Bolivian election observers watch voting at a polling station in La Paz on Jan. 25, 2009. As Bolivians voted on a new constitution, a Carter Center group monitored whether the referendum process followed electoral code and was transparent and impartial.
The Carter Center at a Glance

Overview
The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University, to advance peace and health worldwide. A nongovernmental organization, the Center has helped to improve life for people in more than 70 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; improving mental health care; and teaching farmers to increase crop production.

Accomplishments
• Leading a coalition that has reduced incidence of Guinea worm disease from an estimated 3.5 million cases in 1986 to about 3,200 today, making it likely to be the first disease since smallpox to be eradicated
• Observing 77 elections in 30 countries to help establish and strengthen democracies
• Teaching techniques that have helped more than 8 million small-scale farmers in 15 African nations to double or triple grain production
• Furthering avenues to peace in Ethiopia, Eritrea, Liberia, Sudan, Uganda, the Korean Peninsula, Haiti, Bosnia and Herzegovina, and the Middle East
• Helping to establish a village-based health care delivery system in thousands of communities in Africa that now have trained health care personnel and volunteers to distribute drugs and provide health education
• Strengthening international standards for human rights and the voices of individuals defending those rights in their communities worldwide
• Pioneering new public health approaches to preventing or controlling devastating neglected diseases in Africa and Latin America
• Advancing efforts to improve mental health care and diminish the stigma against people with mental illnesses.

Budget
$88.1 million 2008–2009 operating budget.

Donations
The Center is a 501(c)(3) charitable organization, financed by private donations from individuals, foundations, corporations, and international development assistance agencies. Contributions by U.S. citizens and companies are tax-deductible as allowed by law.

Location
In a 35-acre park, about 1.5 miles east of downtown Atlanta. The Jimmy Carter Library and Museum, which adjoins the Center, is owned and operated by the National Archives and Records Administration and is open to the public. (404) 865-7101.

Staff
175 employees in Atlanta headquarters, with staff in field offices in more than a dozen nations.
A Message from President Jimmy Carter

Our dreams are big -- our hopes high -- our goals long-term -- and the path is difficult. But the only failure is not to try. Rosalynn and I thank all of The Carter Center's supporters for joining us in this great journey to advance human rights and alleviate suffering for millions of people.

Jimmy Carter
Our Mission

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:

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.

The Carter Center collaborates with other organizations, public or private, in carrying out its mission.

Playing the parts of a fly and people infected with microscopic parasitic larvae, children show how the disease onchocerciasis, or river blindness, is spread as part of a health education lesson at a community center in Union Victoria, Guatemala. The Carter Center aims to stop transmission of the disease in the Americas by 2012.
The Carter Center works to create global changes—allegiance to human rights, stronger democracies, and healthier populations—that will improve the quality of life on earth for many generations.

Such far-reaching advances do not happen fast; they evolve over time. And for people in the poor nations where we work, the political challenges to waging peace and the practical challenges to fighting disease can seem overwhelming, with few resources to address them.

So how do we sustain the belief that fundamental societal changes and permanent progress are possible? By the hard-earned milestones, big and small, achieved along the way.

This past year, The Carter Center assisted the governments of Colombia and Ecuador in discussions leading to first steps toward resuming diplomatic relations, an effort reinforced by Center workshops we sponsored to build dialogue among key citizen groups around cross-border issues.

Our far-reaching election observation work supported democratic advances in Indonesia, Sudan, Nepal, Lebanon, and Bolivia. Creating a truly participatory and responsive democracy can take decades, with progress coming one step at a time, spurred by citizen demands for accountability yet tempered by the tedious process of reaching consensus that inclusivity demands.

In the troubled Middle East, lasting peace requires a comprehensive solution involving many nations, and President Carter continued his decades-long commitment to help, meeting with leaders and paving back channels to dialogue.

Meanwhile, in Africa, our work to prevent and eliminate diseases further strengthened large-scale village health care systems. For example, in parts of Nigeria, we are distributing at one time medicines that can prevent river blindness, lymphatic filariasis, and schistosomiasis—saving some 30 percent over the cost of administering these drugs separately. This cutting-edge approach may hold great promise for decreasing the heavy burden of diseases in many developing nations.

With patience, partnerships, and persistence, creating a world where every man, woman, and child can enjoy good health and live in peace is a very possible and worthwhile journey.

Kent C. “Oz” Nelson  John Hardman
Chairman  President and Chief Executive Officer
Peace and Health
Women and children carry water from the Savelugu dam in rural northern Ghana. This year, The Carter Center observed presidential elections in the country and also oversaw a great reduction in the number of cases of Guinea worm disease. The Carter Center has worked in Ghana since 1986.
The Carter Center observes Lebanon’s parliamentary elections, in which religious affiliation plays an important role

Lebanon held its first post–civil war election for parliamentary seats on June 7, 2009, the results of which were accepted peacefully by both sides. The Carter Center deployed 60 observers from 23 countries to assess voting, counting, and tabulation processes, led by former U.S. President Jimmy Carter and former Yemen Prime Minister Abdul-Kareem al-Eryani.

Voters waited in long lines—sometimes for hours—to enter polling stations. This was Lebanon’s first single-day voting process. Previous elections were held on four successive Sundays. Voters were choosing all of Lebanon’s 128 parliamentary seats. In a “confessional” system more than 65 years old, seats are allocated according to religion. Christians, Sunnis and Shi’ites were guaranteed a portion of the seats as well as positions in government.

On election day, Carter Center observers visited more than 350 polling stations in all districts of the country. The Carter Center commended Lebanon officials for conducting intensive training for more than 11,000 polling officials employed on election day, publishing reference manuals for poll workers and observers, and establishing a hotline to respond to queries from polling officials and voters.

Observers noted a high level of women voting on election day, but the Center was disappointed in the low number of female candidates for parliament—12 of 587. Lebanon’s minister of interior and municipalities did include women as polling station staff for the first time in the country’s history. Some 2,000 women—18 percent of the polling staff—served as clerks for the election.
In Lebanon, a country marked by recent civil strife and political instability, political parties are usually tied to religious or ethnic affiliations. Though the country is now peaceful, the fear of violence and political rivalries remain under the surface and pose a risk to regional peace. Southern Lebanon borders Israel and is patrolled by U.N. forces.

Voter turnout for the June 7 parliamentary election was high at 54 percent of registered voters. Despite early predictions of an upset, the ruling coalition—called the March 14 group—prevailed by 14 seats over the opposition coalition—called the March 8 group. Four women were elected.

Lebanon does not use official, standardized, preprinted ballots. Instead, voters could use preprinted ballots provided by political coalitions, or could cross out the listed candidates and write in their own choices. Alternatively, voters could write their preferences in pencil on blank paper provided inside the voter booth. Parties can print ballots in many different styles and fonts and then give certain versions to certain families or sets of people; later, the parties can see how many of which ballot styles were used, allowing the parties in some instances to link ballots to certain voters, thus undermining the secrecy of the ballot.

Carter Center observers noted a number of procedural shortcomings on election day that resulted in long lines at many polling stations. Here, President Carter reminds polling officials that they have agreed to allow three voters into the polling station at a time.
Planting Seeds for Peace

By providing Bolivians with training in mediation skills, The Carter Center hopes a culture of harmony will grow.

In Bolivia, political disputes often escalate to the brink of conflict. One of the poorest countries in the Western Hemisphere, Bolivia’s ethnic and cultural diversity, as well as struggles over natural resources, fuel strong social and economic tensions.

But training provided by The Carter Center to nearly 3,000 Bolivians, including civic organizations, social groups, departmental authorities, and young political leaders, is helping to create both specific conflict resolution skills and greater political will for dialogue.

“We are providing comprehensive training programs to help Bolivians resolve disputes more peacefully,” said Jennifer McCoy, director of the Carter Center’s Americas Program. “These programs are part of the Center’s overall goal in Bolivia of helping the long-oppressed indigenous majority achieve full political participation while ensuring all Bolivians’ rights are protected.”

