



THE CARTER CENTER

1999-2000
ANNUAL REPORT



WAGING
PEACE
◆
FIGHTING
DISEASE
◆
BUILDING
HOPE

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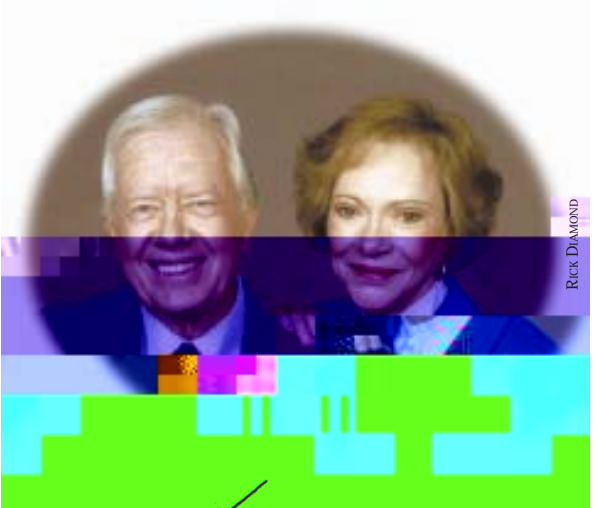
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The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.

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

- ★ The Center emphasizes action and results. Based on careful





Rick Diamond

A MESSAGE FROM PRESIDENT JIMMY CARTER

...the elections made

[The body of the letter is almost entirely obscured by a dense, repetitive pattern of horizontal black lines, likely representing a corrupted scan or a redaction.]

GRANT LEE NEUBERG



CARTER CENTER EXECUTIVE DIRECTOR DR. JOHN HARDMAN
REVIEWS NOTES WITH ANDREA WOLFE, FIELD OFFICE DIRECTOR,
DURING THE 1999 MOZAMBIQUE ELECTIONS.

Predictions have been made for hundreds of years about what life would be like in the year 2000. The Carter Center viewed this as an appropriate time to review how much progress the global community has made in improving the basic quality of life for the people of the world.

U.S. President Jimmy Carter in 1977 commissioned “The Global 2000 Report to the President.” He asked the Council on Environmental Quality and the Department of State, working with other federal agencies, to study the “probable changes in the world in the areas of population, natural resources, and environment through the end of the century.” The report, first published in 1982, predicated a world that would be more crowded, more polluted, less ecologically stable, and more vulnerable to civil conflict than ever before.

Unfortunately, all of these dire predications have come to pass. According to the “United Nations 1999 Human Development Report,” the gap between the richest fifth of the world’s people and the poorest fifth increased from 30-to-1 in 1960 to 74-to-1 in 1997. The number of armed conflicts, primarily in Africa, increased during the latter half of the 1990s. In addition, the explosion of the Internet, cable television, and other technologies has added a “knowledge gap” to the existing void between the most and least developed nations.

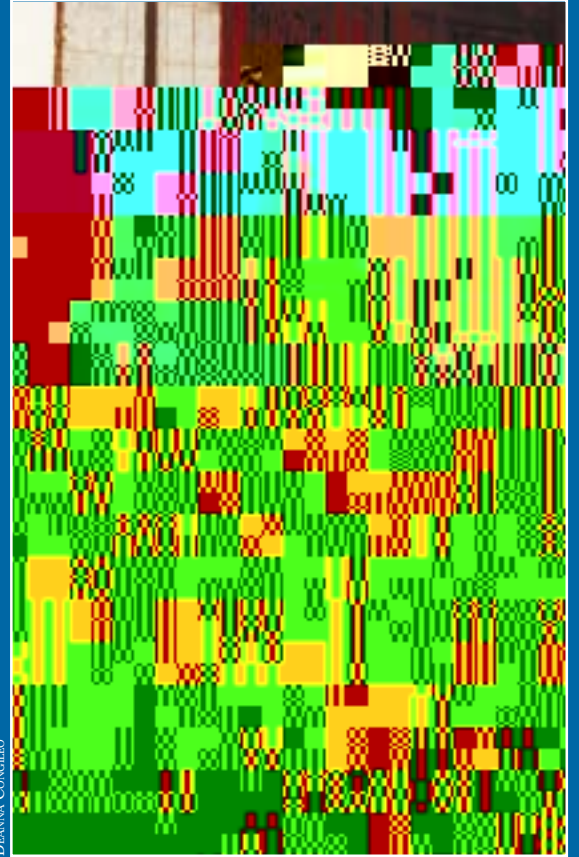
Environmental organizations point out that we are depleting the earth’s natural resources at an alarming rate. Gerald O. Barney, one of the authors of the original “Global 2000” report, recently stated that the world is “demonstrating a culturally suicidal disposition toward biocide – the destruction of the life systems of the planet – and genocide – the devastation of planetary processes on which all life depends.”

In light of the current situation, The Carter Center’s work becomes increasingly important as we look to the future. Our philosophy of working directly with governments of developing countries, as well as at the grassroots level, has demonstrated that we *can* improve crop yields in sub-Saharan Africa while protecting the environment; prevent or eliminate barbaric diseases that still plague millions; forge agreements between warring parties, and in some cases, prevent conflicts from erupting into violence; promote and protect human rights; and monitor elections and help instill democratic principles in countries moving toward more open, just societies.

In the new millennium, The Carter Center will continue to address these and other critical issues. Our work will not be completed until every man, woman, and child has been freed from the burdens of hunger and preventable disease – and has the opportunity to live in peace.



WAGING PEACE



DEANNA CONGILIO

CONFLICT RESOLUTION PROGRAM

MISSION

RESCUING THE INNOCENTS OF CONFLICT

Horrid as it is, armed conflict reaches unthinkable extremes when children are forced into it, both as victims and as soldiers. That is the situation facing The Carter Center's Conflict Resolution Program (CRP).

Chris Burke is the program's field representative in Khartoum, Sudan, and a CRP team member dedicated to implementing the Nairobi Peace Accord, which aims to normalize relations between Uganda and Sudan. The agreement, brokered in December 1999, calls upon the respective governments to end support for rebel groups operating from the sanctuary of each other's country.

Of immediate importance to Burke are the tactics of the Lord's Resistance Army (LRA), Ugandan insurrectionists conducting raids into northern Uganda from bases in southern Sudan.

For the past decade, the LRA has abducted children between the ages of 10 and 15. Girls are forcibly married off to rebel commanders, and boys are trained as guerrilla fighters who execute raids and kidnap more children. As many as 12,000 children have been abducted over the past 10 years, and up to 4,000 of them remain in LRA hands.

"These kids are abducted in very brutal ways," Burke explains. "They are ambushed on school buses or dragged from their homes in the middle of the night. Then they're marched back to southern Sudan, where they're given minimal training and very little food.

"Those who are frail or complain or try to escape may be killed, often by the other kids as part of their initiation. Some are even forced to kill their parents," he adds.

How Center helps kidnapped victims

While negotiations continue with the LRA for the peaceful return of its child fighters – and some adults as well – to Uganda, some kidnapped children manage to escape and find their way to Sudanese government outposts or relief agency offices in the area. Some are placed with families, while others are sent to Khartoum, where they are processed for repatriation to Uganda.

Burke, whose job is to liaise between the Ugandan and Sudanese governments and relief agencies, has been active in building mechanisms to retrieve, identify, and repatriate these young kidnap victims.

Several other nongovernmental organizations also are central to this effort, including UNICEF, Save the Children-United Kingdom, and the International Organization for Migration.

