the infrastructure. He hopes things will get better for his family, especially for the children. Each of his seven adult children studied a career in school like English, commerce, and engineering, but finding a job in most fields is extremely difficult, he said.

“The will is there for people to change and succeed but not the means,” he said.

Rimmond’s daughter Mamy is a seamstress, working out of her family’s front room. She dreams of having a bigger office, traveling to Europe, and getting married. She said she knows it will take time for things to improve in the country but believes a good government is the first step. And the Zonveni family, like so many others, looks forward to new opportunities for the Congolese.
Money is tight for Yayu Zonveni (far right) and her husband, Rimmond (right), but they are thankful for the home they share with their seven adult children. A typical house in Kinshasa is a cement cube with a dirt floor, no doors or windows, and most residents eat only once a day or every other day.

In a country with very little infrastructure, most streets in Kinshasa are littered with garbage and difficult to pass. Most residents do not have any electricity or water, and many neighborhoods have open sewers.
Many voters still think their governments make policies with repayment of campaign donors in mind, rather than to serve the public good.

Election campaigns cost money. The dilemma is how to ensure sufficient funds and equal access to the media by all candidates to foster competitive elections yet prevent undue influence by special interests. While this issue poses difficulty even to developed democracies such as the United States and Canada, it is particularly acute in countries where underdevelopment places limits on the government’s ability to finance elections from the national budget.

The Carter Center, in partnership with the University of Calgary and Canadian Foundation for the Americas (FOCAL), is shining a light on media’s influence on elections in the Western Hemisphere by identifying media ownership and reach in electoral districts in 12 countries. The Web-based interactive project allows citizens to create maps showing exactly which news and political advertising sources reach voters in any given electoral district.

“There is growing concern that mass media outlets, the majority of which are weakly regulated, for-profit businesses, are profiteering on elections, charging high prices for advertising and delivering advantage to wealthy candidates or giving preferred news coverage to certain candidates while ignoring others,” said Americas Program Senior Associate Director Shelley McConnell. “The resulting perception is that the media are acting as kingmakers.
“This project puts information in the public’s hands to encourage debate about the role of media and money in elections. We are empowering and motivating citizens to change weak national legislation that regulates political finance.”

The maps use geographic information systems (GIS) state-of-the-art technology to digitally map layers of collected data on existing television, radio, and newspaper ownership structure, their broadcast/circulation range, viewership/readership, news sources, and political affiliation over a territorial map of each country. The maps juxtapose the media information against socioeconomic and demographic information as well as electoral information, helping citizens see the correlations between media distribution, wealth and electoral participation, and voting outcomes.

The Center also has incorporated assessment of campaign finance in its election observation missions, verifying that countries have complied with their own laws and recommending to new leaders steps to improve their country’s practices. The maps can be found at http://www.mediamap.info.
Courageous and effective activists for the rights of others often face great risks in countries where basic human rights are still ignored. Many are ordinary people—lawyers, policy-makers, or staff of nongovernmental organizations.

“Human rights activists are more threatened now than during any time in recent history. In many countries, the war on terror is being used as a reason to expand police powers and stifle dissent,” said Karin Ryan, director of the Center’s Human Rights Program.

These unsung heroes gather annually at the Human Rights Defenders Policy Forum co-sponsored by The Carter Center and Human Rights First to strengthen their voices and rally international support for their causes. Meetings are co-chaired by President Carter and the U.N. high commissioner for human rights.

Participants in the May 2006 forum discussed how to help defenders working in new, often fragile democracies to support human rights. Representing countries such as Haiti, Bolivia, Afghanistan, Egypt, and Kenya, the defenders agreed that despite recent elections in some nations that raised the hopes of millions of people for freedom and justice, democracies—both fledgling and established—are falling short in their support of fundamental human rights.
“You really couldn’t have democracy without human rights. Human rights, elections, democracy, and development are all integrated. In fact, I would prioritize human rights ahead of the elections themselves,” said human rights defender Clement Nwanko of Nigeria.

The group urged the international community to stay engaged after elections to ensure human rights are embedded in the institutions that are likely to be weak in new democracies or countries just emerging from conflict.

“Every time I come here to the forum, I go home more energized and more hopeful that I’m not fighting alone, that I’m not dancing alone,” said Dr. Saad Ibrahim, a human rights activist and professor at American University in Cairo. In 2000, he was arrested on several alleged charges connected to his rights work. He was sentenced to a seven-year term but eventually was acquitted and released in March 2003.

Said Ibrahim, “There are many people like myself who have sacrificed and who continue to sacrifice for the sake of human rights and democracy.”
Peace Programs

The Year in Review

Democracy Program

Furthering its work to strengthen democracy worldwide, the Democracy Program observed elections in the Palestinian territories, Guyana, and the Democratic Republic of the Congo this past year.

A Carter Center observer team witnessed the militant group Hamas win a majority of the seats in the Palestinian parliament in January 2006. Voters turned out in large numbers amid difficult circumstances of the ongoing conflict with Israel to hold a peaceful, open, and competitive election. Despite observers’ conclusion that the election process was genuinely democratic, some members of the international community moved to withhold vital aid and funds from the struggling Palestinian Authority.

In August 2006, the program deployed a small election observation team for Guyana’s presidential and parliamentary elections. Following a peaceful and orderly election, observers urged the country’s leaders to redouble efforts to implement constitutional and electoral reforms to give all parties a role in self-governance and to work to sustain dialogue with civil society to deepen the country’s democracy.

In the Democratic Republic of the Congo—a war-torn country the size of Western Europe with only 300 miles of paved roads—citizens overcame huge logistical challenges to hold the country’s first presidential and legislative multiparty elections in 46 years. Observers praised the orderly and peaceful process in which more than 9,700 candidates ran for parliament.

Human Rights Program

Human rights defenders from 21 countries gathered at The Carter Center in May 2006 for the forum “Beyond Elections: Defending Human Rights in the Age of Democratization,” co-sponsored with Human Rights First. The group called international attention to the gap between the promise of elections and the greater challenges of building a democratic culture and government in emerging democracies.

Following the forum, several conference participants and Center staff met with policymakers in Washington, D.C., including members of Congress and the White House administration, to discuss how the United States can best support their work to promote democracy and human rights in their home countries.

Carter Center staff and President Carter worked behind the scenes to support the U.N. secretary-general’s call for reform of the Commission on Human Rights. In March 2006, the General Assembly approved a U.N. resolution creating a Human Rights Council. The new body provides a solid foundation for finding innovative ways to address human rights violations, especially the world’s worst crises. A key concern in the past has been the U.N.’s selective condemnation of human rights violations, based more on political considerations than on the gravity of the situation. The council is empowered to hold all governments to the same standard of protection of human rights, making it possible for this new body to be more effective and less politicized.

Conflict Resolution Program

Steps toward resolving conflicts in Africa, Asia, and the Middle East highlighted the program’s agenda last year.

Staff continued to encourage the parties to the civil war in Nepal to negotiate an end to strife, making two trips to the region to increase contact with all sides. Those efforts were rewarded with...
invitations for the Carter Center’s Democracy Program to assist with the transition to democracy through constituent assembly elections after the king returned power to the elected parliament in April. The decade-long Maoist insurgency in Nepal has killed more than 13,000 people.

In the Middle East, President Carter and program staff continued efforts to promote two-state solutions to the Israeli-Palestinian conflict by talking with leaders from Israel and the Palestinians as well as representatives of the Egyptian government.

In Liberia, where the Center has worked for much of two decades, field missions identified needs for the post-conflict government elected in 2005 to promote the rule of law, incorporate traditional justice practices into new legal processes, and expand the reach of the legal system to rural areas.