The training has proved beneficial for resolving issues from land disputes to domestic violence.

“It was helpful to learn to analyze conflicts,” said Gabriela Gomez Garcia, who works for the National Institute for Agrarian Reform (INRA), which returns land to indigenous communities. “Especially to look for the causes—the why and for what—that helps you figure out how to deal with the problem. In daily life we are always using the tools we learned from the seminars.”

Rita Jimenez Huancollo also attended a Carter Center–led training. She is coordinator of the Integrated Justice Center (CIJ) in La Paz and meets with families to mediate domestic violence disputes and other issues to resolve them peacefully.

“The culture of peace that we want starts at a personal and family level. If we have a society of satisfied people talking from their hearts, it will translate into less social conflict,” she said.

The courses are led by Alejandro Nató, Carter Center country director and a mediator specializing in public conflicts, who said the training aims to expand the range of thinking about social and political unrest in Bolivia and open dialogue.

“My work in Bolivia marked a turning point for me both professionally and personally,” said Nató. “I had the privilege of working with a diverse group of people across the country, from students to the indigenous community to leaders of social movements, who inspired me with their dedication to improving their country. This program has been very worthwhile.”
The country of Bolivia is rife with social and economic tension due to a diverse population and a struggle for natural resources. Training provided by The Carter Center is helping to show Bolivians from all walks of life how to resolve conflicts nonviolently.
In 2003, Liberia began to emerge from 14 years of brutal civil war that ravaged the nation’s physical, economic, and social foundations. A central challenge of reconstruction is to create a functional and accountable justice system, a prerequisite for lasting peace and democratic progress. While the nation’s post-conflict peace-building efforts have made remarkable progress, many challenges remain in the effort to ensure accountability and provide justice for all Liberians.

A comprehensive Carter Center project is focused on strengthening the rule of law in Liberia, partnering with grassroots civil society organizations to educate citizens and increase access to justice in underserved rural communities. It also

Son of Liberia

For Carter Center officer Pewee Flomoku, bringing justice to the citizens of Liberia is personal

During Liberia’s civil war, Pewee Flomoku was a photographer for the Associated Press. He took the photo below of Liberian women demonstrating at the American Embassy in Monrovia at the height of the war in July 2003. Today, he helps his fellow Liberians access justice through his work at The Carter Center.
serves as an example of steps that can be taken to prevent the re-emergence of conflict.

Carter Center program officer Pewee Flomoku is a native Liberian who now helps coordinate the Liberia justice project. Below, he discusses Liberia and its road to lasting peace.

Q: What is the story of your own family and the war?
A: The war in Liberia affected my family just like it affected all other families in the country. My family endured separation, deaths, sickness, displacement, and the loss of property. At one point, my whole family had to separate due to the fighting, and some members did not come back again. Some had to go into exile for safety and underwent difficult hardships.

We used to have a very large family farm, but as a result of the war, other family members are now relying on the very few of us who are working.

Q: What signs of progress are you seeing in Liberia?
A: I see peace, the return of refugees, the commitment of the government to provide basic social services to the people, the commitment of the government to the rule of law, the continued engagement of the international community within Liberia, the training of a new army, and the restriction of the security sector.

Q: What continue to be the greatest challenges?
A: The greatest challenges include, but are not limited to, the following: poor security, poor road conditions, corruption, crime, and poor provision of basic social services.

Q: Describe your work with the Carter Center’s rural justice project.
A: The project’s goals are to develop and build public confidence in a functional rural judicial sector that serves local needs; educate the public so that it is knowledgeable about its rights and responsibilities, including women and children’s rights and basic human rights; and create awareness of local judicial mechanisms and conditions, including statutory, traditional, and informal processes.

We’re providing technical and legal support to the Ministry of Justice. The Center is also conducting a public information and awareness campaign on the rule of law in rural areas. Local partners share rule of law messages in some of the most remote villages in the country using creative methods such as drama, town hall meetings, and radio programs.

Q: What is your personal hope for your country?
A: I personally hope and pray that Liberia will shine again and that Liberia will once again find its rightful place among the community of nations. I hope that Liberia will be a country of laws and that all Liberians will have equal access to the justice system and be treated equally before the law. I hope that The Carter Center will remain engaged in Liberia and that the international community will give our president the necessary support so that she can provide sound leadership for our country.
Democracy Program

The Carter Center’s Democracy Program in 2009 worked to advance genuine democratic elections in fragile countries; staged an election observation mission to Lebanon as well as limited observation missions to Indonesia and Bolivia; continued long-term observation of Nepal’s peace process and constitutional drafting; and maintained a field office in Cote d’Ivoire in preparation for the country’s delayed elections.

In Lebanon, The Carter Center sent a delegation of 60 observers from 23 countries, co-led by President Carter and former Yemen Prime Minister Abdul Kareem al-Eryani, to observe Lebanon’s elections in June. Observers visited more than 350 polling stations.

In advance of elections scheduled in Sudan for April 2010, Carter Center field offices in Khartoum and Juba served as headquarters for staff and observers to travel across the country to assess election preparations. In August, the Center reached an agreement with the governments of Sudan and Southern Sudan and the National Elections Commission to guarantee unrestricted observation, including freedom of access throughout the country and to all stages and actors in the electoral process.

The Center worked to strengthen democracy in Palestine through an electoral reform initiative ahead of anticipated 2010 elections. The Center held roundtables where participants discussed the ongoing Palestinian unity talks and potential electoral reforms, including the need for campaign finance reform, a quota to ensure women’s participation, and the importance of ensuring international respect for electoral results.

Finally, the Center continued to lead an international effort to define and deploy a common set of election management principles and standards for judging results.

Human Rights Program

In Israel and the Palestinian territories, the Center monitors human rights abuses and communicates with leading human rights organizations to reinforce their efforts. The program works with Israeli human rights defenders to support their work in Israel and the occupied Palestinian territories as well as amplify their voices in the United States as they work to ensure that human rights play a central role in any peace process.

The program acts in the Democratic Republic of the Congo to advance access to justice for citizens. The Center’s Human Rights House provides training and technical support to 73 organizations for project design, financial management and fundraising, investigation of human rights violations, conflict resolution, and advocacy. Special projects focused on evaluating fairness of mining
Two girls peek out of their home in Tianjin province, China. After having assisted the country with village-level elections for a decade, the Carter Center’s China Program is now working to help Chinese citizens gain access to governmental information.

Carter Center observer John Marsh monitors voting in Accra, the capital of Ghana, during the runoff for president in January 2009. The highly competitive race was decided by fewer than 40,000 votes.

Residents of East Aceh, Indonesia, gather for a meeting organized by a political party. Carter Center observers were in the field to watch polling in the April 2009 national legislative elections.
In Hebron, the largest city in the West Bank of Israel, Palestinian children and shopkeepers go about their everyday business. President Carter traveled to the Middle East three times in 2009, continuing to meet with key individuals to help open avenues for peace in Israel and the Palestinian territories.

In South America, The Carter Center has convened a group of key citizens from Ecuador (pictured) and Colombia to improve relations between the two countries. Ecuador and Colombia’s shared border is under strain from multiple issues, including an ongoing guerrilla war in Colombia, in which large numbers of Colombians are fleeing across the border to Ecuador to escape fighting.
contracts and training police officers in human rights issues and practices—justice issues crucial to preventing a return to deadly conflict.

The program also supported the efforts of human rights defenders facing possible violence or arrest around the world, providing a forum for them to discuss how to advance human rights despite the threat of being overshadowed by the U.S. national security agenda.