"The Carter Center is the only organization able to devote resources to all aspects of this complex project," Burke says. "I think that's the real value of what we're doing here. Unfortunately, there's a tremendous amount of politics involved, but that's what The Carter Center does so well."

The contrasts in Burke's job border on the surreal. He spends half his time in a suit and tie, dealing with government officials. He devotes the other half to working with about a dozen children at a time who have been horribly injured, physically and psychologically.

The children's homecoming

While many of the children themselves have committed heinous crimes, under duress, their communities accept them back, Burke says.

"Most of these people are ethnic Acholis," he explains. "Within their society is a rich tradition of reconciliation. So even though some have been involved in atrocious crimes in their own communities, they're accepted home."

Burke describes his job as hectic, demanding, tiring, often frustrating, but extremely rewarding. "When we first find these kids, you can't imagine the state they're in," he said. "We reassure them and get them clothed and fed, and take care of their medical needs.

"When the time comes, and we're waving them off at the airport for their flight home, there's an enormous amount of satisfaction."



JOYCE NEIU

THESE LORD'S RESISTANCE ARMY CHILD SOLDIERS WERE RETURNED TO NORTHERN UGANDA AND HELD IN THE GULU BARRACKS, WHERE A CARTER CENTER REPRESENTATIVE VISITED THEM.

MISSION

Promote democracy and human rights worldwide through programs focused on four overall goals: observe elections in emerging democracies; strengthen the capacity of civil society to influence public policy and provide checks and balances on government; promote the rule of law; and increase the awareness of and compliance with international human rights standards.

HIGHLIGHTS OF 1999-2000

- Carter Center monitors played a key behind-the-scenes role as the international spotlight focused on East Timor's vote for

DEMOCRACY AND ELECTIONS PROGRAM

MISSION

ALBANIA'S PATHWAY TO DEMOCRACY

Democracy is more than elections. In a deeper sense, participatory government offers citizens the opportunity to decide their economic, political, and social destiny as a nation. It is an opportunity long denied the people of Albania.

Through The Carter Center's Global Development Initiative, Albanians may at last be starting on a path to self-determination. Leaders from government, civil society, and the private sector are working with The Carter Center to craft and implement a National Development Strategy (NDS) that addresses a range of issues including economic development, education, environmental protection, health care, human rights, and the judicial system.

The NDS process has three main objectives in Albania. The first is to help the country formulate a comprehensive strategy for sustainable development and poverty reduction. The second objective is to strengthen democracy and respect for human rights by promoting a participatory process of respect and openness that will give Albanians practical experience in working together. To meet that objective, a number of Albanians will be trained to facilitate dialogue and resolve conflict throughout the NDS process. Third, the NDS process builds the capacity of Albanian government and civil society to manage development on their own.

Past affects present

"Albania is a small developing country that's struggling to institute democracy and a market economy in an era of globalization, and those challenges are fraught with difficulties," says Jason Calder, senior program associate of the Global Development Initiative.



BENI SANKAR (LEFT), CO-CHAIR OF THE GUYANA NATIONAL DEVELOPMENT STRATEGY (TIONAL)TImpFE2 336Tods of refugees.Tp41al1.77)

Those difficulties include the formidable weight of history. Ancient Illyria (Albania) was conquered in succession by Romans, Slavs, and Turks — the latter bringing Islam to the Balkan region, where it remains the dominant religion. Albania declared its independence in 1912, and seven years later became a republic only to be invaded again by Italian troops at the onset of World War II.

Following the war, Albania fell under communist control and developed the unenviable reputation as one of the most closed societies in the world.

With the collapse of European communism, Albania again was presented an opportunity to achieve a measure of self-determination. In 1993, President Carter visited Albania, where the people's enthusiasm for democracy impressed him. But in a nationwide investment pyramid scheme during the mid-'90s, international swindlers looted about half the savings of an already impoverished population and plunged the country into political chaos and rioting. The government fell and an international force intervened to restore calm and help organize new elections, which brought the Socialist Party to power.

Albania had already made The Carter Center's short list of potential NDS candidates when NATO's bombing of neighboring Kosovo forced thousands of refugees into the mountainous northern corner of the country, stalling the NDS planning. Remarkably, while the influx of ethnic Albanians severely strained an already fragile infrastructure, the country rallied to support its brethren in their time of crisis. With material aid from Western countries, what could have been one more debacle in Albania's history instead highlighted the generosity, resilience, and determination of the Albanian people.

Center helps map out strategy

With relative peace prevailing in the region, The Carter Center re-started the process of developing an NDS with Albanian political and business leaders this past March. In June, an NDS field office opened in the Albanian capital, Tiranë.

"We've been doing a lot of consultations with government and international agencies about major development issues in Albania and networking with nongovernmental organizations all around the country," says Calder in describing some of the initial steps. "The field office director is meeting with local organizations — women's groups and others — who want to participate in this initiative."

Consensus building at the grassroots level is critical to sustaining development plans and the long-term democratic process. Creating an NDS will involve town meetings, workshops, and task forces at the community level to create broad national goals, objectives, and ultimately, a national vision. The work then moves to defining practical strategies for every sector of the economy.

By emphasizing broad-based participation and consensus in its creation, the NDS can serve as a guide to any succeeding government. It also provides a framework for the international donor and banking communities in assessing needs and progress.

The prospects for success are cautiously optimistic. While establishment of sustainable democratic processes takes a long time, there exists in Albania widespread agreement that some kind of national development strategy is necessary to help the nation attract investment and achieve economic prosperity. The process already has a substantial plus on its side: the people of Albania.

HUMAN RIGHTS

HUMAN RIGHTS LEADER SERVES AT UNITED NATIONS

As a delegate to this year's U.N. Commission on Human Rights, The Carter Center's Karin Ryan saw more than a decade of work come to fruition as several resolutions were passed during the commission's 56th session in Geneva, Switzerland, in March 2000.

The commission, which monitors compliance with international human rights law and investigates alleged violations, resolved to condemn Russia for human rights violations committed by its army, establish a fact-finding officer to investigate abuses or persecution of human rights activists worldwide, and recognize domestic violence and "honor killings" as violations of human rights. "Honor killing" is the murder of a woman by a relative for supposedly shaming her family.

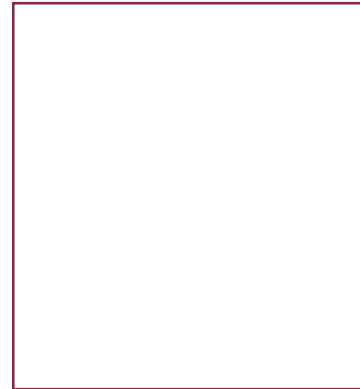
"The most important part of all this is people in every society are claiming their rights," says Ryan, former assistant director of Human Rights. "We're calling on the highest ideals among all societies to bring out the best and leave behind practices that undermine human dignity."

Ryan joined The Carter Center in 1988 to assist President Jimmy Carter and Mrs. Carter in their interventions with governments on individual cases. She later helped establish the Center's International Human Rights Council, and the Clinton administration appointed her last year to be a public representative with the U.S. delegation to the U.N. Commission on Human Rights.

At The Carter Center, Ryan and the council are working for establishment of the International Criminal Court, which would independently investigate, indict, and try those suspected of war crimes, genocide, or other crimes against humanity.

Her work with the United Nations builds on what The Carter Center has accomplished, she says. Although accomplishments in human rights often take years, organizations like The Carter Center and the U.N. commission contribute to the growing movement of greater protection of human rights.

