



A Message From President Jimmy Carter

wenty years ago, Rosalynn and I founded The Carter Center to wage peace, fight disease, and build hope among the world's poorest people. We first envisioned it as a place where people could come together to resolve their differences

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he Carter Center has made tremendous contributions to improving life and alleviating human suffering around the world since our founding in 1982.

More than 20 countries where we have observed elections have stronger democracies. Negotiations with parties at war in Bosnia, Ethiopia, Eritrea, Haiti, Liberia, North Korea, Sudan, and Uganda created new avenues for peace.

Guinea worm disease has been reduced by 98 percent worldwide. River blindness is being controlled thanks to the distribution of 35 million tablets of the drug Mectizan[®] since 1996. The Atlanta Project showed us how people in the inner cities can tackle their own problems with the help of others. More than a dozen countries have sustained annual harvests double or triple what they reaped before our Sasakawa partnership brought them new farming techniques. New comprehensive development plans are evolving in Albania, Guyana, and Mozambique. Respect for human rights is mending the fabric of societies in which people were oppressed. Indeed, The Carter Center has made a real difference in the lives of many people.

These results are due to the vision and leadership of President and Mrs. Carter, the support of thousands of individual donors and dozens of partner organizations, the expertise afforded us by our partnership with Emory University, and the dedication of our employees and volunteers. Over two decades, The Carter Center has grown into a seasoned non-governmental institution unique in addressing the interdependent needs of peace and health. Our activities address the root causes of human suffering and conflict in today's world and lay the foundation for a better future.

Each project is led by professional staff who implement action agendas to permanently improve lives. This past year, they helped hold free and fair elections in Peru, Guyana, and East Timor. They aided the safe return of at least 300 children abducted by the Lord's Resistance Army and the renewal of diplomatic relations between Sudan and Uganda. They launched a new Council for Ethical Business Practices to help countries minimize corruption and contributed to new freedom of information laws in Jamaica. They managed distribution of some 8.5 million pipe filters in Sudan to help nomadic people prevent Guinea worm disease. They internationalized the fight against mental illness by collaborating with leaders in some 20 countries.

ountries.

THE CARTER CENTER 20TH ANNIVERSARY ANNUAL REPORT

WagngPeace



WAGING PEACE

The Americas Program began its work 15 years ago as regions in the Western Hemisphere were undergoing dramatic political changes. Debt-ridden military dictatorships were being replaced by democracies seeking to modernize and privatize their economies.

The program contributed to this wave of freedom by pioneering a new model for international election observation, used by the Center around the world. Election observation missions are led by members of the Center's Council of Presidents and Prime Ministers of the Americas, now including 38 former and current heads of state, affording direct and multipartisan access to the highest level of governments. Early election observations were in countries in transition from authoritarian to civilian governments. Today requests come from countries with long experience in democratic elections, but where growing distrust between governments and opposition, or control of election authorities by one or two parties, erodes confidence in electoral processes.

The Americas Program, until recently called the Latin American and Caribbean Program, also looks beyond elections to address additional challenges to democracy. Working to make governments more accountable, the program helps citizens and governments fight corruption, develops methods to make political financing more transparent, and works to involve civic groups in public dialogue with their governments on crucial issues facing their country.

The Americas Program also seeks to improve inter-American relations. Building on the findings of high-level conferences, the program has helped create coalitions to support stronger regional protection of democracy, implementation of the hemispheric anticorruption treaty, and freer trade in the hemisphere.

Americas Program

Once democratic elections are held, the foundations of peace and democracy must be maintained and strengthened. One place The Carter Center assists is Jamaica, where, in a recent survey, Jamaicans said corruption was the second greatest threat to democracy, more so than drugs and poverty.

Prime Minister P. J. Patterson, a member of the Center's Council of Presidents and Prime Ministers of the Americas, turned to The Carter Center to help him fight corruption in his

HIGHLIGHTS

The Carter Center Council for Ethical Business Practices, recently established by the Americas Program, held its inaugural conference on corporate codes of conduct, enforcement of the Foreign Corrupt Practices Act, and the realities of addressing corruption while doing business abroad.

The Center's Council of Presidents and Prime Ministers of the Americas joined others to urge presidents at the Summit of the Americas to adopt a clause requiring countries to maintain competitive elections and democratic standardto Recent history has recorded 110 armed conflicts around the world. Some of these wars have pitted one country against another; far more have been civil wars among neighbors within a single country. When official actors, such as governments and international organizations, fail to respond effectively, a "mediation gap" is created. President and Mrs. Carter and The Carter Center have sought to fill that gap by helping countries resolve their conflicts peacefully.

Assisted by its renamed International Council on Conflict Resolution, the program brings warring parties to the table to prevent conflict, hold direct negotiations to end conflict, and nurture grassroots efforts to sustain peace.