Conflict Resolution Program

The program continued to monitor political developments in the Middle East to identify possible avenues for conflict intervention and draw international attention to threats to a viable two-state solution and the need for a comprehensive approach to the peace process. Field staff presence was scaled up in Israel and the occupied Palestinian territories and new activities initiated in Lebanon and Syria. Meetings with government and electoral officials, top leaders in Hamas and Fatah, U.N. officers, peace and human rights activists, and think tanks informed activities on the ground and paved the way for trips to the region by President Carter, who is facilitating dialogue for peace through high-level back channels, helping key players communicate unofficially. At the grassroots level, the Center is partnering with the United Nations Development Program to establish a student parliament from throughout the Gaza Strip, providing a constructive forum for dialogue among the next generation of Palestinian political leaders. Reconciliation among Palestinian factions remained a priority.

In Liberia, working with grassroots women’s, community, cultural, religious, and human rights organizations, the program continues to build public confidence in the judicial system in rural areas. This includes increasing awareness among citizens of individual rights and responsibilities and of how to work within the local system to resolve grievances. The Center also conducted workshops for Liberia’s local leaders on how to expand the role of women in local governance in each of the country’s 15 counties, in conjunction with Liberia’s Ministry of Internal Affairs, the National Traditional Council, and the Ministry of Gender.

Americas Program

Since 2007, the program has helped open dialogue between civil society leaders from Colombia and Ecuador to improve relations and build confidence between the two countries. Building on this experience, The Carter Center mediated the resumption of diplomatic relations between Ecuador and Colombia 18 months after the March 2008 rupture, diminishing the threat of armed conflict.

The program’s regular reports on Ecuador’s constitution-making process played a key role in bringing international attention to Ecuador’s continued institutional transformation.

The Carter Center worked with Venezuelan journalists to reduce the confrontational and partisan tone in much of the nation’s reporting, encouraging through training and public seminars more ethical, balanced, and accurate reporting.

In April, President Carter visited the Center’s projects in Bolivia, Ecuador, and Brazil and attended the Americas Regional Conference on the Right of Access to Information in Peru, where more than 100 people from 18 countries in the Americas explored key issues affecting the right of access to information. The project continues to develop innovative tools to assess global government efforts to go beyond the passage of law to its full and effective implementation.

The program’s Friends of the Inter-American Democratic Charter encouraged the Organization of American States to consider the Democratic Charter in its debates about the re-inclusion of Cuba in the OAS. The Friends also conducted two fact-finding missions to Honduras resulting in recommendations for the OAS on how to resolve the political crisis following the June 2009 coup.

China Program

After seven years online, the Carter Center–sponsored Web site www.chinaelections.org (Chinese language; English language version is www.chinaelections.net ) is one of the most visible platforms in China for the dissemination of democratic awareness and civic culture. The site, which receives 65,000 visits per day, was redesigned in 2009 to attract younger people and expand its focus on global elections.

With its implementation this year of regulations that give citizens access to government information, China marked a turning point toward greater transparency in government operations. To enhance citizen knowledge of these new rights, the Center has created www.chinatransparency.org, an Internet clearinghouse including all of the new regulations and comparative studies of successful access to information practices in other nations. Next, the Center will create exchanges among access-to-information officials and scholars in China and other nations.

Recognizing that meaningful democracy requires informed and involved citizens, the China Program continues to work in rural villages, in cooperation with China’s Ministry of Civil Affairs, to expand channels for civic participation and build volunteer corps. In urban areas, the program works with local nongovernmental organizations to address the rights of new homeowners.
Once the most endemic country for Guinea worm disease in the world, Nigeria declares victory in its 20-year war.

With the elimination of Guinea worm disease, Nigerian children and their parents can look forward to a brighter future. The disease can bring down entire communities; its victims suffer incapacitating pain for weeks, rendering children unable to go to school and adults unable to tend their fields.

Former U.S. President Jimmy Carter recruited General Dr. Yakubu Gowon to help fight Guinea worm disease in Nigeria. The country’s ruler from 1966 to 1975, much of Nigeria’s success against Guinea worm disease can be attributed to Gen. Gowon, who used his considerable influence in Nigeria for the cause. “There is new hope that despite daunting obstacles, Nigeria can make lasting improvements for her people,” Gen. Gowon said.
In Ezza Nkwubor village in southeastern Nigeria, 58-year-old Grace Otubo sits on a wooden bench and touches her right heel, recalling where a Guinea worm painfully emerged in November 2008.

She didn’t know it at the time, but her Guinea worm would be the last one from Nigeria.

Twenty years ago, Otubo would have been just one of more than 650,000 victims of Guinea worm disease in her country. Just one of many, many people facing the searing pain of one or more long, spaghetti-like worms emerging from blisters after they had incubated in the body for a year.

But today, her worm has made her a minor celebrity. The fact that Otubo can be specifically identified as the final victim of the disease in her country shows the relentless tracking required to eliminate Guinea worm disease. Thousands of volunteers have worked in Nigeria since 1988, documenting every case of the disease and providing the tools and education necessary to defeat it.

To keep herself from contracting Guinea worm disease again, Otubo did not take a medicine or receive a vaccine. Instead, she and her fellow community members had to change their drinking habits. Because the disease is transmitted through water, Otubo had to be convinced by health workers to only drink water filtered through a simple cloth, provided free of charge. The message is a tough sell, because the Guinea worm larvae in the water are microscopic, and a full year passes between ingestion of contaminated water and a worm actually emerging from the body. Community members must act on faith.

The Nigeria Ministry of Health has brought the country to this watershed moment with leading assistance from The Carter Center and support from other partners. “I congratulate Nigeria on this amazing accomplishment,” said former U.S. President Jimmy Carter. “It would not have been possible without the tenacity of thousands of Nigerians for more than 20 years.”

Nigeria joins 15 other countries that have rid themselves of Guinea worm disease since 1986. Niger, Nigeria’s northern neighbor, also eliminated the disease in 2008, and thus reported zero indigenous cases for the first time in 2009. Fewer than 3,500 cases of the disease remained in four African countries by the end of 2009.

While Nigeria continues surveillance for Guinea worm disease over the next three years so that it can be officially certified by the World Health Organization as free of the disease, experts are focusing on how to repeat Nigeria’s success in the last strongholds in southern Sudan, northern Ghana, and eastern Mali. Meanwhile, Ethiopia is fighting just a few remaining cases.
A crowd of children follow Jonel Mompremier, 27, as he travels from house to house in Ouanaminthe, Haiti. They giggle as the health worker asks the same question at every doorstep, “Does anyone at home have any fevers?”

If the answer is no, Mompremier uses the opportunity to educate the family about malaria, explaining how the potentially fatal disease is spread by a mosquito and can be prevented by covering standing water and sleeping under a bed net. But if the answer is yes, Mompremier’s grin turns serious, and he asks permission to test the feverish person for malaria.

Mompremier is part of a new army of health workers on the island of Hispaniola who are working to eliminate malaria from Haiti and the Dominican Republic, the only place in the Caribbean where the disease still exists. A one-year pilot project of The Carter Center in three towns brought health officials from the two countries together to collaborate on the best ways to rid the island of malaria and lymphatic filariasis, another parasitic disease spread by mosquitoes.

While the recent earthquake tragedy in Haiti will make The Carter Center’s goal to rid Haiti and the Dominican Republic of the two diseases more difficult, the Center’s long-term commitment to help is unwavering.

At one home in Ouanaminthe, family members borrow a chair from a neighbor and invite Mompremier to sit as a feverish and frightened young boy around age 6 is brought to him. Balancing his malaria kit and clipboard on his knees, Mompremier pricks the boy’s finger, smearing the blood on a glass slide. He tells the child’s father he will come back as soon as possible with the results from the test and free treatment if the child has malaria.

A year ago, no one like Mompremier was conducting active malaria surveillance in Ouanaminthe. Since then, health workers have been a regular
The Massacre River separates Haiti and the Dominican Republic. Because the mosquitoes that carry malaria and lymphatic filariasis travel across the river, a coordinated effort between both countries is needed to eliminate the diseases from the Caribbean island of Hispaniola.