In the conflict between the Lord’s Resistance Army and the government of Uganda, staff continued to maintain contact with representatives of both sides. Discussions also were held with the prosecutor of the Permanent International Criminal Court regarding practical ways to make investigations more complementary to peace processes in Uganda and the Democratic Republic of the Congo.

**Americas Program**

The Americas Program furthered efforts to strengthen democracy and increase transparency in the Western Hemisphere.

A three-year access to information project in Jamaica ended after helping to obtain passage of an open records law and working with the government and civil society to apply it. A similar project also closed in Bolivia, where help was given to draft an access to information law. In Nicaragua, awareness is being raised among civil society groups of their rights to information, and the
government is developing pilot ministries to implement voluntary openness strategies.

As part of an effort to reform the way political parties and elections are financed, the program partnered with the University of Calgary and Canadian Foundation for the Americas (FOCAL) to create Internet-accessible interactive maps that identify media ownership and reach in 12 countries in the Americas, providing a gauge of the media’s influence on elections.

Eminent former government officials serving on the Friends of the Democratic Charter council developed recommendations for the Organization of American States to strengthen the charter and the OAS’ capacity to respond to democratic crises. The group sent missions to assess political tensions in Nicaragua and Bolivia.

The program also sent a 60-member international team of observers to the Nicaragua presidential election in November 2006.

China Program

In cooperation with China’s Ministry of Civil Affairs and other government agencies, the Carter Center’s China Program continued to focus on training and technology to enhance electoral processes and postelection governance at the village level and to promote avenues for open debate on political reform.

Center staff observed elections in Tianjin municipality. In Sichuan and Hebei provinces, township and county officials and elected village committee members were trained to represent the interests of their constituents. Local People’s Congress deputies and officials also were trained in Beijing and Sichuan.

Once again, the Center hosted Chinese election officials to observe U.S. elections, this time in Springfield, Ill., in November 2006. The delegates shared their impressions of the election with scholars and media.

The China Program also launched a Democracy Information Project to further scholarship and research on democracy at the Beijing Center for Policy Research by increasing reference materials on Chinese political reform and democracy available from both Chinese and Western sources. Meanwhile, the Chinese Web site on elections and governance (www.chinaelections.org) sponsored by The Carter Center continued to augment the debate on political reform in China. The site was visited 3.62 million times in 2006.

Finally, the Ministry of Civil Affairs invited The Carter Center to offer advice on revising the Organic Law of the Villager Committees, which regulates village elections and self-governance.

Global Development Initiative

The Carter Center’s Global Development Initiative closed its doors in 2006 after more than a decade of working to improve the effectiveness of development assistance in the
fight against poverty and inequality. Its signature contribution was the pioneering of a new model of international development cooperation emphasizing broad-based participation in governance and development planning and greater coordination of development policies and practices of donors. The model was applied effectively in four countries:

In Mozambique, a long-term vision and strategic planning process supported by the initiative produced the country’s Agenda 2025, approved by parliament and accepted by civil society.

In Guyana, the initiative assisted the process of producing that country’s National Development Strategy, the first major participatory policy-making initiative since the country returned to democracy in 1992. The strategy was endorsed by parliament.

In Albania, Center staff helped develop ways for civil society to participate in creating a national development strategy and supported a national visioning process.

In Mali, which was already implementing a national development strategy, GDI helped the government form an action plan for streamlining bureaucracy and coordinating the use of donor funds from many sources.

**International Council on Conflict Resolution**

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

Carl Bildt  
Former Prime Minister of Sweden and Special Envoy of the U.N. Secretary-General to the Balkans

Samuel Gbadyee Doe  
Co-founder, West African Network for Peace Building

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

Joseph Montville  
Co-chairman of the Board of Directors, Center for the Study of Islam and Democracy

Giandomenico Picco  
Chief Executive Officer, GDP Associates, Inc.

Ambassador Mohamed Sahnoun  
Special Adviser to the U.N. Secretary-General

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

Dr. William Zartman  
Professor of International Organization and Conflict Resolution, The School of Advanced International Studies, The Johns Hopkins University

**Friends of the Inter-American Democratic Charter**

Nicolás Arditto Barleta  
Former President of Panama

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

Patricio Aylwin  
Former President of Chile

Cass Ballenger  
Former Representative of the U.S. Congress

Humberto de la Calle  
Former Vice President of Colombia

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

Osvaldo Hurtado  
Former President of Ecuador

Luis Alberto Lacalle  
Former President of Uruguay

John Manley  
Former Minister of Foreign Affairs of Canada

Barbara McDougall  
Former Minister of External Affairs of Canada

Maria Emma Mejía  
Former Foreign Minister of Colombia

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

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

Andrés Pastrana  
Former President of Colombia

John Graham  
Chair of Canadian Foundation for the Americas

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

Robert Pastor  
Former Director of Latin American and Caribbean Affairs, National Security Council

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

Elizabeth Spehar  
Former Executive Coordinator of the OAS Unit for Promotion of Democracy, Canada
The Carter Center advances good health as a basic human right and a critical component in its work worldwide. This work has improved the quality of life for millions of the world’s poorest and most marginalized people, showing them how they can transform their own lives by controlling and even eliminating preventable diseases.

A coalition led by The Carter Center is close to making Guinea worm disease the next disease after smallpox to be wiped off the face of the Earth, with cases reduced by more than 99.5 percent since 1986—and, by the end of this decade, river blindness will no longer exist in Latin America.

One precious legacy of these campaigns is the creation of a village-based health care delivery system in thousands of communities that now have trained health care personnel and volunteers to distribute drugs and provide health education. The Center’s pioneering efforts have successfully demonstrated that this grassroots network can be used to control and eliminate multiple diseases. As a result, women and families have been empowered as champions of their own health in dozens of countries.

Disease prevention also depends on good nutrition, and for more than two decades, thousands of rural communities have grown stronger and healthier as small-scale farmers have learned new techniques to double and even triple their crop yields.

Through the leadership of former First Lady Rosalynn Carter, mental health issues—often suffered in silence—have been addressed openly, reducing discrimination against people with mental illnesses and achieving greater equity for mental health in the health care system.

The following timeline provides a brief look at the Center’s 25 years of fighting disease.
Guinea worm treatment in Sudan: a 1995 cease-fire allowed treatment of several diseases in the country.

Mectizan distribution to treat river blindness; free drug distribution expanded in 1996.

Trachoma Control Program, which started in 1998.
Good health means children can grow and learn; families can flourish; local and regional economies can revive; and entire nations can enjoy prosperity and stability. For 25 years, through its health programs, The Carter Center has built hope and given new life to more than 120 million people worldwide.

1984 Conference shows need to close health care gap between the level of health in society and the level that would be possible if resources were available to apply existing medical knowledge to prevent disease and early death.

The Center partners with the Task Force for Child Survival and Development to help raise the worldwide immunization rate from 20 to 80 percent by 1990.

1985 Former First Lady Rosalynn Carter renews fight against the stigma of mental illness, bringing together leaders of national mental health organizations for the first annual Rosalynn Carter Symposium on Mental Health Policy.

1986 The Carter Center assumes leadership for the campaign to eradicate Guinea worm disease in 20 nations in Africa, India, Pakistan, and Yemen, now more than 99.5 percent eliminated.

1987 Partnership begins with the Sasakawa Africa Association to help farmers increase crop production, dramatically improving grain production in 15 countries.