High-profile missions led by President Carter brought the Korean peninsula back from the brink of war; prevented an invasion of military troops into Haiti; brought long-standing enemies to the same table in Liberia, Ethiopia, and Eritrea; and created an opening to advance the peace process in Bosnia.

Since laying the groundwork for a peace agreement between the governments of Sudan and Uganda mediated by President Carter in 1999, Conflict Resolution Program staff have pushed the parties to take first steps toward restoring diplomatic relations and worked behind the scenes to foster dialogue in civil conflicts within each nation.

Conflict Resolution Program

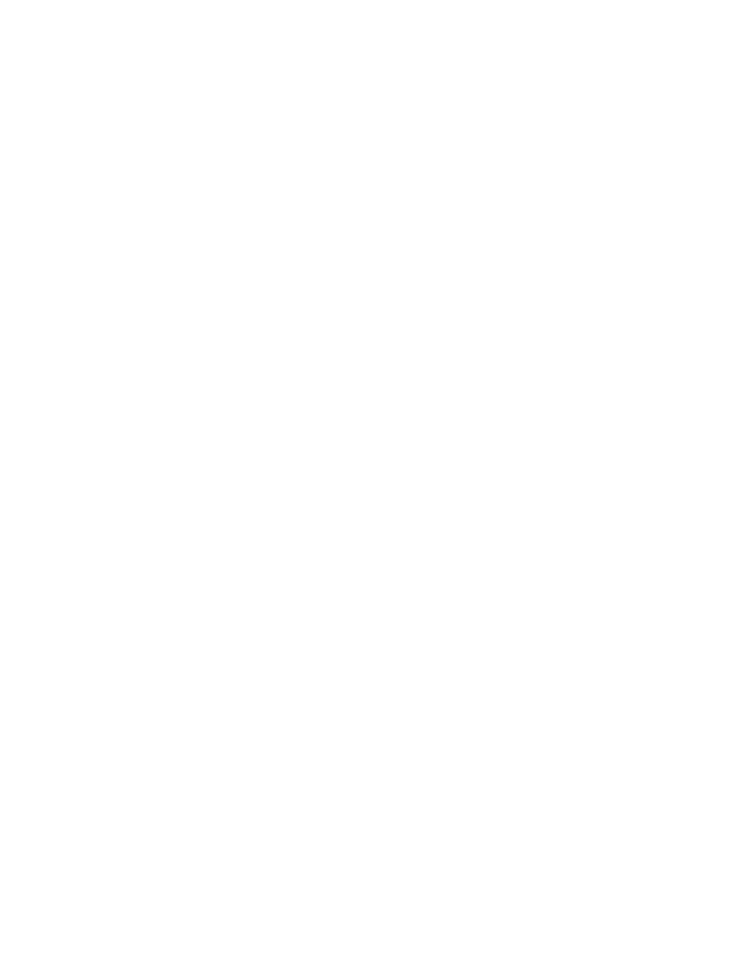
The Lord's Resistance Army's (LRA) fight against the government of Uganda has

My life has changed drastically. I used to live without disturbance. The conflict created worries I could be killed at any time. Since the fighting began, I don't have a source of income. Before, I could grow cotton or rice for local consumption and cash.

Above all is a habit of fear. How many nights I've spent with my family in the bush. This is particularly difficult in the rainy season. Fearing raids by the rebels, the people would leave their houses. At night, I go with my family to sleep in the open.

The war has brought a lot of suffering: looting, abduction of children, the killing of innocent people, and the theft of livestock. Parents are always worrying about their children being taken against their will and the burning of their huts and houses.

The lack of unity amongst the people has created a lot of poverty. People are displaced.



"You did something that completely surprised us," Ormando said. "You walked up to the Indonesian army post, where they had machine guns. The Indonesians had told us they would kill us, but you must have changed their minds."

Ormando believes The Carter Center saved him. I was profoundly humbled, but there is satisfaction in knowing that by legitimizing and calling international attention to the yearning for democracy on this Asian-Pacific island, we helped change the course of a nation and gave new hope to real people with names and faces and dreams just like ours.

"We marvel at the movement toward democracy throughout the world in the last two decades," said Charles Costello, director of the Center's Democracy Program. "There is now a widespread acceptance that democracy is the best political process by which people can determine their own future and build the social consensus necessary for permanent peace and prosperity. The Carter Center has been a central player in this global movement to safeguard political freedoms and human rights."

WAGING PEACE



"Today no nation can avoid discussing human rights. Media attention, the activities of international and regional organizations, the huge increase in the numbers of nongovernmental organizations devoted to human rights concerns, and the foreign policies of many governments force every nation at least to defend its policies and often to correct them."