"The global process provides a stage for local activists to make their issues known," Ryan says. "It is a long-term investment. It's important not to expect things will change dramatically in a short time, but it is not impossible to expect societies can change, and we can already see the fruits of this investment."



ENHANCING FREEDOM THROUGH HUMAN RIGHTS

When Egyptian State Security arrested Professor Saad Eddin Ibrahim and several of his colleagues in July 2000 and accused them of undermining Egypt's stability through their human rights and democracy work, the news ignited the Human Rights Committee and other organizations to intervene.

Ibrahim, director of the Egyptian Ibn Khaldun Center for Development Studies, is one of Egypt's most prominent intellectuals and human rights activists. He is best known for encouraging civil society in Egypt and championing the cause of minorities.

Fellow human rights activists feared that Ibrahim's arrest would discourage civic dialogue about the parliamentary elections scheduled for November 2000. This harassment had a chilling effect on other activists, particularly less prominent human rights workers with fewer international friends to defend them.

President Carter wrote to Egyptian President Hosni Mubarak about Ibrahim's imprisonment and protection for all Egyptian democracy and human rights advocates. The U.S. State Department and others also became involved. Within three weeks, Ibrahim was freed.

Intervention on behalf of people whose human rights have been abused has been a component of The Carter Center's work for more than a decade. The Center receives news of human rights violations daily.

Emory University law student interns working with Center human rights staff conduct research to ascertain the merits of select cases. Case interventions usually involve communication

with clients and their families, international nongovernmental organization (NGO) partners such as Amnesty International and Human Rights Watch, governmental offices including embassies and the U.S. Department of State, and local human rights NGOs worldwide. Technical analysis of U.S. and foreign court proceedings and government policies are also sometimes required.

After careful research and analysis, the Human Rights staff chooses cases for President and/or Mrs. Carter's direct intervention. Staff and students draft detailed memoranda and letters for the Carters' signatures and forward them directly to foreign heads of state, U.S. government officials, or other appropriate designees. During the past year, for example, President Carter wrote to Yasir Arafat, president of the Palestinian Authority, and enclosed a human rights office Issue Paper detailing concerns about the administration of justice and rule of law in Palestine.

Other interventions during 1999-2000 included: a letter to President Lansana Conté of Guinea regarding the imprisonment of opposition leader Alpha Condé; a letter about jailed American journalist Lori Berenson to Peruvian President Alberto Fujimori; and a letter to President Ahmet Necdet Sezer of Turkey about Leyla Zana and three other democratically elected Kurdish Parliamentarians who are serving lengthy prison sentences. Mrs. Carter also advocated for the commutation of several death sentences, including that of Alexander Williams in Georgia, a mentally ill man who was a juvenile at the time of his offence.

MISSION

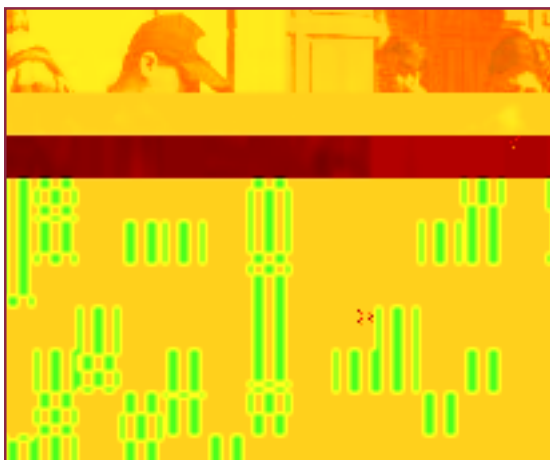
Promote cooperation among the nations of the region and the United States toward a common agenda to strengthen democracy, increase economic trade, reduce corruption, and decrease inequalities.

HIGHLIGHTS OF 1999-2000

- The LACP monitored a political transition in Venezuela, including a referendum to approve a new constitution in December 1999 and the July 2000 mega-elections. President Hugo Chavez renewed his term after being first elected in December 1998, and his party won a majority in the new National Assembly.
- The LACP and Democracy Programs collaborated with the National Democratic Institute (NDI) to monitor Peru's May 2000 electoral campaign, in which President Fujimori was re-elected. The campaign was judged to be "irreparably flawed" and not in compliance with international standards for democratic elections.
- A 24-member international election observer delegation representing the NDI and The Carter Center observed the May 2000 elections in the Dominican Republic. Opposition leader Hipolito Mejia won the elections in a surprise first-round victory.
- President Carter and Gonzalo Sánchez de Lozada, former president of Bolivia and a member of the Center's Council of Presidents and Prime Ministers of the Americas, led a small mission to observe the historic July 2000 elections in Mexico. The elections ended with the ruling party losing the presidency for the first time in its 71-year history. The LACP developed a new model of election monitoring, placing observers in each of the parties' headquarters, with the electoral commission, and among the domestic observers to help them communicate on election day and ease tensions about local problems.
- LACP's Transparency Project continued working to promote openness in government. In Costa Rica, LACP hosted a workshop on civil society monitoring of public contracting. In Jamaica, staff held seminars to increase awareness and debate about proposed new laws for an anti-corruption commission and a freedom of information act. Meanwhile, in Ecuador, the Center collaborated with a civil group to hold a regional high school essay and poster contest on bribery and cheating. LACP also advised PriceWaterhouseCoopers on developing a new Opacity Index to measure the capital costs of less transparency in government transactions. Staff also worked to promote implementation of the OAS Convention on Anti-Corruption.
- The LACP serves as secretariat for the newly formed Carter Center Council for Ethical Business Practices, a group of 10 Atlanta-based international companies working to develop and promote business codes of conduct against bribery.

LOOKING AHEAD

■ The program will hold a consultation on "Challenges to Democracy in the Americas" at The Carter Center in October 2000. This conference will make policy recommendations on improving the quality of democracy and halting backward slides in the hemisphere. Recommendations will be distributed to the Summit of the Americas, national governments, and civil society organizations.



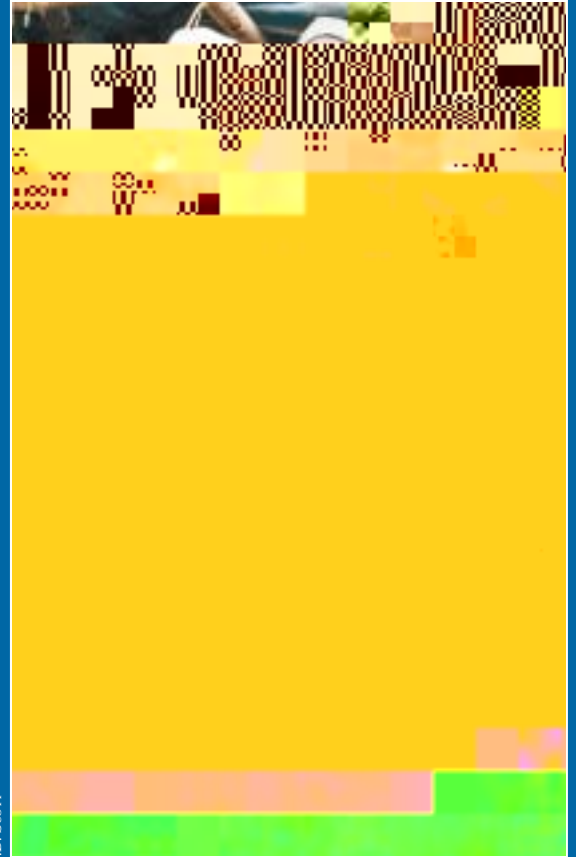
DEANNA CONGILIO

SEVENTY-ONE YEARS OF RULE BY ONE PARTY ENDED WHEN VOTERS IN MEXICO ELECTED A NEW PRESIDENT FROM THE OPPOSITION NATIONAL ACTION PARTY IN JULY 2000. CARTER CENTER DELEGATES MONITORED MEXICO'S ELECTORAL PROCESS.