1989 International Task Force for Disease Eradication is established.

1990 Health education initiatives deter tobacco use among children in the United States and developing nations.

Rosalynn Carter and Betty Bumpers launch Every Child By Two campaign to promote vaccination against measles and other diseases by age 2, spurring state and local programs throughout the United States.
1993  Interfaith Health Program is created to help U.S. faith groups provide health education in their communities. Today, the program resides at Emory University.

1995  President Carter negotiates a Sudanese cease-fire lasting nearly six months to allow efforts to eradicate Guinea worm disease, prevent river blindness, and immunize children against polio and other diseases.

1996  River Blindness Program expands free drug distribution to prevent this disease for tens of millions of people in Africa and the Americas.

1997  Collaboration begins with Ethiopian officials and universities to design curricula and strengthen teaching to train health care workers serving more than 500 rural Ethiopian community health centers.

Rosalynn Carter Fellowships for Mental Health Journalism established to train journalists and improve public understanding of mental health issues.

1998  Three more diseases are adopted for prevention and control in several African countries: trachoma, the world’s largest cause of preventable blindness; lymphatic filariasis, commonly known as elephantiasis; and urinary schistosomiasis.

1999  

2006  Gates Award for Global Health acknowledges the Center’s pioneering work to improve health in developing nations.

Center undertakes new initiative to fight malaria in Ethiopia and Nigeria.
The muddy pond is as brown as the hillsides surrounding it. It is the peak of the dry season in Ghana, and Chief Tahanaa looks over the water he has been drinking since he was a child. “I know what people are going through,” he says, lifting his robe to reveal a sunken, coin-size scar on his left calf. That is the place where a long, thin worm exited his body many years ago.

Chief Tahanaa contracted Guinea worm disease when he drank water from the stagnant pond that is the only source of water for the village. The pond was contaminated with Guinea worm larvae. Once inside his body, the larvae grew into a worm over the course of a year, eventually burning a hole in his skin.

The worm slowly emerged, little by little, over the course of several weeks, crippling the boy. He could not attend school, and the adults who suffered from the disease were unable to work, causing tremendous strain on families and the entire village.

Chief Tahanaa (far left) and his councilmen discuss the fines imposed on people who enter the village pond.

Step Into Pond, Pay a Goat
Chief of Village Uses Position to Stop Guinea Worm Disease
The scar on his leg is a reminder of the Guinea worm disease he suffered. Today, painful memories drive his commitment to eradicate the ancient disease from his village.

After a visit from Ghana’s national Guinea worm program staff a few years ago, Chief Tahanaa realized he could shield his village from the terrible consequences of the disease. He gathered the community for health education to ensure that everyone—old and young—learned how to prevent the debilitating disease.

By filtering all drinking and cooking water, the village members could protect themselves from larvae already in the water. But Chief Tahanaa also had to keep people from entering the pond. People with emerging worms often seek to cool their wounds in nearby water sources. When the worm touches water, it releases hundreds of thousands of larvae back into the water.

Chief Tahanaa had a platform built next to the pond so that water collectors would not step into it. He levies fines, such as goats, on villagers who do not use the platform. Villagers who do not report their Guinea worm disease to the local health volunteer or refuse treatment are subject to similar fines.

It is people like Chief Tahanaa who are helping to rid the world of Guinea worm disease forever. When the Carter Center’s Guinea Worm Eradication Program began in 1986, there were approximately 3.5 million cases in the world. Today, there are approximately 25,000 cases—all in Africa. Sudan and Ghana shoulder more than 97 percent of the remaining Guinea worm cases.

Several years ago, a large Guinea worm outbreak in Taha left families unable to tend to their farms. The poor crop yield that season burdened the entire village. Today, the constant grinding of the peanut mill alludes to the community’s good physical health and economic abundance.

“Now everyone is healthy and going about his or her activities,” Chief Tahanaa says proudly.
Dauda Usman, age 12, holds a small vial of bright red liquid. It looks like cherry Kool-Aid, but it represents something sinister. The vial holds a sample of Usman’s urine, red from blood.

He is not alone. His two best friends also have blood in their urine, as do many of the children in the community of Nasarawa North in Nigeria. The children suffer from urinary schistosomiasis, a silent and destructive parasitic infection that leads to poor growth and impaired cognitive function in children. Urine darkened by blood is a hallmark of the disease.

Like their parents and grandparents before them, Usman and his friends—Aminu Farouk, age 13, and Salihu Abdullahi, age 11—contracted the disease through their daily contact with the community’s reservoir, where they liked to swim. The boys often would make their way through the dilapidated housing in their poor, rural neighborhood, heading for the water to see who could stay underwater the longest.
The reservoir is contaminated with the Schistosoma haematobium parasite, which is shed from a certain species of freshwater snail and infects by penetrating human skin. Inside the body, the parasites mature and breed, releasing thousands of spiny eggs that can tear the tissues of the bladder and cause bleeding. The disease also causes anemia and adversely affects the growth and development of children.

Swimming is not the only way to become infected; the disease is easily contracted through any contact with contaminated water such as bathing, washing laundry, and fetching water. An estimated 22 million Nigerians, including 16 million children, need to be treated for schistosomiasis, making the country one of the most endemic in the world. In partnership with Nigerian health authorities, the Carter Center’s Schistosomiasis Control Program is the largest initiative currently treating the disease in the country.

For communities already burdened by poverty and ravaged by scourges such as malaria, lymphatic filariasis, and river blindness, schistosomiasis is another devastating disease that prevents these young boys from reaching their full potential. Although the disease is currently not considered eradicable, it can be controlled and treated with a single annual dose of the drug praziquantel. The treatment costs about 20 cents.

“They are my best friends because when I don’t have something and they have it, they will share, and if they don’t have something that I have, I will share,” said Abdullahi, the strongest swimmer of the group, who barely speaks above a whisper when he recalls telling the embarrassing details of his disease to his friends. “I told my friends about my symptoms so that if they found treatment, they also could let me know, so I could go and receive treatment too.”
In the Wake of Disaster

When Hurricane Katrina hit the U.S. Gulf Coast in August 2005, 7,000 U.S. postal workers evacuated the area, some landing as far away as Maine and Alaska. Hundreds of post offices were damaged or destroyed, some leaving only a cement slab and rubble as evidence they ever existed.

Despite the complete devastation, the U.S. Postal Service proved to be a key part of helping communities rebuild. As an employer, the Postal Service offered its workers tremendous support to help them and their families get back on their feet, including offering them jobs no matter where they relocated. And as a vital community service, the Postal Service restored mail delivery soon after the hurricane, providing a bit of normalcy—however small—to the region.

“It’s this normalcy that is one of the keys to the mental health of a community post-disaster, according to experts who participated in the 22nd annual Rosalynn Carter Mental Health Symposium: “Disaster Mental Health in the Wake of Hurricane Katrina.” More than 200 people attended the two-day meeting, designed for a broad audience of people in the mental health community from across the country to share ideas and experiences about working with people affected by man-made and natural disasters.

“Hurricane Katrina is teaching us much about the long-term psychological impact of disasters. Many evacuees and survivors of the hurricane are still suffering psychological distress and depression precipitated by the long evacuation and displacement,” said former First Lady Rosalynn Carter.

Symposium panelists agreed that immediately following a disaster, mental health professionals can find themselves unwelcome by victims. When Verlyn Lewis-Boyd, executive director of Louisiana Families, walked into a Baton Rouge shelter following the hurricane, she expected to provide counseling. “I had to change my whole agenda,” she said. “People needed their basic needs taken care of first.” Lewis-Boyd ended up shopping for trunks and plastic bins to hold families’ belongings and sewing tote bags to hold paperwork.