Former U.S. President Jimmy Carter in The American Road to a Human Rights Policy: Realizing Human Rights (2000)

Human Rights

A commitment to advancing human rights worldwide is integral to all of the Carter Center's work. The Human Rights staff facilitates President and Mrs. Carter's interventions in individual human rights cases, tracks current developments in international human rights law, coordinates with other organizations to initiate dialogue with U.S. administration officials on human rights issues, and provides technical assistance in individual countries and to the United Nations Human Rights Program. Human Rights is supervised by an attorney and accomplishes its mandate with support from staff members in each of the Carter Center programs. Law student interns from Atlanta and around the world provide research support. During 2000-2001:

■ President Carter wrote to 60 heads of state to urge them to ratify the International Criminal Court statute, to sign core human rights covenants at the U.N. Millennium Summit, and to participate fully in the World Conference Against Racism.

■ The Center organized a third consultation for the U. N. High Commissioner for Human Rights, Mary Robinson, and her senior staff to discuss ways to improve the effectiveness of the U.N. Human Rights Program.

■ The Center, together with consulates here in Atlanta, co-hosted a conference on *Global Challenges of Strengthening Democracy and Human Rights* in the Francophone world.

President Carter intervened on behalf of human rights victims in Peru, Guinea, Turkey, Egypt, Mexico, Vietnam, Jamaica, and other countries.

■ A Carter Center human rights attorney joined a team in western Nepal to conduct a human rights investigation and to speak to the prime minister and others about the status of landless former bonded laborers.

■ President and Mrs. Carter stated their support for a federal moratorium on the death penalty, given geographic and racial disparities in the imposition of capital punishment by the federal government.

■ A Carter Center representative continued to serve on the Reebok Human Rights Award Program Board of Advisors. The Sept. 11 terrorist attacks on the United States highlighted the need to secure human rights for people worldwide. "Promoting the broad range of fundamental human rights should be a key element of our global effort to eliminate terrorism and its root causes," said Ashley Barr, senior program associate for human rights and democracy at the Center. "These include opportunities to participate in

making decisions that affect one's life, the need for adequate basic services such as educational and health care facilities, and helping people escape poverty."

The following statement posted on the Center's World Wide Web site emphasized the renewed importance of protecting human rights as the world responds to the terrorist attacks. "Our actions, at home and abroad, must reflect the founding principles of America, and we believe that enhanced security needs can be met without curtailing the blessings of liberty. We must protect freedoms at home as we advance human rights globally and give assistance to those in need." n 20 years of fighting disease, we've learned important lessons about how to secure the fundamental human right of health care for suffering people worldwide.

Our Guinea worm eradication effort has shown how partners working together can achieve goals that would be impossible alone. Today, with 98 percent of this disease eliminated, eradication is on the horizon.

With hope established by this success, local health care workers now are tackling other diseases in some 35 countries by delivering drugs and information to prevent and control trachoma, river blindness, schistosomiasis, and lymphatic filariasis. The original investment in a health care delivery infrastructure to prevent Guinea worm disease has increased nations' capacities to deal with many diseases.

Our Sasakawa 2000 agriculture partnership, which trains African farmers to increase crop yields in exchange for teaching their neighbors, has shown incredible results can be achieved when a nation's people take ownership for solutions to problems.

We also learned that having the courage to speak out on behalf of those who are stigmatized by mental illness reaps rewards. Today, we know that mental illnesses have biological bases, and people who have them can be treated and live normal lives.

Forging partnerships, building capacity, helping people to help themselves—these are keys to building hope through health.

Fighting Disease

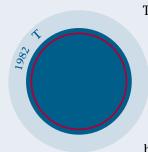
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The Carter Center shipped 3,000 health kits to Nigeria and Ghana, providing needed medical supplies such as gauze, scissors, forceps, and sponges. Contents were donated by Johnson & Johnson; other partners included the United Kingdom's Department for International Development, The Home Depot, and Bell Logistics Services.

In 2001, Ethiopia reported the greatest percentage reduction, 82 percent. Outside of Sudan, Nigeria and Ghana have 73 percent of the remaining cases.



The Carter Center joined the fight against Guinea worm disease in 1986 by helping Pakistan and Ghana start their national eradication efforts. Over the past 14 years, the Center has assisted all 20 Guinea worm-endemic countries and has celebrated the eradication of the disease in seven of them. These results were due to an unprecedented public health campaign led by The Carter Center, which coordinates the resources of international donors, national and inter-

national health care agencies, and corporations. Dozens of partners have contributed manpower and ingenuity, starting with an innovative fabric created by E.I. DuPont de Nemours, Inc. and designed into a filter product by Precision Fabrics Group. The international coalition soon will close this chapter in human health history. Worldwide, millions of people live in areas that put them at risk for river blindness. The River Blindness Program of The Carter Center assisted in providing health education and free treatment to more than seven million of these people in 11 countries in 2001.

River blindness, or onchocerciasis, is a parasite transmitted by the bite of small black flies that breed in rapidly flowing streams. In humans, the parasites, which are small thread-like worms, cause intense itching, skin discoloration, rashes, and eye disease. The infection can ultimately result in blindness.