- The LACP will monitor the November 2000 Nicaragua municipal elections and preparations for November 2001 national elections.
- The program will consider monitoring the new Peruvian elections called by President Fujimori after his intelligence chief was filmed in a bribery scandal. The elections are scheduled for April 8, 2001.
- To help overcome deep geographic, political, and ethnic divisions in Ecuador, the LACP will work on a conciliation project there.
- The LACP will continue transparency work, focusing on campaign conditions, access to information, and accountability of nongovernmental organizations in selected countries.



FIGHTING DISEASE



J.D. Scott

MISSION

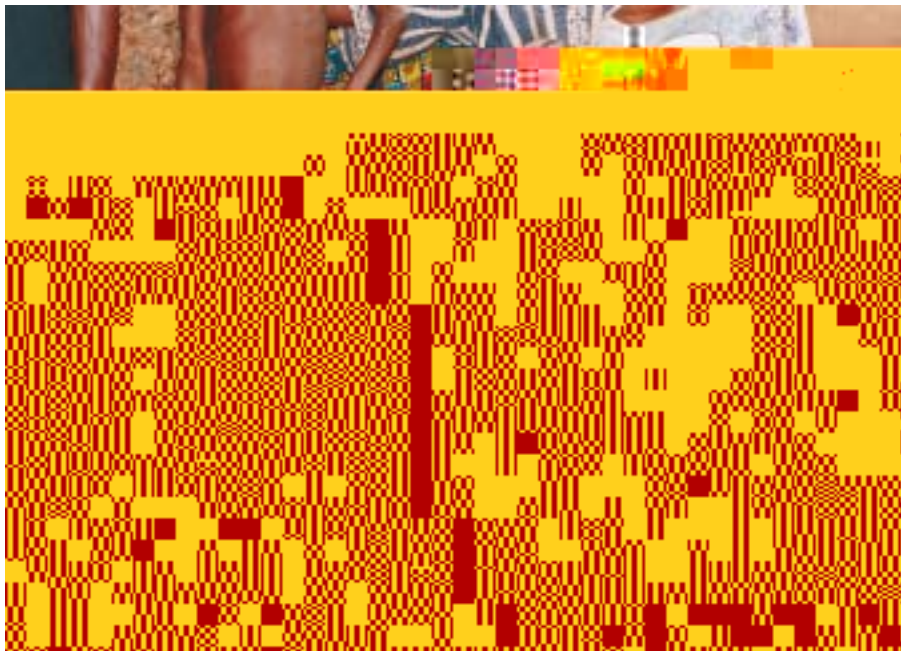
Eradicate Guinea worm disease (*dracunculiasis*) as soon as possible from the remaining 13 African countries. The disease comes from drinking water that is infested with a larvae-producing parasite. The larvae grow into 2- to 3-foot worms inside the body for 10 to 12 months and painfully exit through the skin. Digging or drilling new wells and filtering or boiling pond water can prevent the disease. Abate, a larvicide donated by American Home Products, also makes Guinea worm-infected water safe for drinking. There has been a 97 percent reduction in the number of reported cases of the disease since The Carter Center's eradication program began in 1986.

HIGHLIGHTS OF 1999-2000

- President Jimmy Carter honored seven countries during a Guinea Worm Eradication Awards Ceremony held at The Carter Center in July 2000, all of which have been free of Guinea worm disease for at least one year. Cameroon, Chad, India, Kenya, Pakistan, Senegal, and Yemen were among 20 Asian and African countries plagued by Guinea worm disease. The effort to eradicate the disease began with an initiative by the Centers for Disease Control and Prevention (CDC) in 1980. In 1986 The Carter Center's Global 2000 Program, working closely with the CDC, the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF), became the lead advocate for the global eradication campaign.
- Ethiopia, Uganda, and 10 northern states of Sudan are on the verge of ending transmission of the disease.
- The number of reported cases of Guinea worm has reduced by 42 percent outside of Sudan and Ghana.
- The Carter Center's Guinea Worm Eradication Program received a \$15 million grant from the Bill & Melinda Gates Foundation.

LOOKING AHEAD

- The Carter Center will continue its efforts to end transmission in the 13 remaining countries outside of Sudan.
- The program will seek to increase interventions in accessible areas of southern Sudan.



EMMA SEMODEI

MISSION

Demonstrate in a pilot project in Nigeria that lymphatic filariasis (*elephantiasis*) can be eliminated in Africa. Lymphatic filariasis is a mosquito-borne parasitic infection that causes grotesque deformation of limbs and genitals. A single, annual, oral dose of combined therapy of Mectizan®, donated by Merck & Co., and albendazole, donated by GlaxoSmithKline, can stop the parasite's transmission.

HIGHLIGHTS OF 1999-2000

- The Nigerian Ministry of Health, assisted by The Carter Center, launched treatment and health education for lymphatic filariasis in Plateau and Nasarawa states in March 2000. Six months later, 19,573 people received treatment for the disease in Akwanga and Pankshin Local Government Areas (LGAs).
- The Federal Ministry of Health and Global 2000 jointly developed health education materials based on results of a 1999 Knowledge, Attitudes, and Practices survey.
- In collaboration with the Centers for Disease Control and Prevention, the program established baseline data through entomological surveys that will help determine the impact of combined treatment on the transmission of lymphatic filariasis.

LOOKING AHEAD

- The Carter Center plans to assist the Federal Ministry of Health in Nigeria to expand interventions against lymphatic filariasis to approximately 760,000 people in 2000-2001.
- The program plans to continue surveys to evaluate the impact of the chemotherapy on transmission.



(L-R) LAKWAK MICHAEL, NAKUM MAGES, AND NAMRAK PUSYO OF THE MUNGKOHOT VILLAGE IN P

MISSION

Reduce the burden of river blindness (*onchocerciasis*) in assisted areas of Africa until it is no longer a major public health concern, and eliminate the disease throughout Latin America by 2007. River blindness is a debilitating disease spread by the bite of blackflies. It causes blindness and severe skin disease in millions of people in Africa and Latin America. An oral dose of Mectizan®, donated by Merck & Co., given once or twice each year can control the disease.

HIGHLIGHTS OF 1999-2000

- A \$16 million gift from the Lions Clubs International Foundation for the Lions-Carter Center SightFirst Initiative in October 1999 will assist Carter Center blindness prevention programs (river blindness and trachoma) in Africa, Latin America, and the Middle East.
- As of September 2000, The Carter Center's Global 2000 River Blindness Control Program (GRBP) has assisted in treating 4,136,741 people. Since 1996, The Carter Center has helped distribute more than 25 million treatments of the drug Mectizan.
- The Carter Center expanded the GRBP into Ethiopia and assisted the Ministry of Health in its application to gain funding from the African Program for Onchocerciasis Control.
- The Onchocerciasis Elimination Program for the Americas, which The Carter Center administratively supports, completed draft criteria for the World Health Organization (WHO) certification of elimination of river blindness in the Americas.