As families have transitioned from the immediate disaster to rebuilding their lives, the hurricane continues to loom large over every facet of life on the Gulf Coast. According to the Journal of the American Medical Association, an estimated 400,000 people may have mental health problems as a result of the storm. A survey of school health centers in the region found significant increases in student behavior problems such as fighting, truancy, and verbal aggression. “We need to build resiliency in children and adults as an essential element of being prepared,” said Paula Madrid of Columbia University’s National Center for Disaster Preparedness.

In addition, symposium participants agreed that there are many steps that can be taken to ensure
better psychological outcomes for people affected by disasters. Any national plans must include mental health as part of overall medical care for victims and rescuers. Sometimes victims only need someone to listen. Finally, giving communities a sense of normalcy—through activities such as delivering mail and opening schools—helps residents cope and is the first step to rebuilding.
Health Programs

The Year in Review

Guinea Worm Eradication Program

For the Guinea worm eradication campaign, the year 2006 was one of celebration and challenge. Of the nine countries where Guinea worm is still endemic, several sit on the brink of elimination: Togo (25 indigenous cases), Nigeria (16), Cote d’Ivoire (5), Burkina Faso (3), and Ethiopia (1). Nigeria was once the most endemic country in the world and has made exceptional progress. But much remains to be done. Overall, the reported cases of Guinea worm increased significantly in 2006, due largely to new areas of access in Sudan. In 2005, approximately 10,300 cases were reported in the world, but cases for 2006 reached more than 25,000.

Sudan accounts for more than 80 percent of the world’s remaining cases. Due to a peace agreement in January 2005, which ended more than 10 years of civil war, the Sudan Guinea Worm Eradication Program is now able to reach remote areas of South Sudan to determine where transmission of the disease occurs, treat victims, and educate communities about how to stop it.

The campaign to stop the disease in Ghana continues to be a challenge; reported cases in the country in 2006 were up 4 percent. To help accelerate elimination in Ghana, the Ghana Ministry of Health, in partnership with The Carter Center, has increased disease surveillance and prevention measures in the northern part of the country through promotion of Guinea worm awareness weeks, construction of new case containment centers, and rotation of Guinea worm prevention messages on local radio stations.

River Blindness Program

Transmitted by the bites of small black flies that breed in rapidly flowing streams and rivers, onchocerciasis (often called river blindness) is a parasitic disease that causes severe skin irritation, diminished vision, and sometimes blindness. Since 1996, The Carter Center has been a leader in the fight against river blindness in Africa and the Americas, working in thousands of communities in 11 countries, in partnership with Lions Clubs International.

In Africa, the Carter Center’s River Blindness Program assisted the ministries of health in Cameroon, Ethiopia, Nigeria, Sudan, and Uganda to provide nearly 8 million Mectizan® treatments (donated by Merck & Co., Inc.) in 23,000 villages in the first nine months of 2006. In 2005, more than 10 million people were treated. In addition, the program is helping Sudan and Uganda in their plans to target certain focal areas in those countries for complete elimination of the disease.

In the Americas, through twice annual distribution of Mectizan and health education, the Center’s Onchocerciasis Elimination Program for the Americas closed in on its goal of eradicating the disease from the 13 endemic foci in six countries (Brazil, Ecuador, Colombia, Guatemala, Mexico, and Venezuela). For the first time, in 2006, the remote southern Venezuela focus reached the goal of 85 percent treatment coverage; it had been up until now the only one of the 13 foci unable to reach this goal. At the 2006 InterAmerican Conference on Onchocerciasis, the minister of health of Guatemala announced that the Santa Rosa focus in that country was now transmission free and that Mectizan treatment would be halted there. Five other foci in Mexico, Guatemala, and Colombia also are close to that goal. Eight of the 13 foci have eliminated new cases of eye disease due to onchocerciasis.

Trachoma Control Program

A disease caused by bacterial infection, trachoma is the leading cause of preventable blindness worldwide. Although 7 million people have lost their sight due to trachoma and another 500 million are at risk, the disease is treatable and preventable.
The Carter Center uses the World Health Organization-endorsed four-pronged approach to controlling trachoma called the SAFE strategy—surgery, antibiotics, facial cleanliness, and environmental improvement. The Center’s Trachoma Control Program operates in Niger, Ghana, Mali, Nigeria, Ethiopia, and Sudan.

Results of an evaluation by the program, published in the August 2006 issue of *The Lancet*, showed that the SAFE strategy applied at the community level nearly eliminated trachoma in targeted populations of southern Sudan. The evaluation data provide hope that if the strategy can be implemented with such success in southern Sudan, an area with limited resources, little infrastructure, and difficulties in access and security, it can be used to eliminate the disease in other affected regions. The program was implemented with support of the Lions Clubs International Foundation in four districts with a combined population of almost 250,000 people.

To improve sanitation, and thus reduce the bacteria that cause trachoma, the program continued to promote latrine construction. More than 115,000 latrines were built in six countries from September 2005 to November 2006.

A 10-year-old wincing as Carter Center field worker Adam Weiss examines the boy’s leg for Guinea worm disease in the village of Nyujaguyl in northern Ghana.
Lymphatic Filariasis Elimination Program

Lymphatic filariasis (LF) cripples its victims both physically and emotionally. The parasitic disease, which is transmitted by mosquitoes, causes limbs or genitals to swell, sometimes to grotesque proportions (resulting in a condition known as elephantiasis). Not only do victims suffer from fevers, skin infections, and the inability to move freely, but they often become social outcasts because of their appearance.

In a collaborative effort, The Carter Center is working with the Ministry of Health of Nigeria to show that the transmission of lymphatic filariasis can be interrupted on a large scale in central Nigeria (Plateau and Nasarawa states), using health education and annual mass community drug treatment with Mectizan (donated by Merck & Co., Inc.) and albendazole (donated by GlaxoSmithKline). In 2005, more than 3 million people were treated—a remarkable 92 percent of the eligible population. Through September 2006, nearly 2.7 million have been reached. The program also works with the Nigerian malaria program to help deliver insecticide-treated bed nets, which protect individuals from the LF-infective mosquitoes, which also carry malaria. In 2006, almost 65,000 insecticide-treated bed nets were distributed to Nigerians in Plateau and Nasarawa states.

Schistosomiasis Control Program

Schistosomiasis is caused by a parasite that is shed from freshwater snails. The parasite resides in water and penetrates human skin to establish an infection that can tear the tissues of the bladder, causing bloody urine and anemia. School-age children are most likely to become infected with this disease through swimming or bathing. The disease can be prevented and controlled with a single, annual dose of the drug praziquantel. The Carter Center works with the Ministry of Health in three states of Nigeria (Plateau, Nasarawa, and Delta) to control the disease through providing health education and praziquantel treatments, with the support of the Izumi Foundation. The Carter Center and the Nigeria Ministry of Health distributed almost 150,000 treatments with praziquantel in 2006.

Agriculture Program

In 2006, the Carter Center’s Agriculture Program and its partner the Sasakawa Africa Association, celebrated 20 years of improving food security in 15 countries in sub-Saharan Africa to help millions of people live healthier lives in places where malnutrition is a constant threat.

The Center continues to work with ministries of agriculture and national extension services to oversee country projects that have helped more than 8 million farmers increase productivity through hands-on training and use of available appropriate technology, such as high-quality seeds and fertilizers.

In 2006, the program began a more intense focus in four countries—Ethiopia, Uganda, Nigeria, and Mali. By working in fewer countries, the program hopes to demonstrate its impact by scaling up its work and showing potential for another green revolution.