The one-year project stemmed from a 2006 recommendation of the Carter Center's International Task Force for Disease Eradication, which determined that it was technically feasible to eliminate the diseases from the island. The Carter Center assisted with malaria prevention activities in the two bordering communities of Dajabón in the Dominican Republic and Ouanaminthe. Lymphatic filariasis interventions were conducted in a third town, Trou-du-Nord, Haiti.

Coordination between the two neighboring countries, which have a long history of tense relations, is crucial to eliminating the two diseases on the island. After all, the mosquitoes carrying the diseases do not turn around at the border.

Although the pilot project resulted in new equipment and trained staff in these towns, which fortunately were distant from the epicenter of the recent earthquake, significant challenges remain for Haiti and the Dominican Republic to continue toward their target goal of eliminating both diseases by 2020. Prior to the earthquake, approximately $240 million from the international community was needed to support that goal.

However, Mompremier remains optimistic. “We’ve helped reduce the cases of malaria, and the deaths caused by it,” he said. “Step by step, I know we can succeed.”
Brighter Days Ahead
Ghana’s vigilance keeps trachoma at bay

The leading cause of preventable blindness worldwide, trachoma wreaks havoc in poor communities where people are already struggling to survive. The disease has blinded 7 million people across the globe, and an additional 500 million are at risk.

But Ghana has successfully fought back. The Carter Center has worked with Ghana since 1999 to control trachoma, and today the country has pushed the disease to low-enough levels that it may soon no longer be considered a public health problem, according to standards from the World Health Organization.

Trachoma thrives in a dry and dusty environment like that in Tingoli, northern Ghana. Flies carrying the bacteria that cause trachoma—one of several ways to contract the disease—are attracted to moisture in people’s eyes. Over time and through multiple infections, victims’ vision becomes progressively worse, eventually causing blindness. In the advanced stage of the disease, called trichiasis, victims’ eyelashes turn inward, scraping the cornea and causing extreme pain.

Because the flies that cause trachoma breed in feces, pit latrines, like this one, contain defecation and thus help reduce the fly population. In Tingoli village, The Carter Center supported the training of masons who helped residents build latrines for each household.

In addition to controlling the fly population, community members also can reduce trachoma infections by regularly washing their hands and faces. With no running water, the residents of Tingoli village rely on homemade washing stations.
Because community members heed the advice of respected leaders, the cooperation of village chiefs, such as Tingoli’s Adbuhai Moussa pictured here, is vital to the success of Ghana’s trachoma program.

Ghanaian schoolchildren learn about trachoma in school. Health education also is conducted with adults in their communities. Ongoing education helps people stay vigilant in the practices that control trachoma.

When a parent has trachoma, children bear a heavy burden in the household, typically performing household tasks that the parent cannot. These children will reap the benefits of Ghana’s success against trachoma, as they look forward to a future without fear that they or their family members will suffer from this devastating disease.

In Ngyllo, bicycle repairman Abada Aziz recalled, “When The Carter Center approached us about building latrines, I was hesitant. There were many other things we needed. But now the benefits are clear. I no longer struggle to walk to the bush to go to the bathroom. My family is healthier. It is a big improvement.”
Guinea Worm Eradication Program

With about 3,200 estimated cases of Guinea worm disease remaining in the world, the Carter Center-led campaign to eradicate the parasitic disease is moving closer to its goal. When successful, eradication will have been achieved without the use of a vaccine or drug treatment—a groundbreaking accomplishment. With Carter Center support, the programs based in six African nations made great progress in 2009: the Center recorded a 30 percent drop in cases, down from 4,619 cases in 2008. For the first time, Niger and Nigeria are believed to have stopped transmission of Guinea worm disease. Critical challenges remain in southern Sudan and eastern Mali due to ongoing violence and in rural northern Ghana. Guinea worm disease is transmitted only when people drink contaminated water, and its presence often indicates abject poverty. The disease can be prevented primarily through health education, water filtration with a fine-mesh filter cloth, and treatment of stagnant water sources with ABATE®, an environmentally safe larvicide donated by BASF Corp.

River Blindness Program

With Carter Center support, one of the Western Hemisphere’s largest river blindness-endemic areas—Escuintla, Guatemala—stopped transmission of the disease in 2009. Escuintla joins five other formerly endemic areas in the Americas. The goal of the Center and its partners, including Lions Clubs International Foundation, is to eliminate river blindness, also known as onchocerciasis, in the seven remaining endemic areas in the Americas by 2012. The program’s success can be attributed to health education and semiannual mass distribution of the drug Mectizan®, donated by Merck & Co., Inc. A parasitic disease, river blindness is spread by the bites of small black flies that breed near rapidly flowing streams and rivers. The disease can lead to blindness for its victims. In addition to working with the ministries of health in the affected countries in the Americas, the Center also assists five African countries: Uganda, which is aiming to rid itself of the disease altogether, Ethiopia, Nigeria, Sudan, and Cameroon, which currently are trying to control the disease.

Trachoma Control Program

Treatment for trachoma—a nonfatal, blinding bacterial infection—may save children’s lives according to landmark new research published in 2009 by experts at The Carter Center, the University of California at San Francisco, and the Ethiopia Ministry of Health.

In Memoriam

Norman Borlaug, Ph.D.
1914–2009
Senior Consultant, Agriculture

Often called the father of the “Green Revolution,” which describes a dramatic increase in food production in Asia in the 1960s to avert famine, Norman Borlaug quietly changed the world for the better during his 95 years. Spending much of his life in the farmlands of Asia, Africa, and Mexico, Dr. Borlaug fought world hunger by combining high-yield plants with modern agricultural technology. He won the Nobel Peace Prize in 1970.

Since 1986, he led the Sasakawa-Global 2000 Agriculture Program, a joint venture between the Sasakawa Africa Association and The Carter Center.

He was awarded the Congressional Medal of Honor, the nation’s highest civilian award, in July 2007.

Year in Review

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A Nigerian girl prepares to take three medicines that will collectively treat her for the diseases of schistosomiasis, lymphatic filariasis, and river blindness, and a few other internal parasites. A study showing that the drugs may be safely taken together has paved the way for The Carter Center to integrate treatment for these three diseases, eliminating costs of multiple visits to villages to provide treatment.

In Guatemala, a health worker measures a girl’s height. A person’s height determines how many Mectizan tablets he or she should take to prevent onchocerciasis, or river blindness.

The authors found that the antibiotic Zithromax,® donated by Pfizer Inc and used to cure active trachoma infections, reduced child mortality in Amhara region, Ethiopia, likely because the drug also was effective against maladies such as respiratory tract infections and bacterial diarrheal disease that can be fatal. Also in Ethiopia, 2009 saw the continuation of Malta weeks in April and November, an effort to integrate malaria and trachoma prevention in intense weeklong campaigns reaching millions of people. The West African countries assisted by the Center added surgery and antibiotic distribution to their program efforts and now are providing the full set of trachoma interventions recommended by the World Health Organization: surgery, antibiotics, facial cleanliness, and environmental improvement. The Conrad N. Hilton Foundation and Lions Clubs International Foundation are Carter Center partners for trachoma control.

Lymphatic Filariasis Elimination Program

The Carter Center-assisted program in Nigeria experienced a major breakthrough in 2009, when transmission of lymphatic filariasis was stopped in 10 of the 30 areas where the Center works in Nasarawa and Plateau states. Transmitted by the bites of mosquitoes, lymphatic filariasis can cause irreversible swelling of limbs or genitalia. Due to the disfigurement, victims often experience severe
A Nigerian woman suffering from lymphatic filariasis washes her legs during a community education session. The woman learned how leg washing and other tasks can prevent infections and sores—complications from the parasitic disease, which can cause legs and other limbs to swell.