LOOKING AHEAD

- The Carter Center will begin to assist Ethiopia's Ministry of Health with treatment and health education activities in 2001.
- GRBP will help the ministries of Health in Brazil, Guatemala, and Venezuela to extend treatments to most of the targeted populations in their respective countries.
- The Carter Center and WHO will convene a conference to explore the potential eradicability of river blindness.



IT IS COMMON IN PARTS OF AFRICA AND LATIN AMERICA FOR CHILDREN TO LEAD THEIR BLIND ELDERS BY A STICK.

GREAT CHANCES FOR CHANGE

Drinking water, dawdling along a riverbank, or rubbing your eyes could lead to a tragic chain of life-altering events, depending on which part of the world you live in.

In sub-Saharan Africa, a formidable foe is Guinea worm disease, an illness that results from drinking contaminated water. If you call the riverbanks home in Africa, Latin America, or the Arabian Peninsula, blackflies also may reside there, waiting to bite and cause river blindness. Live in practically any developing country, and you could contract trachoma, the world's leading cause of preventable blindness, by wiping your child's infected eyes and then rubbing your own.

A worm, a fly, and bacteria have driven The Carter Center, various ministries of Health, and many international corporate partnerships to work relentlessly in halting the spread of disease. Among those waging battle are two staff members who offer a glimpse of their work's impact.

Diallo's Duty

An invitation from former Global 2000 Director Andy Agle to visit The Carter Center became a job offer for Nwando Diallo, senior program associate for the Guinea Worm Eradication Program.

The 1994 Princeton University graduate and Lagos, Nigeria, native contacted the Center because of its commitment to helping people in Africa.

"My job includes regularly checking in with the countries to find out what they need, what problems they are having, and how we can help," says Diallo. "When I began to organize and attend meetings within the program areas, this gave me an opportunity to meet the people working in affected countries and allowed me to feel even more connected."

Seeing various countries win their battles against Guinea worm disease was a highpoint for Diallo and her colleagues during a July 2000 ceremony at The Carter Center. The event honored Cameroon, Chad, India, Kenya, Pakistan, Senegal, and Yemen with a specially commissioned statute for successfully eradicating all cases of indigenously transmitted Guinea worm.

Today, there are fewer than 100,000 Guinea worm cases worldwide, down from more than 3.2 million cases in 1986 when the Center first launched its offensive against the disease.

"It is a great feeling to know that this disease can be beat and that some countries already have succeeded," Diallo says. "When Senegal reached zero cases, I thought, 'How many others can reach it as well?' Also, being able to help people in my native country is a benefit that is just immeasurable to me. I believe that within the next two to three years, we will see the end of Guinea worm disease."



NWANDO DIALLO

Mathai's Perspective

Wanjira Mathai, senior program officer of the Global 2000 River Blindness Program, has been with the program since its inception in 1996. She joined the effort after obtaining a master's degree from the Emory University Rollins School of Public Health and interning with the Guinea Worm Eradication Program.

"River blindness affects the community's economic viability as adults become unable to work or care for the children," says Mathai, a native of Nairobi, Kenya. "Often entire villages are forced to abandon fertile bottomland near rivers, where the vector blackflies breed."

Since 1996, the River Blindness Program has provided more than 26 million treatments. A recently expanded partnership with the Lions Clubs International Foundation and the Hilton Foundation has created the Lions-Carter Center SightFirst Initiative that will strengthen and sustain river blindness control activities. In addition, Merck & Co. donates the drug Mectizan® to prevent skin and eye disease from developing in people who are infected.

"Improving the health of the community also improves their lives economically, so everyone benefits," explains Mathai. "It's very exciting to see the success in the Guinea worm and River Blindness programs, and to know that our new projects — trachoma, schistosomiasis, and lymphatic filariasis — will benefit from the lessons we've learned."



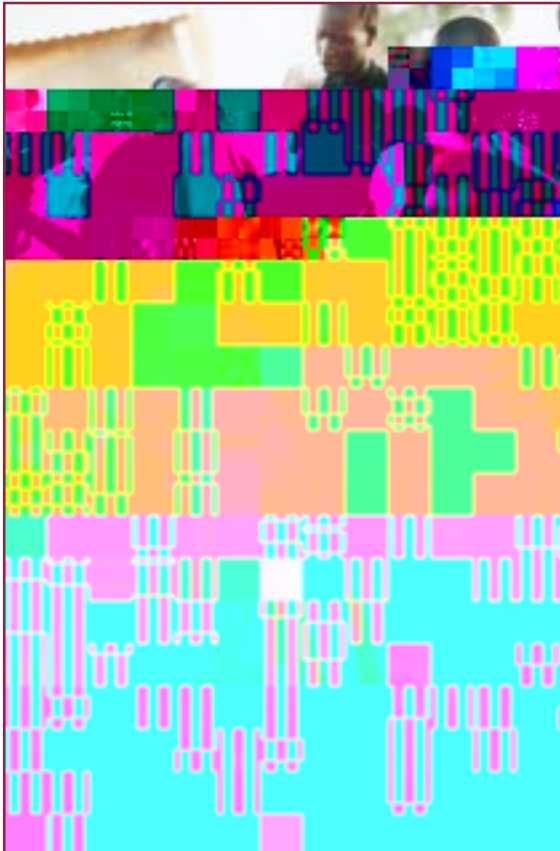
WANJIRA MATHAI

MISSION

Assist global efforts to control trachoma in selected countries through community-based interventions, operations research, and advocacy. Trachoma is the world's leading cause of preventable blindness that most likely results from repeated bacterial infection over several years. Patients build up scar tissue on the inside of their eyelids, eventually causing the eyelids to turn inward. Constant rubbing of the eyelashes against the eye produces painful corneal problems and sometimes irreversible blindness. Simple face and hand washing can prevent the disease from spreading. About 6 million people, mostly women, are blind from trachoma. Another 540 million, almost 10 percent of the world's population, are at risk. The Carter Center has begun a program to help curtail trachoma in six African countries and Yemen.

HIGHLIGHTS OF 1999-2000

- The Conrad N. Hilton Foundation previously contributed \$13.6 million to The Carter Center to fight trachoma.
- During an October 1999 visit to Ferekoroba, Mali, President and Mrs. Carter met villagers affected with various stages of trachoma. Former Malian head of state General Amadou Toumani Touré accompanied the Carters and co-signed with President Carter a trachoma agreement on behalf of the Malian government. The Trachoma Control Program (TCP) will begin in three regions in Mali and eventually include all areas.



J. ZINGESER

PROFESSOR MAMOUN HOMEIDA, CHAIRMAN OF THE NATIONAL ONCHOCERCIASIS TASK FORCE, ADMINISTERS ZITHROMAX™ TO THIS CHILD IN JULY 2000, LAUNCHING THE SUDANESE TRACHOMA CONTROL PROGRAM.

- A \$16 million grant from the Lions Clubs International Foundation for the Lions-Carter Center SightFirst Initiative in October 1999 will assist Carter Center blindness prevention programs in Africa, Latin America, and the Middle East. This grant allowed The Carter Center to expand its TCP to Ethiopia and Sudan.
- The Carter Center, with Helen Keller International, helped Niger's Ministry of Health to begin interventions in 30 endemic villages to date. Sudan's Ministry of Health launched its TCP, aided by the Lions-Carter Center SightFirst Initiative and a special donation of Zithromax™ from Pfizer in August 2000. Nearly 11,000 people have received treatment.
- The Carter Center held the first Trachoma Control Program Review in February 2000 and launched a new joint blindness prevention newsletter, *Eye of the Eagle*, featuring its trachoma and river blindness control activities.