In one example of the program’s work in 2006, farmers trained in Mali sold their surplus crops on the commodity stock exchange, earning more than $162,000 USD in one weekend.

Ethiopia Public Health Training Initiative

The biggest hurdle to better health for the people of Ethiopia is the lack of access to health personnel. The mission of the Ethiopia Public Health Training Initiative (EPHTI) is to build a team of qualified health care workers across the country, especially in underserved rural populations.
In 2006, working closely with Ethiopia’s Ministry of Health, Ministry of Education, regional health bureaus, and universities, EPHTI launched the Accelerated Health Officer Training Program to respond to the staffing shortage caused by the growing number of new health care centers in the country. To jump-start the program, EPHTI supported renovations to expand student capacity in 20 training hospitals. Each of the 20 hospitals also received a vehicle to help transport students between universities and health centers. The new program expects to produce 5,000 trained officers over a period of five years.

In addition to overseeing the new program, EPHTI continued to support the training of health care workers by strengthening the skills of teachers in the program’s seven partner universities and providing relevant teaching materials and classroom technology. In 2006, EPHTI trained 223 university instructors in teaching and learning methods and provided universities and training hospitals $90,000 USD worth of textbooks and reference material and more than $200,000 USD in classroom equipment such as computers, printers, and overhead projectors.

**Mental Health Program**

Under the guidance of Mrs. Rosalynn Carter, the Mental Health Program aims to reduce stigma and discrimination against people suffering from mental illnesses. The Carter Center program works to improve public policy and cultural perceptions about mental health.

In 2005–2006, 10 journalists received Rosalynn Carter Fellowships for Mental Health Journalism to research and report on topics of their choice in the field of mental health. Six recipients hailed from the United States, two from New Zealand, and two from South Africa. Shandukani Mathagu, from rural South Africa, gave a series of radio interviews exploring the impact of Tshivenda communicative expressions about mental illnesses, while on the other side of the country, veteran journalist Marion Scher wrote several magazine articles on depression and other mental illnesses. In the United States, Michelle Trudeau of National Public Radio reported on recent scientific research in the field, including a study about how mental trauma led to illness in Civil War soldiers. Since its inception in 1997, almost 70 journalists have received training under the fellowship program.

The program invites leaders to The Carter Center for in-depth discussion on contemporary problems in mental health care. In November 2006, the Center hosted more than 200 professionals for its 22nd annual Rosalynn Carter Symposium titled “Disaster Mental Health in the Wake of Hurricane Katrina,” which looked at the psychological aftermath of the hurricane on the Gulf Coast. Earlier in the year, the Center brought leaders from Georgia together for a forum on the gap between people who need mental health services and those who receive them in the state.

**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 1989 to 1992, and then it was reconvened in 2001 with support from the Bill & Melinda Gates Foundation. It monitors progress in disease eradication, reviews the status of selected diseases, and recommends opportunities for eradication or better control of diseases such as Guinea worm disease, river blindness, lymphatic filariasis, schistosomiasis, and meases.**
The Carter Center Mental Health Task Force

Chaired by former First Lady Rosalynn Carter and supported by the Charles Engelhard 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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William Baker, M.D.
President, Atlanta Regional Health Forum
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W. Rodney Hammond, Ph.D.
Director, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
Jeffrey Houpt, M.D.
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Kathryn Cade
White House Projects Director for First Lady Rosalynn Carter, 1977–80
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The advisory board members select fellows and serve as mentors that provide technical assistance and share professional contacts within their fields of expertise.

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Former Senior Tutor, University of Auckland School of Medicine, New Zealand; Media Meanings Consultancy

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Intern Experience Includes Research, Field Work

The Carter Center internship program offers meaningful work for students, often giving them the chance to combine research with hands-on experience. For two fall 2006 interns, this meant assisting in the preparation and implementation of an election monitoring mission in Nicaragua.

“Seeing the evolution and execution of a project in full, from Atlanta to Managua, was exciting and rewarding,” said Laura Etmer, an intern in the Americas Program. “I saw people I had been following in the news and felt the enthusiasm in the air as the country prepared for the election.”

Fellow intern Paul Lubliner also took part in the Nicaraguan election mission and appreciated the substantive work of his internship.

“I not only learned about how The Carter Center works,” said Lubliner, “but I learned what it takes to complete an election observation mission and the different steps that must be taken to prepare for this important role.”

Carter Center interns and graduate assistants support the Carter Center’s peace programs, health programs, and operations of the Center. Interns are chosen from universities around the world and many speak at least two languages.

Integral parts of the intern experience also include a speaker series, a question-and-answer session with President and Mrs. Carter, and a trip to their hometown of Plains, Ga.
Philanthropy

A Message About Our Donors

Donors and partners from around the globe join with The Carter Center in a commitment to peace and health projects. Individuals, foundations, corporations, multilateral organizations, and other 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 over $120 million in cash, pledges, and in-kind gifts in fiscal year 2006.

Gifts ranging in size from $1 to more than $6 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 Annenberg Foundation’s significant support helps the Mental Health Program carry out its many initiatives, including the Rosalynn Carter Symposium on Mental Health Policy and the Rosalynn Carter Fellowships for Mental Health Journalism. The Skoll Foundation’s grant of $3 million supports both the Center’s health and peace programs.

Donors from around the globe contributed to our work in 2006. The Department for International Development of the government of the United Kingdom gave core support to our Conflict Resolution Program and joined with the government of Belgium and the United States Agency for International Development in underpinning our work in election monitoring in the Democratic Republic of the Congo. The Guinea Worm Eradication Program received key gifts from the government of Norway, the Canadian International Development Agency, and YKK Corporation of Tokyo, among other generous contributors.

The voices of many individuals contribute to one mission

Thousands of individual donors join together to support the Center’s efforts. Ross and Denise Cooper of Scottsdale, Ariz., have been supporters of the Center since 2003, as Ambassadors and through a planned gift. In the Cooper family’s words, “We decided to support the Center because we believe that all human beings deserve lives of dignity and justice and have the right to live in peace with hope for a better future. Through the Center’s work, we are able to join with others to reach those most in need and enable them to improve their lives. Our family is proud to be a contributor because we know that the Center is making a profound difference.”

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. Together, we make the Center’s mission a powerful reality.
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<td>Dr. Thomas Crowell</td>
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<td>Mr. Kent Daniel</td>
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Gayle Alston
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Charles M. Brewer
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Green Street Properties
Rosalind G. Brewer
Vice President
Kimberly-Clark Corporation
Ronald D. Brown
President and CEO
Atlanta Life Insurance
Amanda Brown-Olmstead
President
Leapfrog Services
Thomas N. Bagwell
President and CEO
American Proteins
Gregory T. Barankov
President
Barano Automotive Group
Thomas I. Barkin
Partner
McKInsey & Company
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President
Tom Barrow Co.
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Chairman Emeritus
AMVESCAP
Milton W. Brannon
Livingston Foundation
Hugh A. Carter Jr.
Chairman and President
Darby Printing Company
Jack and Elizabeth
Carter
Jason and Kate Carter
Jeff and Annette
Carter
Dan T. Cathy
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Chick-fil-A
Thomas F. Chapman
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Senior Vice President, Technical Operations
Delta Air Lines
Bruce C. Coles
Chairman & CEO
MACTEC
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Synergistics Research Corporation
John M. Cook
CT Investments
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IBM Corporation
E. Stockton Croft IV
Director
ArCapita
Elkin A. Cushman
F. T. “Tread” Davis Jr.
Partner
McKenna Long & Aldridge
Kathleen Day
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Diaz-Verson Capital Investments
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President
The Draper Group
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Regional Vice President
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Chairman and CEO
United Parcel Service
Barbara Faga
Chair of the Board
EDAW
Pegi Follachio
Follachio & Associates
Paul Francis
Managing Partner
The Cedar Street Group
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Chairman and CEO
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T. Stephen Johnson Associates

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M. Christine Jacob  
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The Trust for Public Land

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Steve Merritt  
D. Kris Miller  
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Ackerman & Co.