The Carter Center fights river blindness in both Africa (in Ethiopia, Cameroon, Nigeria, Sudan, and Uganda) and Latin America (in Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela) in a campaign of health education and by free distribution of the drug Mectizan[®], provided by Merck & Co.

River Blindness Program

Ethiopia, rich in culture and resources, is home to more than 60 million people. But its population is severely debilitated by river blindness, having the fifth largest number of cases in the world.

Carter Center epidemiologist Dr. Rachel Barwick Eidex helped launch an onchocerciasis control program in March 2001 in Ethiopia, where more than 7.3 million people are at risk for river blindness and approximately 1.4 million already are infected.

"Estimates indicate a small child can be bitten more than 20,000 times each year by the flies that carry the disease," Dr. Barwick said. "So when I see children on the street leading by a long stick their elders who are blind, it is very poignant, because for many decades children were fated to the same future as their parents and grandparents. Now there is hope that can change."

Over centuries, people were forced to abandon rich bottomland near rivers and

move to less fertile hillside areas to avoid being bitten by the infected insects, disrupting stable agricultural economies. "The disease impacts all aspects of community life, keeping children from school, farmers from their fields, and single people from becoming married," Dr. Barwick said.

As an epidemiologist, Dr. Barwick studies how disease affects populations and determines what interventions can best decrease incidences. In Ethiopia, she worked with field staff to help local residents and health workers distribute treatments of Mectizan, a drug donated by Merck & Co. for as long as there is a need. Mectizan is given according to the height of the person, and an annual dose can prevent disease from developing in those who are infected. Lions Clubs International and the Africa Program for Onchocerciasis Control are partners in the massive effort to provide the drug.

"Villagers receive Mectizan from their



Lessons learned from the eradication of smallpox, and lessons being learned from Guinea worm and polio campaigns, give experts at The Carter Center hope that river blindness can be eradicated from the Americas. The Carter Center is a leader in working to stop all disease transmission from river blindness in this hemisphere by 2007.

FIGHTING DISEASE

community drug distributor, who keeps a registration book. Even though villagers may have to walk for several hours, wait for treatment, and then walk back home, people in village after village told me how happy they were to have the opportunity to receive treatment," Dr. Barwick said. "Very often a villager will come up to me—I don't mean a health care worker, I don't mean a government official—I mean someone we are actually treating, and they'll say, 'Thank you,'

FIGHTING DISEASE

antibiotic azithromycin. To date, Pfizer has donated more than 118,000 treatment doses of Zithromax[®], its brand of azithromycin, to national trachoma control programs with which The Carter Center collaborates. Research suggests that one treatment with Zithromax is as effective in treating inflammatory trachoma as six weeks of twice-daily treatments with tetracycline eye ointment, the previously recommended therapy.

Village by village, the word about controlling and preventing trachoma is spreading.

"This was a forgotten disease, but we are making the world stand up and pay attention to it. We'

Lymphatic Filariasis Elimination Program

Lymphatic filariasis is the world's second leading cause of permanent disability

FIGHTING DISEASE

Capitalizing on expertise acquired in its efforts to eradicate and control other diseases, The Carter Center added prevention of lymphatic filariasis to its disease-fi Also called "snail fever," schistosomiasis is the second most prevalent parasitic disease in tropical countries, after malaria. The Carter Center concentrates on fighting urinary schistosomiasis, in which the parasite invades the bladder, causing bloody urine, bladder dysfunction, kidney disease, anemia, and cancer. The infection is contracted when microscopic flatworms penetrate the skin of those who bathe, swim, or work in contaminated water. The parasite lives for years in veins near

The Carter Center's Schistosomiasis Control Program, like the lymphatic filariasis program, currently operates in Nigeria in conjunction with the country's federal Ministry of Health and the Center's River Blindness Program. The Center chose to work on schistosomiasis in Nigeria not only because the country likely has the most persons at risk for this disease in the world, but also because the program can increase its cost-effectiveness by integrating with ongoing health education and sharing treatment schemes for lymphatic filariasis and river blindness. In late 1999, the Carter Center's Schistosomiasis Control Program began in Plateau and Nasarawa States in two local government areas (Akwanga and Pankshin). Program workers tested children for blood in their urine and found that half of all villages tested had children infected with the disease and in need of annual treatment with the medicine praziquantel. In 2001, the program has expanded to two more local government areas and has brought about improved nutrition and cognitive

ability, especially in young children.

Ethiopia Public Health Training Initiative

Health challenges in Ethiopia are staggering. More than 50 percent of children younger than five years are malnourished; malaria, HIV/AIDS, pneumonia, tuberculosis, meningitis, and other diseases plague the nation; and less than half of Ethiopia's population has access to modern health services.

Conditions such as these led former President Jimmy Carter and Prime Minister Meles Zenawi in 1993 to discuss the serious need for government and international agencies to help improve public health in Ethiopia. Their talks identified a gap that could be filled by a nongovernmental organization like The Carter Center, and the Center's Ethiopia Public Health Training Initiative was born.