Aspiring health officers attend class at Haramaya University, located in the city of Dire Dawa in eastern Ethiopia. The university’s health curriculum is supported by the Carter Center-assisted Ethiopia Public Health Training Initiative, which provides training materials and equipment. The initiative aims to fill the void of trained health personnel in the country.

A Nigerian woman suffering from lymphatic filariasis washes her legs during a community education session. The woman learned how leg washing and other tasks can prevent infections and sores—complications from the parasitic disease, which can cause legs and other limbs to swell.

Former U.S. President Jimmy Carter and First Lady Rosalynn Carter visit with Juan Tavares Rodriguez at his home in La Bomba, Dominican Republic. The Carters traveled to the island of Hispaniola to highlight the work of a Carter Center-assisted pilot project to fight malaria.
social stigma. The Carter Center is fighting the disease with health education and single-dose mass distribution of albendazole (donated by GlaxoSmithKline) given in combination with Mectizan (donated by Merck & Co., Inc.). In 2009, the program distributed more than 4 million treatments in Nigeria, Cameroon, Uganda, and Ethiopia and distributed more than 80,000 long-lasting insecticidal bed nets to the at-risk population in Nigeria.

Schistosomiasis Control Program
More than a million Nigerians are benefitting from schistosomiasis treatment due to an unprecedented and generous donation of the drug praziquantel to The Carter Center from the World Health Organization and Merck KGaA (Germany). The donation has greatly expanded the program’s reach in Delta, Nasarawa, and Plateau states. From 2000 to 2007, the Center assisted with an average of 143,400 treatments per year. In 2008, the first year of the donation, the Center was able to assist in 1.15 million treatments. In 2009, the number of treatments again surpassed 1.1 million. The Carter Center-assisted program is the only one treating the disease in Nigeria, the most endemic country in Africa. Schistosomiasis is contracted while bathing or swimming in water contaminated with a parasite and causes anemia, damage to internal organs, and impaired growth and learning ability in children. The disease can be prevented and controlled through health education and an annual dose of praziquantel.

Ethiopia Public Health Training Initiative
The Ethiopia Public Health Training Initiative was launched more than a decade ago to help address the shortage of public health workers in the country. With assistance from The Carter Center, the Ethiopia Ministry of Health, and seven Ethiopian universities, the initiative has helped improve health care delivery for 75 million Ethiopians by developing workshops and learning materials to train thousands of health care workers. In 2009, a partnership was formed with the French Ministry of Foreign Affairs to translate key learning materials to aid African Francophone countries interested in replicating the program. In addition, the program has made available its entire library of 217 health learning materials at the Carter Center’s Web site, so that other developing countries may benefit from the resources created through EPHTI. Since 1997, the Center has facilitated 565 workshops and produced 72 training modules on health issues, created 136 sets of lecture notes and nine technical manuals.

Malaria Control Program
In Ethiopia, malaria control is being combined with other disease interventions to combat devastating infections as efficiently as possible. For example, when The Carter Center assists in distributing Mectizan to fight river blindness, health workers also may test community members for malaria. Similarly, during two weeklong campaigns, health workers test for malaria, and provide treatment when needed, and treat for trachoma simultaneously. With Carter Center assistance, the Amhara region had a dramatically increased number of malaria test kits available during these targeted weeks, from 10,000 in April 2009 to 75,000 in November 2009. Finally, in September 2008, The Carter Center, in partnership with the Dominican Republic and Haiti, launched a one-year initiative to help the two countries accelerate the elimination of malaria and lymphatic filariasis from Hispaniola. Since then, the binational project has broken new ground in collaboration between these two countries for the betterment of public health on the island.

Agriculture Program
More than 820 million people in the world are hungry and malnourished, and 10 million people will die every year from malnutrition and hunger-related diseases. Since 1986, The Carter Center and the Sasakawa Africa Association, in partnership with national ministries of agriculture, have worked in 15 sub-Saharan African countries, together helping more than 8 million small-scale farmers double or triple crop yields in countries where malnutrition is a constant threat. Since 2007, the Agriculture Program has focused activities in Ethiopia, Mali, Nigeria, and Uganda.

Mental Health Program
In 2009, the Center launched a primary-care initiative, a two-year pilot project aimed at increasing early detection and treatment of depression and substance abuse in primary-care health settings in the United States. In addition, the program awarded its 100th fellowship to a working journalist as part of an effort to reduce the stigma surrounding mental illnesses through media coverage of mental health issues. In November, the Rosalynn Carter Symposium on Mental Health Policy marked its 25th anniversary with a two-day discussion on the role of mental health in health care reform. Although the Mental Health Program focuses primarily on national policy issues, in 2009 it become a voice for change in Georgia in response to a disturbing pattern of neglect and abuse in Georgia’s psychiatric hospitals, as revealed by federal and local news media investigations.
Philanthropy
This Nepalese girl is witnessing the transformation of her country from a monarchy to a democracy. Nepalis went to the polls in 2008 to elect a constituent assembly to write a constitution, an election observed by The Carter Center. Since then, the Center has maintained a field office in the country to monitor ongoing political struggle.
The Carter Center continues to wage peace, fight disease, and build hope because of the generous support of the individuals, foundations, corporations, and governments that invest with us to help those in greatest need. These efforts are only possible through a shared commitment to advance basic human rights worldwide.

More than 116,000 donors contributed $166 million in cash, pledges, and in-kind gifts in 2008–2009 in support of the Center's peace and health programs.

In December 2008, the Bill & Melinda Gates Foundation announced a challenge grant of $40 million to the Carter Center's Guinea Worm Eradication Program. The grant included a contribution of $8 million and challenged The Carter Center to raise an additional $32 million, which the Gates Foundation will match one-to-one. In response, many donors have committed new funding, including the United Kingdom Department for International Development with a pledge of £10 million, the Kingdom of Saudi Arabia with a pledge of $5 million, and John and Terri Hussman with a pledge of $1 million to be split evenly between the Guinea Worm Eradication and Trachoma Control programs in Southern Sudan.

The Hussmans’ contribution for trachoma also is eligible for matching funds thanks to a grant from the Conrad N. Hilton Foundation, which has challenged The Carter Center to raise $5 million to prevent and control trachoma in Mali, Niger, Ghana, and Southern Sudan. For every dollar the Center receives toward trachoma control in these countries, the foundation will donate two dollars, up to a total contribution of $10 million.

The Carter Center’s peace programs are supported by a number of dedicated donors who join us in advancing peace with justice. Election observation is an important focus for the Center, and our work was made possible in Lebanon with support from the United Kingdom, Ireland, and the Skoll Foundation; in Sudan with support from Norway, the United States, and the United Nations Development Program; and in Ghana and Indonesia with support from the United Kingdom and the United States. In addition, the Canadian Government provided $1 million to help build global consensus on election standards, and Denmark contributed to electoral reform in the Palestinian territories. Two other areas of importance for the peace programs are conflict prevention and postconflict peace building.

The Open Society Institute contributed $600,000 for strengthening rule of law in Liberia, Belgium supported human rights work in the Democratic Republic of the Congo, Canada funded prevention of democratic crises in the Americas, and the Irish government provided generous core support to the peace programs.

Individual donors Phil and Reedy Hickey have demonstrated their support for the Center over many years. Phil Hickey, a lifetime member of the Board of Councilors, said, “For over 15 years, the Hickey family has admired and supported the work of The Carter Center. We are so inspired by the tens of millions of lives that have been uplifted through the efforts of President and Mrs. Carter and the amazing Center staff. Their mission of changing the world through eradicating disease, advancing human rights, and alleviating suffering is realized every day through their actions.” As members of the Ambassadors Circle, the Hickeys have joined other donors at many Carter Center events.