LOOKING AHEAD

- The Carter Center will help begin interventions to control trachoma in Ghana and Mali, and extend interventions in Niger and Sudan.
- The TCP will help initiate trachoma control activities in Ethiopia, Nigeria, and Yemen.

MISSION

Demonstrate the integration of urinary schistosomiasis control through a pilot program, using health education and drug treatment, with ongoing community treatment of river blindness and lymphatic filariasis in Nigeria. Schistosomiasis (*bilharzia*) is a debilitating parasitic disease that people contract when entering water that has been contaminated with human urine and excrement. It infects mostly school-aged children who consequently may suffer from bloody urine, poor growth and development, bladder dysfunction, and kidney disease. A single, oral, annual dose of praziquantel can control the disease.

HIGHLIGHTS OF 1999-2000

- The first statewide treatments with the drug praziquantel began in October 1999 in Plateau and Nasarawa States in central Nigeria. By the end of August 2000, 52,480 people had received treatment for schistosomiasis.
- Medochemie Company of Cyrus donated 50,000 praziquantel tablets to the schistosomiasis initiative, as did Bayer Pharmaceuticals of Germany. The Shin Poong Pharmaceutical Company of South Korea also contributed 50,000 tablets and pledged future praziquantel donations.

LOOKING AHEAD

- The Carter Center plans to assist the Federal Ministry of Health in Nigeria to continue to expand interventions against schistosomiasis in 2000-2001.
- Efforts to encourage donations of praziquantel will continue.



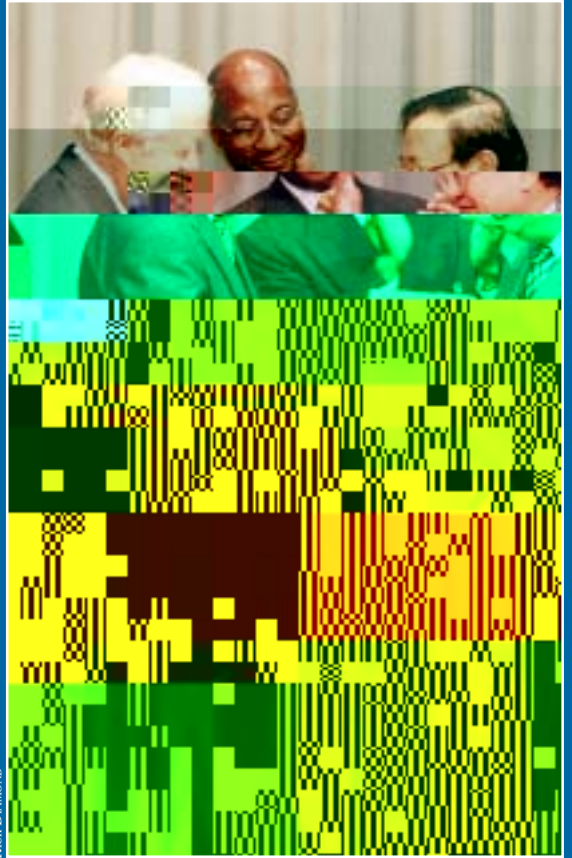
J.D. Scott

PORING OVER DOSAGE RECORDS IN NIGERIA'S MUNGKOHOT VILLAGE IN PLATEAU STATE, THIS HEALTH CARE WORKER DISPENSES DONATED PRAZICUANTEL TABLETS TO PREVENT URINARY SCHISTOSOMIASIS.

ETHIOPIA PUBLIC



BUILDING HOPE



RECK DIAMOND

MISSION

Work to end hunger in developing countries, helping farmers to triple and quadruple crop yields by using modern agricultural technologies. Global 2000 collaborates with the Sasakawa Africa Association in the sub-Saharan countries of Benin, Burkina Faso, Ethiopia, Ghana, Guinea, Mali, Malawi, Mozambique, Nigeria, Tanzania, and Uganda. Through this joint effort, known as Sasakawa-Global 2000 (SG 2000), local agricultural extension agents work side-by-side with farmers, teaching them how to use high-yielding seeds, fertilizers, and improved farming methods to grow more maize, wheat, and other grains. Farmers also learn how to successfully store their harvest and develop viable commercial markets for their grain.

HIGHLIGHTS OF 1999-t, k626()Tj16 0 0 16 168.96 626akams a626()T05.96 722(nrai

MISSION

Promote public awareness and recognition of the growing body of medical evidence that mental illnesses are biochemical in nature and not a matter of the sufferer's willpower. The Mental Health Program addresses public policy issues through The Carter Center Mental Health Task Force, which identifies major mental health issues, convenes meetings, and develops initiatives to reduce stigma and discrimination against people with these diseases and to improve their quality of life. The program also seeks to advance mental health promotion, mental illness prevention, and early intervention in children and their families. The annual Rosalynn Carter Symposium on Mental Health Policy provides an opportunity for national mental health leaders to coordinate their efforts on issues of common concern. The symposia have examined such topics as collaboration with schools to foster children's mental health and promoting positive and healthy behaviors in children.

HIGHLIGHTS OF 1999-2000

- In November, the program conducted the Fifteenth Annual Rosalynn Carter Symposium on Mental Health Policy – Setting the Stage for the Surgeon General's Report. Deputy Surgeon General Kenneth Moritsugu offered leaders of the nation's mental health organizations a preview of the first *U.S. Surgeon General's Report on Mental Health* during remarks at The Carter Center.
- The Rosalynn Carter Georgia Mental Health Forum was held in May 2000 for state mental health organizations. Mrs. Rosalynn Carter and the surgeon general presented the "The Surgeon General's Report on Mental Health: Taking Action." The event was simulcast by satellite downlink nationwide and available on webcast.
- The program conducted the annual meeting of the Rosalynn Carter Fellowships for Mental Health Journalism in September 2000. The 1999-2000 journalism fellows presented their completed projects and the program accepted the 2000-2001 fellows' project proposals.
- The advisory board for the Rosalynn Carter Fellowships for Mental Health Journalism added two new members: Ellen Mickiewicz of Duke University and Sheila Tefft of Emory University. These appointments will enhance the fellowship program and expand it to include international journalists.
- The Carter Center Mental Health Program played a key role in organizing meetings for the Centers for Disease Control and Prevention (CDC) mental health researchers. These meetings, held at The Carter Center, resulted in official CDC recognition

DEALING WITH “A FRONTIER MIND-SET”

Life has not been easy for Suzanne Hopkins, whose lifelong battle with mental illness contributed to an alcohol and a methamphetamine addiction.

Unemployed and homeless in Los Angeles, Hopkins, who as a child had been diagnosed and treated for depression, was invited a few years ago by her sister to live with her and her family in Lewistown, Mont. There the middle-aged widow started getting herself together by joining Alcoholics Anonymous. More important, she saw a psychiatrist in Billings who diagnosed her as having attention deficit disorder. The medicine she takes for that illness, along with prescription anti-depressants, also has helped her successfully deal with her addictions.

Hopkins has come a long way in her recovery. Though still unemployed, she belongs to a garden club and attends a weekly Bible study class. She also has evolved as a champion of mental

MISSION

Offer diverse opportunities to undergraduate juniors and seniors, recent graduates, and graduate/professional students interested in contemporary international and domestic issues. Interns often work with visiting diplomats and scholars, combining academic study with real-world experience. The Carter Center offers internships year round, for which qualified, selected applicants may receive academic credit through their college or university.