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Vice President & CDC  
Enterprise Client Executive  
Affiliated Computer Services

Colleen Nunn  
Dorothy B. “Dot” Padgett

Mike Patel  
President  
Diplomat Companies
Approximately 180 volunteers donated 11,868 hours of service in 2005–2006. 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.
The Carter Center and the Jimmy Carter Library and Museum were built in large measure thanks to the early leadership and financial support of the Carter Center Founders.

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1997

The Carter Center
The Carter Center, Inc.
Financial Statements

August 31, 2006 and 2005

(With Independent Auditors’ Report Thereon)

Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc.: 

We have audited the accompanying statements of financial position of The Carter Center, Inc. (CCI) as of August 31, 2006 and 2005, 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, 2006 and 2005, 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

February 20, 2007
## Statements of Financial Position

**August 31, 2006 and 2005**

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$3,169,598</td>
<td>26,862,833</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>20,268,700</td>
<td>—</td>
</tr>
<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due from Federal government</td>
<td>1,706,777</td>
<td>1,621,799</td>
</tr>
<tr>
<td>Other</td>
<td>318,104</td>
<td>296,347</td>
</tr>
<tr>
<td>Total accounts receivable</td>
<td>2,024,881</td>
<td>1,918,146</td>
</tr>
<tr>
<td>Contributions receivable, net (note 3)</td>
<td>44,229,830</td>
<td>41,372,627</td>
</tr>
<tr>
<td>Inventory (note 4)</td>
<td>19,008,828</td>
<td>38,050,051</td>
</tr>
<tr>
<td>Investments (note 5)</td>
<td>317,989,786</td>
<td>257,077,482</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>9,566,928</td>
<td>10,158,068</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,087,065</td>
<td>2,020,415</td>
</tr>
<tr>
<td>Other assets</td>
<td>—</td>
<td>36,892</td>
</tr>
<tr>
<td>Total assets</td>
<td>$418,345,616</td>
<td>377,496,514</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$2,401,852</td>
<td>2,179,257</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,155,084</td>
<td>1,794,202</td>
</tr>
<tr>
<td>Annuity obligations (note 7)</td>
<td>2,394,923</td>
<td>2,119,333</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>5,951,859</td>
<td>6,092,792</td>
</tr>
<tr>
<td>Net assets (note 10):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>223,201,805</td>
<td>171,235,243</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>68,397,617</td>
<td>80,745,213</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>120,794,335</td>
<td>119,423,266</td>
</tr>
<tr>
<td>Total net assets</td>
<td>412,393,757</td>
<td>371,403,722</td>
</tr>
</tbody>
</table>

### Commitments and contingencies (notes 12 and 13)

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total liabilities and net assets</td>
<td>$418,345,616</td>
<td>377,496,514</td>
</tr>
</tbody>
</table>

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

**Year Ended August 31, 2006**  
(With Comparative Totals for 2005)

### Revenue and support:

<table>
<thead>
<tr>
<th>Contributions and grants:</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2006</th>
<th>Totals 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>$29,883,633</td>
<td>3,040,392</td>
<td>—</td>
<td>32,924,025</td>
<td>20,759,741</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>5,504,509</td>
<td>18,521,788</td>
<td>—</td>
<td>24,026,297</td>
<td>54,857,160</td>
</tr>
<tr>
<td>Peace</td>
<td>2,295,604</td>
<td>2,067,457</td>
<td>—</td>
<td>4,363,061</td>
<td>4,586,560</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>40,171</td>
<td>—</td>
<td>40,171</td>
<td>884,183</td>
</tr>
<tr>
<td>In-kind goods (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>57,079,670</td>
<td>—</td>
<td>57,079,670</td>
<td>66,494,397</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>62,191</td>
<td>—</td>
<td>62,191</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>870,294</td>
<td>—</td>
<td>—</td>
<td>870,294</td>
<td>203,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>1,371,069</td>
<td>1,371,069</td>
<td>4,707,269</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>38,554,040</td>
<td>80,811,669</td>
<td>1,371,069</td>
<td>120,736,778</td>
<td>152,492,310</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>14,789,802</td>
<td>160,176</td>
<td>—</td>
<td>14,949,978</td>
<td>13,139,396</td>
</tr>
<tr>
<td>Appreciation of restricted endowment investments, net</td>
<td>22,608,312</td>
<td>—</td>
<td>—</td>
<td>22,608,312</td>
<td>15,878,199</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>381,173</td>
<td>—</td>
<td>—</td>
<td>381,173</td>
<td>365,385</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>857,192</td>
<td>415,513</td>
<td>—</td>
<td>1,272,705</td>
<td>846,665</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>90,854,657</td>
<td>(90,854,657)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>2,269,374</td>
<td>(2,269,374)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>235,507</td>
<td>(235,507)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>375,416</td>
<td>(375,416)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>170,925,473</td>
<td>(12,347,596)</td>
<td>1,371,069</td>
<td>159,948,946</td>
<td>182,721,955</td>
</tr>
</tbody>
</table>

### Expenses:

<table>
<thead>
<tr>
<th>Program:</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2006</th>
<th>Totals 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>96,586,406</td>
<td>—</td>
<td>—</td>
<td>96,586,406</td>
<td>76,909,595</td>
</tr>
<tr>
<td>Peace</td>
<td>7,482,921</td>
<td>—</td>
<td>—</td>
<td>7,482,921</td>
<td>7,189,777</td>
</tr>
<tr>
<td>Cross-program</td>
<td>349,313</td>
<td>—</td>
<td>—</td>
<td>349,313</td>
<td>449,028</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>8,417,999</td>
<td>—</td>
<td>—</td>
<td>8,417,999</td>
<td>7,915,560</td>
</tr>
<tr>
<td>General and administrative</td>
<td>6,122,272</td>
<td>—</td>
<td>—</td>
<td>6,122,272</td>
<td>5,351,537</td>
</tr>
<tr>
<td>Total expenses</td>
<td>118,958,911</td>
<td>—</td>
<td>—</td>
<td>118,958,911</td>
<td>97,815,497</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>51,966,562</td>
<td>(12,347,596)</td>
<td>1,371,069</td>
<td>40,990,035</td>
<td>84,906,458</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>171,235,243</td>
<td>80,745,213</td>
<td>119,423,266</td>
<td>371,403,722</td>
<td>286,497,264</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$223,201,805</td>
<td>68,397,617</td>
<td>120,794,335</td>
<td>412,393,757</td>
<td>371,403,722</td>
</tr>
</tbody>
</table>