The Carter Center extends its gratitude to all its friends and investors as they sustain the continued work and mission of the organization: Millions of people you will never know have better lives because of your caring and compassion.
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<tr>
<td>Ms. Nancy E. Barnwell</td>
<td>Mr. and Mrs. Kermon A. Carter</td>
</tr>
<tr>
<td>Ms. Martha H. Beach</td>
<td>Ms. Suzanne Carter</td>
</tr>
<tr>
<td>Mr. and Mrs. Larry Beans</td>
<td>Ms. Donna Carvalho</td>
</tr>
<tr>
<td>Dr. Christa-Maria Beardsley</td>
<td>Mr. and Mrs. Alvin Chaiken</td>
</tr>
<tr>
<td>Mr. Jay Beck</td>
<td>Mr. and Mrs. Donald B. Chalker</td>
</tr>
<tr>
<td>Mr. Lon A. Beck</td>
<td>Ms. Estrella Chan</td>
</tr>
<tr>
<td>Mr. Richard S. Beebe</td>
<td>Dr. Jessalyne L. Charles</td>
</tr>
<tr>
<td>Ms. Dolores E. Bell</td>
<td>Mr. Robert Charm</td>
</tr>
<tr>
<td>Ms. Jacqui Bell</td>
<td>Mr. and Mrs. Jeffrey Chen</td>
</tr>
<tr>
<td>Mrs. Mae Woods Bell</td>
<td>Mrs. Nancy J. Christen</td>
</tr>
<tr>
<td>Ms. Cindy Benson</td>
<td>Mrs. Carl C. Clark</td>
</tr>
<tr>
<td>Mr. Rodney R. Bentz</td>
<td>Mrs. Lois Clark</td>
</tr>
<tr>
<td>Ms. Diane Bergen</td>
<td>Ms. Ferne Cleven</td>
</tr>
<tr>
<td>Mrs. Jean B. Bergmark</td>
<td>Dr. Gail L. Clifford</td>
</tr>
<tr>
<td>Ms. Mary Ellen Bernhardt</td>
<td>Ms. Nancy B. Cogsdale</td>
</tr>
<tr>
<td>Mrs. Margaret W. Bigham</td>
<td>Mr. Mark B. Cohen and Ms. Sheila M. Fyle</td>
</tr>
<tr>
<td>Ms. Stephanie Biziewski</td>
<td>Mrs. Richard A. Coker</td>
</tr>
<tr>
<td>Mr. and Mrs. William G. G. Blakney</td>
<td>Mr. Derek Cole</td>
</tr>
<tr>
<td>Dr. and Mrs. Holyoke P. Adams</td>
<td>Mr. and Mrs. Joseph A. Coleman</td>
</tr>
<tr>
<td>Dr. Terence Ellen</td>
<td>The Community of Christ the Servant</td>
</tr>
<tr>
<td>Ms. Patricia Bourland</td>
<td>Mr. and Mrs. David S. Conant</td>
</tr>
<tr>
<td>Mr. and Mrs. William D. Bowers</td>
<td>Ms. Paula M. Cooke</td>
</tr>
<tr>
<td>Mrs. Laura Boyd</td>
<td>Mr. and Mrs. Ross M. Cooper</td>
</tr>
<tr>
<td>Mr. and Mrs. Albert Boysen</td>
<td>Mrs. R. Selwyn Copeland</td>
</tr>
<tr>
<td>Mr. and Mrs. Albert Boysen</td>
<td>Mr. and Mrs. Jesse M. Corum III</td>
</tr>
</tbody>
</table>

**Mrs. Carter listens to a journalist’s presentation during the annual meeting of the recipients of the Rosalyn Carter Fellowships for Mental Health Journalism. The program has provided grants to more than 100 working journalists since its inception to help fight stigma and discrimination against those with mental illnesses.**
Members of the Legacy Circle provide support through their estate and financial planning. Membership list current through Aug. 31, 2009.
The Carter Center and the Jimmy Carter Library and Museum were built in large measure thanks to the early leadership and financial support of the Carter Center Founders.

Agha Hasan Abedi
Senator Hajime Akiyama
Ivan Allen III
Dwayne O. Andreas
Arthur and Diana Blank
Richard C. Blum
W. Michael Blumenthal
Edgar M. Bronfman Sr.
James C. and Connie Calaway
Mr. and Mrs. Michael C. Carlos
Anne Cox Chambers
Warren Christopher
Dominique de Menil
Charles W. Duncan Jr.
His Majesty King Fahd of Saudi Arabia
J.B. Fuqua
Roberto C. Goizueta
Walter and Elise Haas
Armand Hammer
Sidney Harman and Jane Frank Harman, Esq.
Governor and Mrs. W. Averell Harriman
Jess Hay
Christopher B. and Patricia K. Hemmeter
Philip M. and Ethel Klutznick
Mathilde and Arthur Krim
George P. Livanos
Fraydun Manucherian
G. William Miller
Guy W. Millner
George P. and Cynthia Mitchell
Set Charles Momjian
David Packard
George and Thelma Paraskevaides
Allen E. Paulson
Lamar and Frances Plunkett
John and Betty Pope
James D. Robinson III
Hasib J. Sabbagh
Deen Day Sanders
Ryoichi Sasakawa
Walter H. and Phyllis J. Shorenstein
Richard R. Swann
R.E. “Ted” Turner
Robert and Ann Utley
Edie and Lew Wasserman
Thomas J. Watson Jr.
Milton A. Wolf
Robert W. Woodruff
Tadao Yoshida
Erwin E. Zaban

A citizen presents his registration to vote in Shidong village, China.
Coffee farmer Manuel Peres Gomez walks to his crop outside El Xab in Guatemala. Farmers, who work long hours outdoors near rivers and streams, are particularly vulnerable to onchocerciasis, also known as river blindness. The Carter Center has been working to eliminate the disease in the Americas since 1993.
Consolidated Financial Statements

August 31, 2009 and 2008

Independent Auditors’ Report

The Board of Trustees
The Carter Center, Inc.:

We have audited the accompanying consolidated statements of financial position of The Carter Center, Inc. and subsidiary (CCI) as of August 31, 2009 and 2008, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended. These consolidated financial statements are the responsibility of CCI’s management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CCI’s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Carter Center, Inc. and subsidiary as of August 31, 2009 and 2008, and the changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in notes 2(q) and 11 to the accompanying consolidated financial statements, CCI adopted the provisions of Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 157, Fair Value Measurements, as of September 1, 2008, for fair value measurements of all financial assets and financial liabilities that are recognized at fair value in the financial statements on a recurring basis. As discussed in notes 2(q) and 13, CCI also adopted the provisions of FASB Staff Position No. 117-1, Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds, effective September 1, 2008. Consequently, CCI’s consolidated financial statements for 2008 have been adjusted to reflect the retrospective application of the change in accounting principle in the earliest year presented as discussed in footnote 2(q).