HIGHLIGHTS OF 1999-2000

- Eighty-four highly talented and motivated interns representing 20 countries, who collectively spoke 19 different languages, served as interns.
- For the first time, the Center was able to offer financial aid to every individual demonstrating need through a three-year grant from the Goizueta Foundation.
- For the seventh year, *The Princeton Review* recognized the Center's Internship Program as one of America's best.

LOOKING AHEAD

- To date, the Center has trained more than 1,650 interns, representing approximately 300 colleges and universities. The Center looks forward to increasing its international representation via Fulbright and Yoshida foundations publications. Currently, the Center has two Yoshida scholars.
- Beginning spring 2000, the Center will require a 20-hour per week/15-week commitment from new interns, instead of the traditional 15-hour/12-week commitment. The additional time allows the interns to become truly engaged with the Center's work.

-

AN INTERN'S LIFE-CHANGING EXPERIENCE

While helping Albanians develop a direction for their country, Alexious Butler also discovered a career-shaping purpose for herself.

This past spring, The Carter Center selected Butler for an internship with its Global Development Initiative (GDI). Most of her work centered on the National Development Strategy (NDS) effort in Albania and included a visit to that country to help re-start the NDS process there.

“When I accepted the internship, I wasn’t sure what I wanted to do as a career,” says the Atlanta native, who earned an undergraduate degree in political science at Duke University. “At The Carter Center, I actually did program work and had a chance to talk to the people who are impacted by economic development programs. I got a feel for how the GDI works and how economic development benefits developing countries.”

Butler’s assignments included preparing weekly reports that the Center distributed to President Carter and other officials, updating them about activities in countries where the GDI is active. She also prepared the briefing books and appointment schedule for the Albania mission.

The trip’s purpose was to gauge interest in re-establishing the NDS process, which had barely lifted off the ground three years ago when economic scandal, a succession of governments, and the conflict in neighboring Kosovo rocked the country. With relative calm restored, The Carter Center met with the Albanian president and prime minister as well as other political leaders, representatives from local nongovernmental organizations, and business leaders.

As the only intern among Center delegates on the two-week trip, Butler stayed busy. “I took notes at all the meetings and transcribed those notes, and helped set up the field office in Tirana,” she says.

“We found that for the most part everyone agreed that the NDS process could provide a valuable contribution to Albania, and this encouraged us to begin working to set up an office as quickly as possible,” she adds.

While most of her time was spent in the capital, Tirana, Butler saw enough of the surrounding countryside to form a lasting impression.

“It’s a very beautiful country,” she says. “It’s still a developing nation, but there are excellent restaurants, stores, Internet cafes, and a good chance that the person you encounter on the street will know enough English to tell you where to find them.”

Since her experience, Butler has enrolled in the master’s program in international relations at Georgia Tech and plans to make economic development a career. After Tech, she expects to either work toward a Ph.D. or pursue a position with an international development organization such as USAID (the United States Agency for International Development) or CARE.

“I’m definitely interested in developing nations and economies, and particularly in helping with those issues as they

A MESSAGE TO OUR D

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FINANCIAL STATEMENTS
AS OF AUGUST 31, 2000 AND 1999
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, 2000 and 1999 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, 2000 and 1999 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.

Arthur Andersen LLP

Atlanta, Georgia
October 26, 2000

STATEMENTS OF FINANCIAL POSITION

AUGUST 31, 2000 AND 1999

ASSETS

	<u>2000</u>	<u>1999</u>
CASH AND CASH EQUIVALENTS, including restricted cash of \$7,939,360 and \$7,792,609 in 2000 and 1999, respectively	\$ 22,367,246	\$ 17,664,004
ACCOUNTS RECEIVABLE:		
Due from federal government	602,125	983,490
Other	173,037	159,990
	<u>775,162</u>	<u>1,143,480</u>
PLEDGES RECEIVABLE (Note 3)	<u>10,303,071</u>	<u>10,306,121</u>
INVENTORY	<u>18,230,410</u>	<u>10,420,623</u>
ENDOWMENT INVESTMENTS	<u>137,959,431</u>	<u>109,510,722</u>
PROPERTY, PLANT, AND EQUIPMENT, at cost or fair market value at date of gift, net of accumulated depreciation (Note 4)	<u>12,042,812</u>	<u>12,818,030</u>
ARTWORK	<u>1,448,950</u>	<u>1,294,300</u>
OTHER ASSETS	<u>546,682</u>	<u>410,055</u>
	<u>\$203,673,764</u>	<u>\$163,567,335</u>

LIABILITIES AND NET ASSETS

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	<u>\$ 1,076,842</u>	<u>\$1,878,628</u>
NET ASSETS:		
Unrestricted	104,603,079	87,503,248
Temporarily restricted	28,261,276	20,825,880
Permanently restricted	69,732,567	53,359,579
Total net assets	<u>202,596,922</u>	<u>161,688,707</u>
	<u>\$203,673,764</u>	<u>\$163,567,335</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED AUGUST 31, 2000

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating Programs:	\$ 12,327,125	\$ 498,428	\$ 0	\$ 12,825,553
Health	0	10,180,724	0	10,180,724
Peace-international	0	4,456,359	0	4,456,359
Cross-program	0	785,674	0	785,674
In-kind goods and services:				
Health	0	31,659,334	0	31,659,334
Endowment	0	0	16,408,878	16,408,878
	<u>12,327,125</u>	<u>47,580,519</u>	<u>16,408,878</u>	<u>76,316,522</u>
Endowment fund earnings	6,241,832	0	0	6,241,832
Appreciation of restricted endowment investments	7,756,167	0	0	7,756,167
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	498,734	0	0	498,734
Interest and investment income	668,396	43,073	0	711,469
Net assets released from restrictions:				
Health	34,435,539	(34,435,539)	0	0
Peace-international	4,610,458	(4,610,458)	0	0
Peace-domestic	268,556	(268,556)	0	0
Cross-program	281,627	(281,627)	0	0
Operating	592,016	(592,016)	0	0
Total revenues and support	<u>67,680,450</u>	<u>7,435,396</u>	<u>16,372,988</u>	<u>91,488,834</u>
EXPENSES:				
Program:				
Health	34,482,005	0	0	34,482,005
Peace-international	4,302,553	0	0	4,302,553
Peace-domestic	273,956	0	0	273,956
Cross-program	226,024	0	0	226,024
Fund-raising office	5,846,130	0	0	5,846,130
General and administrative	3,364,747	0	0	3,364,747
Common area and depreciation	2,085,204	0	0	2,085,204
Total expenses	<u>50,580,619</u>	<u>0</u>	<u>0</u>	<u>50,580,619</u>
CHANGE IN NET ASSETS	<u>17,099,831</u>	<u>7,435,396</u>	<u>16,372,988</u>	<u>40,908,215</u>
NET ASSETS AT BEGINNING OF YEAR	<u>87,503,248</u>	<u>20,825,880</u>	<u>53,359,579</u>	<u>161,688,707</u>
NET ASSETS AT END OF YEAR	<u>\$104,603,079</u>	<u>\$28,261,276</u>	<u>\$69,732,567</u>	<u>\$202,596,922</u>

The accompanying notes are an integral part of this statement.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED AUGUST 31, 1999