The Initiative was formed to help train teaching staff at five health science facilities in Ethiopia, who in turn would train staff for 600 new governmentsponsored health centers reaching underserved rural populations. Special curricula also were to be designed to enhance both the learning process and the diagnostic and treatment skills of people working in the field.

The Initiative is well on its way to achieving its goals. In 2001, eight workshops were conducted in which as many as 120 participants from colleges around the country strengthened their own skills and materials to better train health center workers. Participants worked with international consultants, gained feedback from experts, practice-taught with peers, critiqued videotapes of their own teaching, observed training in health centers, discussed problems with senior experts, and participated in practical field work. Six learning modules, covering HIV/AIDS, malaria, diarrhea, pneumonia, trachoma, and protein/energy malnutrition, have been completed and published. Twelve sets of lecture notes are ready for classroom use. Master teachers, international experts in their fields, were brought to Ethiopia to augment training and strengthen the educational experience at higher education institutions.

"Establishing an experienced resident technical advisor in Addis Ababa and a program coordinator in Atlanta were significant achievements in 2001," said Dennis Carlson, M.D., senior consultant, The Carter Center. "The addition bolsters

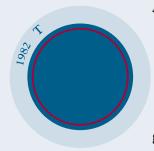
"The workshop helped me to use active learning strategies more often than the usual passive methods, because learning by doing is the best way of teaching."

Health training

"The Ethiopia Public Health Training Initiative has been assisting in laying a solid foundation for permanently improving public health care and disease control in Ethiopia," said Carla Gale, the Carter Center's resident technical advisor in Ethiopia. "The most exciting part is that the teachers being trained clearly express an ownership of the process and products. When the Carter Center's job is finished here someday, Ethiopians

will have created a public health education system specifically prepared for the Ethiopian situation." — Carla Gale, Resident Technical Advisor

in all endemic areas including Colombia, Ecuador, Guatemala, Mexico, Venezuela, and Brazil. In addition, The Carter Center conducts an extensive river blindness program in Africa, where a different strain of the disease is found and where 99 percent of the disease occurs. The Task Force expects to use lessons learned in eliminating river blindness in the Americas to intensify the attack on the disease in Africa. In January 2002, The Carter Center hosted, in co-sponsorship with the World Health Organization, a



"Eradication is the ultimate 'sustainable' improvement in public health," said Dr. Hopkins. "Its benefits are permanent. Poverty-stricken people see how they can make improvements in their own lives. Families and communities can fulfill their potential, and people regain their faith that government can change things for the better."

Agriculture Program

More than 820 million people in the world are hungry and malnourished. Every day, an estimated 40,000 of them die of illnesses related to malnutrition. Moreover, malnutrition is a contributing factor in 50 percent of deaths due to infectious diseases in developing countries. This enormous burden is a drain on productivity and economic growth.

The Carter Center's Sasakawa/Global 2000 Agriculture Program (SG2000), working with Ministries of Agriculture, has active programs underway in nine sub-Saharan African countries, teaching farmers how to increase productivity in countries where malnutrition is most severe. Founded in 1986, the program is a partnership between two nongovernmental organizations, the Sasakawa Africa Association and the Carter Center's Global 2000 health programs.

"It's often claimed that there is enough food in the world to provide each individual with an adequate diet and that the problem is one of distribution," said Ernest Sprague, M.D., senior consultant for agriculture. "But it's not that simple. Developing countries don't have the resources to buy food to make up their food deficit, and, except in the case of famine caused by natural disasters, food donations depress the price of food grown in the region. It's much better to help nations produce the food required locally and to work toward greater cooperation regionally."

SG2000 demonstrates cost-efficient, environmentally sound production techniques to increase crop yield. The program's six country directors work in nine countries, training extension workers on farm demonstration plots large enough to represent soil and climate conditions in the area. Since 1996, more than four million farmers in 16 countries have been trained in the SG2000 model.

"These plots demonstrate the use of improved seed varieties, fertilizers, and weed control," Dr. Sprague said. "For example, no-till, a method of farming in which the field is sprayed with a biologically safe herbicide and then planted without tillage, is popular with farmers. It saves time and is cost-effective."

SG2000 demonstration programs have shown that farmers can double, triple, and sometimes quadruple the yields they were getting with traditional practices, and farmers have eagerly adopted new practices. "We have clearly

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DONORS

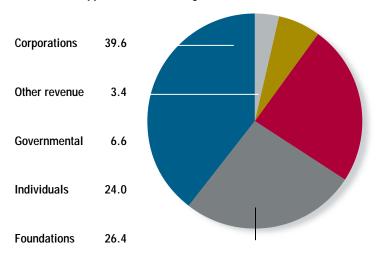
More than half a million different donors have contributed support to The Carter Center over the past two decades

n fiscal year 2000-01, more than 150,000 donors contributed a total of \$90 million to The Carter Center in cash, pledges, and in-kind gifts. These partners included individuals, corporations, foundations, foreign governments, U.S. agencies, and international organizations.