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

**Year Ended August 31, 2005**

#### Revenue and support:

<table>
<thead>
<tr>
<th>Source</th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contributions and grants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$20,725,067</td>
<td>34,674</td>
<td>—</td>
<td>20,759,741</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>6,300,479</td>
<td>48,556,681</td>
<td>—</td>
<td>54,857,160</td>
</tr>
<tr>
<td>Peace</td>
<td>3,773,392</td>
<td>813,168</td>
<td>—</td>
<td>4,586,560</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>884,183</td>
<td>—</td>
<td>884,183</td>
</tr>
<tr>
<td>In-kind goods (note 9):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>66,494,397</td>
<td>—</td>
<td>66,494,397</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>203,000</td>
<td>—</td>
<td>—</td>
<td>203,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>4,707,269</td>
<td>4,707,269</td>
</tr>
<tr>
<td><strong>Total contributions and grants</strong></td>
<td>31,001,938</td>
<td>116,783,103</td>
<td>4,707,269</td>
<td>152,492,310</td>
</tr>
<tr>
<td><strong>Endowment fund earnings</strong></td>
<td>13,057,670</td>
<td>81,726</td>
<td>—</td>
<td>13,139,396</td>
</tr>
<tr>
<td><strong>Appreciation of restricted endowment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>investments, net</td>
<td>15,878,199</td>
<td>—</td>
<td>—</td>
<td>15,878,199</td>
</tr>
<tr>
<td><strong>Facilities use income</strong></td>
<td>365,385</td>
<td>—</td>
<td>—</td>
<td>365,385</td>
</tr>
<tr>
<td><strong>Interest and investment income</strong></td>
<td>730,273</td>
<td>116,392</td>
<td>—</td>
<td>846,665</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>72,749,630</td>
<td>(72,749,630)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peace</td>
<td>2,092,037</td>
<td>(2,092,037)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>532,820</td>
<td>(532,820)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Operating</td>
<td>111,428</td>
<td>(111,428)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total net assets released from restrictions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>136,519,380</td>
<td>41,495,306</td>
<td>4,707,269</td>
<td>182,721,955</td>
</tr>
</tbody>
</table>

#### Expenses:

| Category                      | Unrestricted | Temporarily restricted | Permanently restricted | Totals       |
|-------------------------------|--------------|                        |                        |              |
| **Program:**                  |              |                        |                        |              |
| Health                        | 76,909,595   | —                      | —                      | 76,909,595   |
| Peace                         | 7,189,777    | —                      | —                      | 7,189,777    |
| Cross-program                 | 449,028      | —                      | —                      | 449,028      |
| Fund-raising                  | 7,915,560    | —                      | —                      | 7,915,560    |
| General and administrative    | 5,351,537    | —                      | —                      | 5,351,537    |
| **Total expenses**            | 97,815,497   | —                      | —                      | 97,815,497   |
| **Change in net assets**      | 38,703,883   | 41,495,306             | 4,707,269              | 84,906,458   |
| **Net assets at beginning of year** | 132,531,360  | 39,249,907             | 114,715,997            | 286,497,264  |
| **Net assets at end of year** | $171,235,243 | 80,745,213             | 119,423,266            | 371,403,722  |

See accompanying notes to financial statements.
Statements of Cash Flows

Years Ended August 31, 2006 and 2005

Cash flows from operating activities:

Change in net assets
Adjustments to reconcile change in net assets to net cash provided by operating activities:
  Depreciation
  Appreciation in fair value of endowment investments
  Donated artwork
  Permanently restricted contributions
  Net change in inventory balances due to noncash contributions and distributions
Changes in operating assets and liabilities:
  Accounts receivable
  Contributions receivable, net of permanently restricted
  Other assets
  Accounts payable and accrued expenses, deferred revenue, and annuity obligations

Cash and cash equivalents:

See accompanying notes to financial statements.
Statement of Functional Expenses

Year Ended August 31, 2006 (With Comparative Totals for 2005)

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries</td>
<td>$5,663,477</td>
<td>2,790,601</td>
<td>172,003</td>
</tr>
<tr>
<td>Consulting</td>
<td>980,915</td>
<td>1,167,405</td>
<td>66,580</td>
</tr>
<tr>
<td>Communications</td>
<td>1,000,465</td>
<td>198,503</td>
<td>4,168</td>
</tr>
<tr>
<td>Services</td>
<td>336,397</td>
<td>180,240</td>
<td>13,658</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,132,005</td>
<td>349,861</td>
<td>11,246</td>
</tr>
<tr>
<td>Vehicles</td>
<td>2,219,621</td>
<td>33,126</td>
<td>66</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>3,165,232</td>
<td>2,083,243</td>
<td>50,293</td>
</tr>
<tr>
<td>Interventions</td>
<td>80,283,935</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>424,117</td>
<td>53,973</td>
<td>899</td>
</tr>
<tr>
<td>Grants</td>
<td>1,071,657</td>
<td>257,521</td>
<td>—</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>308,585</td>
<td>368,448</td>
<td>30,400</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$96,586,406</td>
<td>7,482,921</td>
<td>349,313</td>
</tr>
</tbody>
</table>

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

**Year Ended August 31, 2005**

<table>
<thead>
<tr>
<th></th>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th>Total expenses 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries</td>
<td>$ 5,717,455</td>
<td>2,539,840</td>
<td>184,661</td>
</tr>
<tr>
<td>Consulting</td>
<td>972,807</td>
<td>1,022,518</td>
<td>49,484</td>
</tr>
<tr>
<td>Communications</td>
<td>533,473</td>
<td>302,048</td>
<td>6,555</td>
</tr>
<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>
</tr>
<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>76,599,525</td>
<td>6,819,555</td>
<td>418,482</td>
</tr>
<tr>
<td></td>
<td>310,070</td>
<td>370,222</td>
<td>30,546</td>
</tr>
<tr>
<td></td>
<td>$76,909,595</td>
<td>7,189,777</td>
<td>449,028</td>
</tr>
</tbody>
</table>

Common area and depreciation

Total expenses

*See accompanying notes to financial statements.*
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.

In 2006, the board of trustees of CCI approved the creation of a new supporting organization named The Carter Center Collaborative, Inc. (CCCI). CCCI was incorporated in the State of Georgia on May 8, 2006 and has an outstanding application before the IRS for tax-exempt status under Section 501(c)(3) of the Code. CCCI’s board of trustees consists solely of the executive committee of CCI’s board of trustees. CCCI had no financial activity as of and for the year ending August 31, 2006. In future years, CCCI will support CCI’s programmatic mission through the receipt of in-kind goods and services.

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 revenues, 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.

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 and pooled cash management fund are stated at fair value as determined by the custodian, Emory University, using the following guidelines. The fair value of publicly traded fixed income and equity securities is based upon quoted market prices and exchange rates, if applicable. Fair values for private market investments, real estate, and oil and gas properties held through limited partnerships or commingled funds, and marketable alternative investments (often referred to as hedge funds and typically in the form of limited partnerships) are not as readily ascertainable. Fair value for these investments is established based on either external events which substantiate a change in fair value or a reasonable methodology that exists to capture and quantify changes in fair value. In some instances, those changes in fair value may require the use of estimates. Accordingly, such values may differ from the values that would have been used had a ready market for these investments existed.

Investments in private partnership interests are valued using the most current information provided by the general partner. General partners typically value privately held companies at cost or an adjusted value based on a recent arms’ length transaction. Public companies are valued using quoted market prices and exchange rates, if applicable. Real estate partnerships and funds are valued based on appraisals of properties held and conducted by third-party appraisers retained by the general partner or investment manager. General partners of marketable alternatives provide values based on quoted market prices and exchange rates for publicly held securities and valuation estimates of derivative instruments. General partners of oil and gas partnerships also use third-party appraisers to value properties. The values of the investments in the pooled endowment fund and pooled cash management fund calculated by Emory University are evaluated by management of CCI, who has concluded that such values are reasonable estimates of fair value at August 31, 2006.

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 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 deferred revenue in the statement of financial position.