KPMG LLP
March 24, 2010
## Consolidated Statements of Financial Position

### August 31, 2009 and 2008

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$12,208,985</td>
<td>2,513,729</td>
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<tr>
<td>Short-term investments (note 5)</td>
<td>36,322,153</td>
<td>31,875,244</td>
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<tr>
<td>Accounts receivable:</td>
<td></td>
<td></td>
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<tr>
<td>Due from Federal government</td>
<td>1,089,487</td>
<td>1,957,628</td>
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<tr>
<td>Other</td>
<td>158,362</td>
<td>249,289</td>
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<tr>
<td>Total accounts receivable</td>
<td>1,247,849</td>
<td>2,206,917</td>
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<tr>
<td>Contributions receivable, net (note 3)</td>
<td>26,330,036</td>
<td>29,379,704</td>
</tr>
<tr>
<td>Inventory (notes 4 and 15)</td>
<td>57,736,892</td>
<td>69,995,443</td>
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<tr>
<td>Investments (notes 5 and 7)</td>
<td>330,705,817</td>
<td>377,917,910</td>
</tr>
<tr>
<td>Property, plant, and equipment, net (note 6)</td>
<td>8,562,727</td>
<td>8,570,339</td>
</tr>
<tr>
<td>Artwork</td>
<td>2,128,765</td>
<td>2,127,715</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$475,243,224</td>
<td>524,587,001</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

|                          |                     |                     |
| Liabilities:             |                     |                     |
| Accounts payable and accrued expenses | $3,771,006          | 2,623,170           |
| Grant payable (note 16)  | —                   | 3,463,872           |
| Deferred revenue         | 3,233,555           | 6,592,750           |
| Annuity obligations (note 7) | 4,241,531          | 3,608,085           |
| **Total liabilities**    | 11,246,092          | 16,287,877          |

| Net assets (note 12):    |                     |                     |
| Unrestricted             | 132,071,845         | 146,727,245         |
| Temporarily restricted   | 210,103,967         | 239,947,087         |
| Permanently restricted   | 121,821,320         | 121,624,792         |
| **Total net assets**     | 463,997,132         | 508,299,124         |

| Commitments and contingencies (note 16) |                     |                     |
| **Total liabilities and net assets**   | $475,243,224        | 524,587,001         |

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

### Year ended August 31, 2009 (with comparative totals for 2008)

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2009</th>
<th>2008 (As adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 26,485,054</td>
<td>62,840</td>
<td>—</td>
<td>26,547,894</td>
<td>35,584,290</td>
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<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>6,673,061</td>
<td>48,031,994</td>
<td>—</td>
<td>54,705,055</td>
<td>14,075,205</td>
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<tr>
<td>Peace</td>
<td>6,211,214</td>
<td>2,237,647</td>
<td>—</td>
<td>8,448,861</td>
<td>7,010,360</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>471,104</td>
<td>—</td>
<td>471,104</td>
<td>1,082,978</td>
</tr>
<tr>
<td>In-kind gifts (note 10):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health</td>
<td>—</td>
<td>75,962,631</td>
<td>—</td>
<td>75,962,631</td>
<td>134,907,646</td>
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<tr>
<td>Peace</td>
<td>—</td>
<td>101,497</td>
<td>—</td>
<td>101,497</td>
<td>1,061,492</td>
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<tr>
<td>Operating</td>
<td>242,349</td>
<td>—</td>
<td>—</td>
<td>242,349</td>
<td>254,515</td>
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<tr>
<td>Endowment</td>
<td>—</td>
<td>—</td>
<td>196,528</td>
<td>196,528</td>
<td>2,322,948</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>39,611,678</td>
<td>126,867,713</td>
<td>196,528</td>
<td>166,675,919</td>
<td>196,299,434</td>
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<tr>
<td>Endowment fund earnings</td>
<td>5,838,331</td>
<td>11,603,196</td>
<td>—</td>
<td>17,441,527</td>
<td>15,706,066</td>
</tr>
<tr>
<td>Appreciation (depreciation) of endowment investments, net</td>
<td>(22,470,638)</td>
<td>(49,042,041)</td>
<td>—</td>
<td>(71,512,679)</td>
<td>(22,897,647)</td>
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<tr>
<td>Facilities use income</td>
<td>291,147</td>
<td>—</td>
<td>—</td>
<td>291,147</td>
<td>357,461</td>
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<tr>
<td>Interest and investment income</td>
<td>1,636,013</td>
<td>26,537</td>
<td>—</td>
<td>1,662,550</td>
<td>1,265,050</td>
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<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health</td>
<td>114,247,724</td>
<td>(114,247,724)</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Peace</td>
<td>3,231,945</td>
<td>(3,231,945)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,378,357</td>
<td>(1,378,357)</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Operating</td>
<td>440,499</td>
<td>(440,499)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total revenue and support</td>
<td>144,205,056</td>
<td>(29,843,120)</td>
<td>196,528</td>
<td>114,558,464</td>
<td>190,730,364</td>
</tr>
</tbody>
</table>

### Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals 2009</th>
<th>2008 (As adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>126,653,783</td>
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<td>—</td>
<td>126,653,783</td>
<td>117,958,851</td>
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<td>Peace</td>
<td>13,381,513</td>
<td>—</td>
<td>—</td>
<td>13,381,513</td>
<td>10,029,473</td>
</tr>
<tr>
<td>Cross-program</td>
<td>3,574,909</td>
<td>—</td>
<td>—</td>
<td>3,574,909</td>
<td>2,777,572</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,234,888</td>
<td>—</td>
<td>—</td>
<td>9,234,888</td>
<td>9,544,816</td>
</tr>
<tr>
<td>General and administrative</td>
<td>6,015,363</td>
<td>—</td>
<td>—</td>
<td>6,015,363</td>
<td>6,070,878</td>
</tr>
<tr>
<td>Total expenses</td>
<td>158,860,456</td>
<td>—</td>
<td>—</td>
<td>158,860,456</td>
<td>146,381,590</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(14,655,400)</td>
<td>(29,843,120)</td>
<td>196,528</td>
<td>(44,301,992)</td>
<td>44,348,774</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>146,727,245</td>
<td>239,947,087</td>
<td>121,624,792</td>
<td>508,299,124</td>
<td>463,950,350</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$132,071,845</td>
<td>210,103,967</td>
<td>121,821,320</td>
<td>463,997,132</td>
<td>508,299,124</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

62
## Consolidated Statement of Activities

### Year ended August 31, 2008

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted (As adjusted)</th>
<th>Temporarily restricted (As adjusted)</th>
<th>Permanently restricted</th>
<th>Totals (As adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$ 34,776,292</td>
<td>807,998</td>
<td>—</td>
<td>35,584,290</td>
</tr>
<tr>
<td>Programs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>4,682,851</td>
<td>9,392,354</td>
<td>—</td>
<td>14,075,205</td>
</tr>
<tr>
<td>Peace</td>
<td>4,338,310</td>
<td>2,672,050</td>
<td>—</td>
<td>7,010,360</td>
</tr>
<tr>
<td>Cross-program</td>
<td>—</td>
<td>1,082,978</td>
<td>—</td>
<td>1,082,978</td>
</tr>
<tr>
<td>In-kind gifts (note 10):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>—</td>
<td>134,907,646</td>
<td>—</td>
<td>134,907,646</td>
</tr>
<tr>
<td>Peace</td>
<td>—</td>
<td>1,061,492</td>
<td>—</td>
<td>1,061,492</td>
</tr>
<tr>
<td>Operating</td>
<td>254,515</td>
<td>—</td>
<td>—</td>
<td>254,515</td>
</tr>
<tr>
<td>Endowment</td>
<td>—</td>
<td></td>
<td>—</td>
<td>2,322,948</td>
</tr>
<tr>
<td>Total contributions and grants</td>
<td>44,051,968</td>
<td>149,924,518</td>
<td>2,322,948</td>
<td>196,299,434</td>
</tr>
<tr>
<td>Endowment fund earnings</td>
<td>15,458,932</td>
<td>247,134</td>
<td>—</td>
<td>15,706,066</td>
</tr>
<tr>
<td>Appreciation (depreciation) of endowment investments, net</td>
<td>(22,897,647)</td>
<td>—</td>
<td>—</td>
<td>(22,897,647)</td>
</tr>
<tr>
<td>Facilities use income</td>
<td>357,461</td>
<td></td>
<td>—</td>
<td>357,461</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>1,085,213</td>
<td>179,837</td>
<td>—</td>
<td>1,265,050</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>115,272,803</td>
<td>(115,272,803)</td>
<td>—</td>
<td>—</td>
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<td>Peace</td>
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<td>(2,564,778)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,349,960</td>
<td>(1,349,960)</td>
<td>—</td>
<td>—</td>
</tr>
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<td>Operating</td>
<td>1,935,974</td>
<td>(1,935,974)</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Total revenue and support</td>
<td>159,179,442</td>
<td>29,227,974</td>
<td>2,322,948</td>
<td>190,730,364</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>117,958,851</td>
<td></td>
<td>—</td>
<td>117,958,851</td>
</tr>
<tr>
<td>Peace</td>
<td>10,029,473</td>
<td></td>
<td>—</td>
<td>10,029,473</td>
</tr>
<tr>
<td>Cross-program</td>
<td>2,777,572</td>
<td></td>
<td>—</td>
<td>2,777,572</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,544,816</td>
<td></td>
<td>—</td>
<td>9,544,816</td>
</tr>
<tr>
<td>General and administrative</td>
<td>6,070,878</td>
<td></td>
<td>—</td>
<td>6,070,878</td>
</tr>
<tr>
<td>Total expenses</td>
<td>146,381,590</td>
<td></td>
<td>—</td>
<td>146,381,590</td>
</tr>
<tr>
<td>Change in net assets before cumulative effect of change in accounting principle</td>
<td>12,797,852</td>
<td>29,227,974</td>
<td>2,322,948</td>
<td>44,348,774</td>
</tr>
<tr>
<td>Cumulative effect of change in accounting principle (note 13)</td>
<td>(139,674,597)</td>
<td>139,674,597</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(126,876,745)</td>
<td>168,902,571</td>
<td>2,322,948</td>
<td>44,348,774</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>273,603,990</td>
<td>71,044,516</td>
<td>119,301,844</td>
<td>463,950,350</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$146,727,245</td>
<td>239,947,087</td>
<td>121,624,792</td>
<td>508,299,124</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
Consolidated Statements of Cash Flows