Several generous gifts contributed to the Center's health and peace programs this year. The Ford Foundation supported the peace programs in the fourth year of a five-year grant totaling \$1.5 million. In addition, the foundation's Beijing office funded a symposium on the China Village Elections.

The Government of Japan has been an important donor to the Center's health programs, with more than \$20.3 million in grants since 1989. Recent contributions totaling \$2.5 million have advanced the Center's global Guinea Worm eradication efforts.





Sources of Support as a Percentage: 2000/2001

Note: Governmental revenue includes United States and foreign governments as well as multilateral organizations. Investment revenue is excluded from the above graph. The United States Agency for International Development (USAID) has provided more than \$20.9 million to the Center over the past 11 years. USAID grants this past year included support for Guinea Worm and election monitoring in East Timor, Nicaragua, Peru, and Venezuela.

Individual donors also provided vital contributions to the Center. "Ken and I decided to give because we wanted to make a difference as citizens in a worldwide community," says Julia Gouw. Ken and Julia Gouw are annual donors to the Center, giving unrestricted support as members of the Ambassadors Circle.

Ambassadors Circle members Jean and Ben McDow are also Legacy Circle members through their planned gift of a charitable remainder unitrust, an income-producing donation with the Center named as the beneficiary. "The Carter Center difference is that it helps people in such a way that they are able to help themselves," says Ben McDow.

Through the generosity and commitment of our donor partners, The Carter Center continues to wage peace, fight disease, and build hope around the world.

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THE CARTER CENTER 20TH ANNIVERSARY ANNUAL REPORT

The Carter Center, Inc. Financial Statements

as of August 31, 2001 and 2000 together with Auditors' Report

REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To The Carter Center, Inc.:

We have audited the accompanying statements of financial position of THE CARTER CENTER, INC. (a Georgia nonprofit corporation) as of August 31, 2001 and 2000 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the management of The Carter Center, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. as of August 31, 2001 and 2000 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

forthur Anderson LLP

Atlanta, Georgia October 19, 2001

The Carter Center, Inc. Statements of Financial Position August 31, 2001 and 2000

ASSETS

	2001	2000
CASH AND CASH EQUIVALENTS, including restricted cash of \$12,883,446 and \$10,061,924 in 2001 and 2000, respectively	\$ 29,572,971	\$ 21,355,175
ACCOUNTS RECEIVABLE:	\$ 29,572,971	\$ 21,505,175
Due from federal government	525,181	602,125
Other	132,585	173,037
	657,766	775,162
PLEDGES RECEIVABLE (note 3)	18,278,023	10,303,071
INVENTORY	14,734,823	18,230,410
INVESTMENTS (Note 5)	134,188,705	138,971,502
PROPERTY, PLANT, AND EQUIPMENT, at cost or fair market value at		
date of gift, net of accumulated depreciation (Note 4)	12,315,212	12,042,812
ARTWORK	1,688,200	1,448,950
OTHER ASSETS	417,553	546,682
	\$ 211,853,253	\$ 203,673,764

LIABILITIES AND NET ASSETS

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,164,872	\$1,076,842
NET ASSETS:		
Unrestricted	91,876,641	102,215,533
Temporarily restricted	35,668,488	30,648,822
Permanently restricted	82,143,252	69,732,567
Total net assets	209,688,381	202,596,922
	\$ 211,853,253	\$ 203,673,764

The accompanying notes are an integral part of these statements.

The Carter Center, Inc. Statement of Activities for the year ended August 31, 2001

Temporarily Restricted	Permanent Restricted		Total
\$ 188,742	\$	0	\$ 13,376,200
22,509,103 2,260,415 1,825,545		0 0 0	24,711,541 3,498,978 1,825,545
34,148,599 0 60,932,404 0	<u> </u>		34,148,599 12,410,685 89,971,548 7,282,212
0 0 177,610		0 0 0	(23,146,471) 480,618 1,210,902
(52,053,101) (2,881,598) (193,584) (962,065) 5,019,666	12,41	0 0 0 0,685	0 0 0 75,798,809
0 0 0 0 0	12,41	0 0 0 0 0 0 0,685	52,049,720 4,396,378 318,279 6,383,338 3,431,532 2,128,103 68,707,350 7,091,459
	69,73 \$ 82,14		202,596,922 \$ 209,688,381

The accompanying notes are an integral part of these statements.