As required by grant agreements, CCI discloses the receipt of €200,000 and €18,719 during the year ending August 31, 2006 from the Department of Foreign Affairs of Ireland to support CCI’s mission to observe the 2006 elections in Nicaragua and Liberia, respectively. The Department of Foreign Affairs of Ireland also committed a grant of €70,000 for the period from April 1, 2006 to April 1, 2007 to support CCI’s Human Rights Defenders
Conference. A grant agreement between CCI and the Department for International Development of the United Kingdom dated February 22, 2006 committed £600,000 for the grant period of March 1, 2006 through February 28, 2007 to support CCI's observation of the elections in the Democratic Republic of Congo.

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, accounts payable and accrued liabilities, and deferred revenue approximates fair value because of the relative terms and short maturity of these financial instruments. The carrying value of investments in the pooled endowment fund and short-term investments in the pooled cash management 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 and annuity obligations 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, 2006 and 2005:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$32,943,619</td>
<td>30,942,311</td>
</tr>
<tr>
<td>Peace</td>
<td>510,296</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>377,984</td>
<td>463,761</td>
</tr>
<tr>
<td>Undesignated</td>
<td>3,512,465</td>
<td>847,489</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>6,885,466</td>
<td>9,119,066</td>
</tr>
<tr>
<td>Total</td>
<td>$44,229,830</td>
<td>41,372,627</td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2006 and 2005:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$16,465,540</td>
<td>14,079,947</td>
</tr>
<tr>
<td>One to five years</td>
<td>25,116,037</td>
<td>24,572,680</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,010,000</td>
<td>8,038,483</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(5,361,747)</td>
<td>(5,318,483)</td>
</tr>
<tr>
<td>Total</td>
<td>$44,229,830</td>
<td>41,372,627</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 2.2% 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, 2006 and 2005 are deemed fully collectible.

4. Inventory

Inventory at August 31, 2006 and 2005 is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$11,050,576</td>
<td>27,082,155</td>
</tr>
<tr>
<td>Zithromax</td>
<td>7,529,887</td>
<td>9,974,586</td>
</tr>
<tr>
<td>Medical kits</td>
<td>428,365</td>
<td>993,310</td>
</tr>
<tr>
<td>Total</td>
<td>$19,008,828</td>
<td>38,050,051</td>
</tr>
</tbody>
</table>

5. Investments

Short-term investments of $20,268,700, as of August 31, 2006, relate to a claim on cash invested in a pooled cash management account at Emory University. As of August 31, 2006, the cash management accounts were invested in a composite of bonds (68%), hedge funds (10%), and U.S. 90-day treasury bills (22%).

CCI invests its endowment assets in a pooled investment fund managed by Emory University. As of August 31, 2006 and 2005, respectively, the pooled investment fund was invested in a composite of cash equivalents (2% and 4%), bonds (13% and 14%), equity holdings (42% and 42%), marketable alternatives (19% and 18%), private market investments (12% and 12%), marketable real estate (6% and 5%), and natural resources (6% and 5%).

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>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fair value</td>
<td>Cost</td>
</tr>
<tr>
<td>Pooled investment fund</td>
<td>$313,976,415</td>
<td>260,711,388</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>169,005</td>
<td>169,005</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td>1,436,139</td>
<td>1,447,689</td>
</tr>
<tr>
<td>Equity securities</td>
<td>2,408,227</td>
<td>2,336,177</td>
</tr>
<tr>
<td>Total</td>
<td>$317,989,786</td>
<td>264,664,259</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fair value</td>
<td>Cost</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>Total</td>
<td>$257,077,482</td>
<td>226,178,201</td>
</tr>
</tbody>
</table>
6. Property, Plant, and Equipment

The components of property, plant, and equipment are as follows at August 31, 2006 and 2005:

<table>
<thead>
<tr>
<th>components</th>
<th>2006</th>
<th>2005</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>657,850</td>
<td>696,751</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>526,804</td>
<td>602,800</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>378,059</td>
<td>408,884</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>470,920</td>
<td>500,244</td>
<td>3 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,570,036</td>
<td>1,491,240</td>
<td>15 years</td>
</tr>
<tr>
<td></td>
<td><strong>20,533,442</strong></td>
<td><strong>20,629,692</strong></td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(10,966,514)</td>
<td>(10,471,624)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>$9,566,928</strong></td>
<td><strong>10,158,068</strong></td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense totaled $909,710 and $918,791 during 2006 and 2005, respectively.

7. Split-Interest Agreements

CCI is beneficiary under several types of 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 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 $4,013,371 and $3,428,073 at August 31, 2006 and 2005, respectively. The annuity liability related to these agreements is $2,394,923 and $2,119,333 at August 31, 2006 and 2005, respectively. The net contribution revenue reported for split-interest agreements was $515,291 and $345,924 during the years ended August 31, 2006 and 2005, 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, 2006 and 2005 are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health: Medication</td>
<td>$56,916,000</td>
<td>66,481,145</td>
</tr>
<tr>
<td>Other</td>
<td>163,670</td>
<td>13,252</td>
</tr>
<tr>
<td>Peace: Computer equipment</td>
<td>55,952</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>6,239</td>
<td>—</td>
</tr>
<tr>
<td>Operating: Transportation</td>
<td>870,294</td>
<td>203,000</td>
</tr>
<tr>
<td>Total</td>
<td>$58,012,155</td>
<td>66,697,397</td>
</tr>
</tbody>
</table>

The majority of the donations of medication were received from two pharmaceutical companies during the years ended August 31, 2006 and 2005.

10. Net Assets

Unrestricted
As of August 31, 2006 and 2005, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealized gain on endowment investments</td>
<td>$53,265,027</td>
<td>30,657,046</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>148,568,793</td>
<td>114,816,855</td>
</tr>
<tr>
<td>Program funds</td>
<td>8,544,411</td>
<td>5,020,024</td>
</tr>
<tr>
<td>Undesignated</td>
<td>12,323,574</td>
<td>20,241,318</td>
</tr>
<tr>
<td>Total</td>
<td>$223,201,805</td>
<td>171,235,243</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, 2006 and 2005, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th>Component</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$62,767,392</td>
<td>77,606,212</td>
</tr>
<tr>
<td>Peace</td>
<td>1,184,120</td>
<td>1,052,531</td>
</tr>
<tr>
<td>Cross-program</td>
<td>929,940</td>
<td>1,235,281</td>
</tr>
<tr>
<td>Time-restricted</td>
<td>3,516,165</td>
<td>851,189</td>
</tr>
<tr>
<td>Total</td>
<td>$68,397,617</td>
<td>80,745,213</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 $455,076 and $429,420 during the years ended August 31, 2006 and 2005, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $717,463 and $748,717, respectively, during the years ended August 31, 2006 and 2005. Included in other receivables on the statement of financial position as of August 31, 2006 is $107,591 due from Emory University related to endowment earnings for fiscal year 2006. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $1,345,040 and $228,682 during the years ended August 31, 2006 and 2005.

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 statements of activities. Revenue provided by these affiliates was $0 and $38,746 for fiscal years 2006 and 2005, respectively, and is included in program grants in the accompanying statements of activities. Net receivables due from these affiliates were $10,648 and $108,693 as of August 31, 2006 and 2005, 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.

13. Subsequent Events

On September 1, 2006, CCI entered into an agreement for a $1,000,000 revolving line of credit with a financial institution. Borrowings under the line of credit bear interest at LIBOR plus .175%, and the agreement expires on August 31, 2007. The agreement is secured by all deposits and investments maintained with the lender, and is guaranteed by Emory University.
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The Carter Center
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San Diego Padres

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Blum Capital Partners

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