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUES AND SUPPORT:				
Contributions:				
Operating	\$11,544,035	\$ 546,883	\$ 0	\$12,090,918
Programs:				
Health	0	10,301,826	0	10,301,826
Peace-international	0	3,170,547	0	3,170,547
Peace-domestic	0	115,156	0	115,156
Cross-program	0	1,184,566	0	1,184,566
In-kind goods and services:				
Peace-domestic	0	262,816	0	262,816
Health	0	31,366,527	0	31,366,527
Endowment	0	0	9,990,734	9,990,734
	<u>11,544,035</u>	<u>46,948,321</u>	<u>9,990,734</u>	<u>68,483,090</u>
Endowment fund earnings	3,801,293	0	0	3,801,293
Appreciation of restricted endowment investments	3,990,771	0	0	3,990,771
Depreciation of office building	0	0	(35,890)	(35,890)
Facilities use income	503,474	0	0	503,474
Interest and investment income	391,401	120,473	0	511,874
Net assets released from restrictions:				
Health	30,402,761	(30,402,761)	0	0
Peace-international	4,212,574	(4,212,574)	0	0
Peace-domestic	3,635,272	(3,635,272)	0	0
Cross-program	300,828	(300,828)	0	0
Operating	415,837	(415,837)	0	0
Total revenues and support	<u>59,198,246</u>	<u>8,101,522</u>	<u>9,954,844</u>	<u>77,254,612</u>
EXPENSES:				
Program:				
Health	32,960,607	0	0	32,960,607
Peace-international	3,947,365	0	0	3,947,365
Peace-domestic	3,120,135	0	0	3,120,135
Cross-program	257,926	0	0	257,926
Fund-raising office	5,932,207	0	0	5,932,207
General and administrative	3,374,814	0	0	3,374,814
Common area and depreciation	2,095,205	0	0	2,095,205
Total expenses	<u>51,688,259</u>	<u>0</u>	<u>0</u>	<u>51,688,259</u>
CHANGE IN NET ASSETS	<u>7,509,987</u>	<u>8,101,522</u>	<u>9,954,844</u>	<u>25,566,353</u>
NET ASSETS AT BEGINNING OF YEAR	<u>79,993,261</u>	<u>12,724,358</u>	<u>43,404,735</u>	<u>136,122,354</u>
NET ASSETS AT END OF YEAR	<u>\$87,503,248</u>	<u>\$20,825,880</u>	<u>\$53,359,579</u>	<u>\$161,688,707</u>

The accompanying notes are an integral part of this statement.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED AUGUST 31, 2000 AND 1999

	2000	1999
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$40,908	9,089

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 is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

The board of trustees of CCI consisted of 22 members as of August 31, 1999, which included 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 appointed by Emory University's board of trustees ("Carter Center class of CCI trustees"). The structure of the board of trustees was changed during fiscal year 2000, with the addition of 6 members, 3 to be appointed by Emory University's board of trustees and 3 to be appointed by President Carter and Carter Center class of CCI trustees, bringing the board to a total of 28 members. Additionally, Emory University's board of trustees has the authority to approve amendments to CCI's articles of incorporation and bylaws and to approve the annual and capital budgets of CCI. CCI is related by common control to Carter Center of Emory University ("CCEU"). The financial data for CCEU is not included in these financial statements.

CCI operates programmatically under two main action areas, Initiatives in Peace--international 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--international include preventing and resolving conflict, protecting basic human rights, promoting open forms of media, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include eradication of dracunculiasis, control of onchocerciasis ("river blindness"), mental health reform, and collaborations between congregations and public health agencies. CCI discontinued its program efforts in Peace--domestic at the end of fiscal year 1999. Peace--domestic focused its efforts on helping the city of Atlanta's neediest communities gain access to the resources they needed to address the problems that most concerned them. Experiences were then communicated to other interested communities throughout the country.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS

Contributions

CCI records gifts, including promises to give, of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is met, such temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

CCI records gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, CCI reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Goods and Services

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

The services of loaned executives for The Atlanta Project ("TAP") and certain other services have been recorded in the accompanying financial statements. No amounts are recorded in the accompanying financial statements for other donated services (volunteers, organizational planning, and meeting facilitation), since the criteria discussed above were not met with respect to these services. TAP was discontinued at the end of fiscal year 1999.

The components of donated goods and services for the years ended August 31, 2000 and 1999 are as follows:

	<u>2000</u>	<u>1999</u>
Health:		
Water filtration material and chemicals	\$ 261,630	\$ 541,912
Medication	31,397,704	30,673,000
Transportation	0	151,615
Peace--domestic:		
Loaned executives	0	156,000
Operating expenses and utilities	0	106,816
Total	<u>\$31,659,334</u>	<u>\$31,629,343</u>

Artwork

CCI has capitalized artwork 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. Inventory is received as an in-kind donation and is valued at market value at the time of the gift. Inventory is valued using the first-in, first-out method.

Medication Due to Third Parties

From time to time, CCI receives loans of medication from various parties for its River Blindness Program in Nigeria. These loans are received when CCI does not have sufficient inventory on hand to carry out its desired program activities and other organizations have excess inventory. As all such medication used in this program is provided to CCI and all other organizations directly by the manufacturer at no cost, any loans due are satisfied by future in-kind donations received from the manufacturer.

Net Assets

Unrestricted

As of August 31, 2000 and 1999, unrestricted net assets are as follows:

	<u>2000</u>	<u>1999</u>
Unrealized gain on restricted endowment investments	\$ 56,677,928	\$48,921,761
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	19,728,689	14,522,108
Program funds	208,885	1,483,026
Undesignated	<u>27,487,577</u>	<u>22,076,353</u>
Total	<u>\$104,603,079</u>	<u>\$87,503,248</u>

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 2000, the board's executive committee decided to limit the Plant Maintenance Fund to a maximum of \$500,000.

Unrealized gains on restricted 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 and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations which would temporarily or permanently restrict their use.

Temporarily Restricted

As of August 31, 2000 and 1999, temporarily restricted net assets are available for the following purposes:

	<u>2000</u>	<u>1999</u>
Health	\$20,682,387	\$13,269,666
Peace-international	2,802,906	2,213,199
Peace-domestic	0	156,529
Cross-program	2,814,786	3,131,701
Time-restricted	<u>1,961,197</u>	<u>2,054,785</u>
Total	<u>\$28,261,276</u>	<u>\$20,825,880</u>

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.

Cash and Cash Equivalents

CCI's cash equivalents represent liquid investments with an original maturity of three months or less. Restricted cash is restricted by the donor for a specific purpose.

Reclassifications

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

Use of Estimates

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

3. PLEDGES RECEIVABLE

Pledges are recorded as of their pledge dates at the net present value of their estimated future cash flows. The amount of periodic amortization of the discount is recorded in subsequent periods as contribution income according to each respective donor-imposed restriction, if any. Pledges receivable as of August 31, 2000 and 1999 are classified as follows:

NOTES TO FINANCIAL STATEMENTS

	2000	1999
Unrestricted:		
Operating	\$48,413	\$48,413
Temporarily restricted:		

8. SCHEDULE OF FUNCTIONAL EXPENSES

WHAT IS THE CARTER CENTER?

The Center is a nonprofit, nongovernmental organization (NGO) founded in 1982 in Atlanta, Ga., by Jimmy and Rosalynn Carter in partnership with Emory University.

WHAT IS THE CENTER'S ROLE?

“Waging Peace. Fighting Disease. Building Hope.” These six words embody The Carter Center’s mission in a world

- Working to erase the stigma of mental illnesses and improve access to and the quality of care for the 50 million Americans who experience mental disorders every year.
- Helping more than 1 million farm families in Africa double, triple, or quadruple their yields of maize, wheat, and other grains using new growing methods and improved seed varieties.

WHO