The Carter Center, Inc. Statement of Activities for the year ended August 31, 2000

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES AND SUPPORT:				
Contributions and grants:				
Operating	\$ 12,327,125	\$ 498,428	\$ 0	\$ 12,825,553
Programs:				
Health	1,847,894	8,332,830	0	10,180,724
Peace-International	2,573,058	1,883,301	0	4,456,359
Cross-program	0	785,674	0	785,674
Elepaten (Endowment01 T-0.00(0)Tj0n-Ga				01 (50 00 1
	0	31,659,334	0	31,659,334
	0		16,408,878	16,408,878
	16,748,077	43,159,567	16,408,878	76,316,522
	6,241,832	0	0	6,241,832
	7,756,167	0	0	7,756,167
	0	0	(35,890)	(35,890)
	498,734	0	0	498,734
	668,396	43,073	0	711,469
	30,427,069	(30,427,069)	0	0
	2,258,020	(2,258,020)	0	0
	268,556	(268,556)	0	0
	281,627	(281,627)	0	0
	592,016	(592,016)	0	0
	65,740,494	9,375,352	16,372,988	91,488,834
	34,482,005	0	0	34,482,005
	4,302,553	0	0	4,302,553
	273,956	0	0	273,956
	226,024	0	0	226,024
	5,846,130	0	0	5,846,130
	3,364,747	0	0	3,364,747
	2,085,204	0	0	2,085,204
	50,580,619	0	0	50,580,619
	15,159,875	9,375,352	16,372,988	40,908,215
	87,055,658	21,273,470	53,359,579	161,688,707
	\$102,215,533	\$30,648,822	\$69,732,567	\$202,596,922

The accompanying notes are an integral part of these statements.

FINANCIAL STATEMENTS

Donated Goods

Donated materials and equipment, including artwork, are reflected as contributions at their estimated fair market values when an unconditional promise to give is received.

The components of donated goods for the years ended August 31, 2001 and 2000 are as follows:

	2001	2000
Health:		
Medication	\$33,878,899	\$31,397,7042
Water filtration material and chemicals	240,000	61,630
Transportation	29,700	0
Total	\$34,148,599	\$31,659,334

Artwork

CCI has capitalized artwork received since its inception at the estimated fair market value at the date of acquisition.

Inventory

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

NET ASSETS

Unrestricted

As of August 31, 2001 and 2000, unrestricted net assets are as follows:

AS OF AUgust 51, 2001 and 2000, unrestricted het assets are as follows.	2001	2000
Unrealized gain on restricted endowment investments	\$33,531,457	\$56,677,928
Designated by the board of trustees for maintenance of property and equipment	500,000	500,000
Designated by management as an addition to:		
Endowment investments	28,126,166	19,728,689
Program funds	831,411	208,885
Undesignated	28,887,607	25,100,031
Total	\$91,876,641	\$102,215,533

The board of trustees has authorized the designation of a portion of the unrestricted net assets for maintenance of property and equipment. The annual designation amount is \$116,000. During 2001, the board's executive committee decided to limit such designation to a maximum of \$500,000.

Unrealized gains on endowment investments (Note 5) are classified as increases in unrestricted net assets. Unrestricted net assets also include funds designated by management as additions to 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, 2001 and 2000, temporarily restricted net assets are available for the following purposes:

Health Peace-International Cross-program Time-restricted Total

Permanently Restricted

In 1989, CCI began its campaign to raise an endowment fund. An endowment fund represents a fund subject to restrictions of gift instruments requiring that the principal of the fund be invested in perpetuity and only the income be used for operations. Permanently restricted net assets are invested in perpetuity, and the income from these assets is expendable to support any activities of CCI.

FINANCIAL STATEMENTS

The anticipated receipts of these receivables are as follows at August 31, 2001 and 2000:	2001	2000
Less than one year	\$10,494,742	\$ 4,192,815
One to five years	4,232,180	6,198,215
More than five years	8,365,172	682,207
Less unamortized discount	(4,814,071)	(770,166)
	\$18,278,023	\$10,303,071

Pledges were discounted based on rates ranging from 4.17% to 8.28%.

4. PROPERTY, PLANT, AND EQUIPMENT

The components of property, plant, and equipment, which,

Land\$ 636,732\$ 296,732N/ABuildings16,293,04115,581,07130 yearsGrounds and land improvements788,403689,34210 yearsFurniture and fixtures1,232,1271,299,24610 yearsOffice equipment818,5721,094,3005 yearsComputer equipment675,877862,4743 yearsVehicles01,409,8363 yearsBuilding improvements940,103589,52315 yearsLess accumulated depreciation(9,069,643)(9,779,712)\$12,315,212\$12,042,812\$12,042,812	except for land, are depreciated on a straight-line basis, are as follows at August 31, 2001 and 2000:	2001	2000	Useful Lives
Grounds and land improvements 788,403 689,342 10 years Furniture and fixtures 1,232,127 1,299,246 10 years Office equipment 818,572 1,094,300 5 years Computer equipment 675,877 862,474 3 years Vehicles 0 1,409,836 3 years Building improvements 940,103 589,523 15 years Less accumulated depreciation (9,069,643) (9,779,712) 15 years	Land	\$ 636,732	\$ 296,732	N/A
Furniture and fixtures 1,232,127 1,299,246 10 years Office equipment 818,572 1,094,300 5 years Computer equipment 675,877 862,474 3 years Vehicles 0 1,409,836 3 years Building improvements 940,103 589,523 15 years Less accumulated depreciation (9,069,643) (9,779,712) 15	Buildings	16,293,041	15,581,071	30 years
Office equipment 818,572 1,094,300 5 years Computer equipment 675,877 862,474 3 years Vehicles 0 1,409,836 3 years Building improvements 940,103 589,523 15 years Less accumulated depreciation (9,069,643) (9,779,712) 15 years	Grounds and land improvements	788,403	689,342	10 years
Computer equipment 675,877 862,474 3 years Vehicles 0 1,409,836 3 years Building improvements 940,103 589,523 15 years Less accumulated depreciation (9,069,643) (9,779,712) 15	Furniture and fixtures	1,232,127	1,299,246	10 years
Vehicles 0 1,409,836 3 years Building improvements 940,103 589,523 15 years Less accumulated depreciation (9,069,643) (9,779,712) 540,102	Office equipment	818,572	1,094,300	5 years
Building improvements 940,103 589,523 15 years 21,384,855 21,822,524 15 years Less accumulated depreciation (9,069,643) (9,779,712)	Computer equipment	675,877	862,474	3 years
21,384,855 21,822,524 Less accumulated depreciation (9,069,643) (9,779,712)	Vehicles	0	1,409,836	3 years
Less accumulated depreciation (9,069,643) (9,779,712)	Building improvements	940,103	589,523	15 years
•		21,384,855	21,822,524	
\$12,315,212 \$12,042,812	Less accumulated depreciation	(9,069,643)	(9,779,712)	
		\$12,315,212	\$12,042,812	

CCI purchased an office building with endowment funds during 1990. During the year ended August 31, 2001, CCI determined that its undepreciated investment in the building would achieve greater returns if it were invested similar to other endowment contributions (Note 5). To accomplish this, CCI invested unrestricted operating funds equal to the building's net book value in its endowment investment fund and reclassified the net book value of the building from investments to property, plant, and equipment on its statements of financial position. As of August 31, 2001, the building was substantially occupied by CCI program and department staff.

5. INVESTMENTS

As of August 31, 2001 and 2000, CCI has invested a portion of its endowment in a pooled investment fund, which invests in a composite of cash equivalents, bonds, common stock, mutual funds, and other assets. The cost basis for these investments was \$99,505,220 and \$80,361,453 as of August 31, 2001 and 2000, respectively.

Endowment-FMV of investment fund Endowment-building (Note 4) Other investments Total

CCI's other investments include charitable gift annuities and charitable remainder unitrusts which are invested in a composite of money market, mutual funds, and other assets. These investments are presented in the accompanying statements of financial position at their fair values.

2001	2000
\$133,036,346 0	\$137,039,000 920,431
1,152,359	1,012,071
\$134,188,705	\$138,971,502

FINANCIAL STATEMENTS

PENSES	
Common Area and Depreciation	Total Expenses
\$ 591,730	\$10,450,595
29,786	1,697,712
18,800	2,913,813
204,711	2,936,413
67,270	36,326,906
3,387	3,019,399
1,212,419	7,246,096
0	4,116,416
\$2,128,103	\$68,707,350
	Common Area and Depreciation \$ 591,730 29,786 18,800 204,711 67,270 3,387 1,212,419 0

SUPPORTING EXPE	NSES	
Administrative Costs	Common Area and Depreciation	Total Expenses
\$2,220,808 238,961 245,788 112,945 52,083 50,686 443,476	\$ 513,821 6,800 17,672 197,724 65,423 3,312 1,280,452	\$ 9,191,678 1,673,828 2,825,157 2,566,188 23,025,163 3,078,856 5,218,205
\$3,364,747	0 \$2,085,204	3,001,544 \$50,580,619

John B. Hardman, M.D. Executive Director The Carter Center

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Ernest Sprague, Ph.D. Senior Consultant Food Security

P. Craig Withers Jr., M.H.A., M.B.A. Director Program Support

JamesOCK ebppu0.02636

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

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

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THE CARTER CENTER TWENTIETH ANNIVERSARY ANNUAL REPORT

IN MEMORIAM



In Memoriam

The Carter Center mourns the passing of these employees and expresses its deepest sympathies to their families and friends.

Musiliu Animashawun

Finance Officer, Global 2000 River Blindness Program, Nigeria

Wendy Ware Carlson Associate Director of Development

Graham M. Christie Consultant, Global 2000 Guinea Worm Eradication Program

Chuwang Gwomkudu

Coordinator of Laboratory and Data Activities, Global 2000 Lymphatic Filariasis Elimination Program and Schistosomiasis Control Program, Nigeria



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Waging