Years ended August 31, 2009 and 2008

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$(44,301,992)</td>
<td>44,348,774</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>893,498</td>
<td>882,940</td>
</tr>
<tr>
<td>(Appreciation) depreciation of endowment investments, net</td>
<td>71,512,679</td>
<td>22,897,647</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(1,050)</td>
<td>(14,500)</td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>(196,528)</td>
<td>(2,322,948)</td>
</tr>
<tr>
<td>Net change in inventory balances due to noncash contributions and distributions</td>
<td>12,258,551</td>
<td>(49,665,277)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>959,068</td>
<td>(446,933)</td>
</tr>
<tr>
<td>Contributions receivable, net of permanently restricted</td>
<td>3,036,155</td>
<td>14,474,019</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses, deferred revenue, and annuity obligations</td>
<td>(1,630,595)</td>
<td>5,297,534</td>
</tr>
<tr>
<td>Grant payable</td>
<td>(3,463,872)</td>
<td>1,463,872</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>39,065,914</td>
<td>36,915,128</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of property and equipment, net of related payables</td>
<td>(833,204)</td>
<td>(380,172)</td>
</tr>
<tr>
<td>Purchases of short-term investments, net</td>
<td>(4,446,909)</td>
<td>(21,669,959)</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(24,300,586)</td>
<td>(31,592,764)</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>—</td>
<td>7,106,648</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(29,580,699)</td>
<td>(46,536,247)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanently restricted contributions</td>
<td>196,528</td>
<td>2,322,948</td>
</tr>
<tr>
<td>Decrease in permanently restricted contributions receivable</td>
<td>13,513</td>
<td>150,429</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>210,041</td>
<td>2,473,377</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>9,695,256</td>
<td>(7,147,742)</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>2,513,729</td>
<td>9,661,471</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$ 12,208,985</td>
<td>2,513,729</td>
</tr>
</tbody>
</table>

Supplemental disclosure:

Property, plant, and equipment totaling $52,682 and $76,237 were included in accounts payable and accrued expenses at August 31, 2009 and 2008, respectively.

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

### Year ended August 31, 2009 (with comparative totals for 2008)

<table>
<thead>
<tr>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
<td>Fundraising</td>
</tr>
<tr>
<td>Salaries</td>
<td>$8,662,830</td>
<td>3,959,623</td>
<td>198,058</td>
<td>2,626,819</td>
</tr>
<tr>
<td>Consulting</td>
<td>2,666,114</td>
<td>2,328,734</td>
<td>77,245</td>
<td>645,851</td>
</tr>
<tr>
<td>Communications</td>
<td>1,115,955</td>
<td>463,237</td>
<td>19,750</td>
<td>2,360,782</td>
</tr>
<tr>
<td>Services</td>
<td>253,639</td>
<td>300,842</td>
<td>11,433</td>
<td>1,546,068</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,316,144</td>
<td>968,100</td>
<td>29,048</td>
<td>103,050</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,440,514</td>
<td>448,694</td>
<td>16</td>
<td>270</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>7,198,663</td>
<td>3,909,847</td>
<td>90,405</td>
<td>1,173,229</td>
</tr>
<tr>
<td>Interventions (note 2k)</td>
<td>93,278,846</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>303,755</td>
<td>125,374</td>
<td>564</td>
<td>289,400</td>
</tr>
<tr>
<td>Grants</td>
<td>8,053,707</td>
<td>521,354</td>
<td>3,120,012</td>
<td>8,745,469</td>
</tr>
<tr>
<td></td>
<td>126,290,167</td>
<td>13,025,805</td>
<td>3,546,531</td>
<td>156,736,249</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>363,616</td>
<td>355,708</td>
<td>28,378</td>
<td>489,419</td>
</tr>
<tr>
<td></td>
<td>$126,553,783</td>
<td>13,381,513</td>
<td>3,574,909</td>
<td>158,860,456</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.

## Consolidated Statement of Functional Expenses

### Year ended August 31, 2008

<table>
<thead>
<tr>
<th>Program expenses</th>
<th>Supporting expenses</th>
<th></th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
<td>Peace</td>
<td>Cross-program</td>
</tr>
<tr>
<td>Salaries</td>
<td>$7,942,345</td>
<td>3,028,914</td>
<td>196,378</td>
</tr>
<tr>
<td>Consulting</td>
<td>2,035,809</td>
<td>1,532,722</td>
<td>109,840</td>
</tr>
<tr>
<td>Communications</td>
<td>1,580,364</td>
<td>313,734</td>
<td>27,471</td>
</tr>
<tr>
<td>Services</td>
<td>296,734</td>
<td>219,408</td>
<td>13,969</td>
</tr>
<tr>
<td>Office and equipment</td>
<td>1,299,200</td>
<td>639,899</td>
<td>2,279</td>
</tr>
<tr>
<td>Vehicles</td>
<td>3,953,112</td>
<td>170,723</td>
<td>36</td>
</tr>
<tr>
<td>Travel/meetings</td>
<td>5,235,530</td>
<td>3,578,297</td>
<td>55,028</td>
</tr>
<tr>
<td>Interventions (note 2k)</td>
<td>92,870,241</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>504,435</td>
<td>57,298</td>
<td>829</td>
</tr>
<tr>
<td>Grants</td>
<td>1,900,524</td>
<td>156,846</td>
<td>2,338,193</td>
</tr>
<tr>
<td></td>
<td>117,618,294</td>
<td>9,697,841</td>
<td>2,744,023</td>
</tr>
<tr>
<td>Common area and depreciation</td>
<td>340,557</td>
<td>331,632</td>
<td>33,549</td>
</tr>
<tr>
<td></td>
<td>$117,958,851</td>
<td>10,029,473</td>
<td>2,777,572</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
1. Organization and Operation

The Carter Center, Inc. (CCI), formerly known as Carter Presidential Library, Inc. and Carter Presidential Center, Inc., was organized on October 26, 1981, under the laws of the State of Georgia as a not-for-profit corporation to be operated exclusively for charitable and educational purposes.

CCI operates programmatically under two main action areas: Peace and Health. In addition, CCI has received broad-based support which is beneficial to all programs and is categorized as Cross-program.

Initiatives in Peace include preventing and resolving conflict, protecting basic human rights, promoting rule of law, and monitoring elections in emerging democracies. The Health area strives to improve health in the United States and around the world. Initiatives include disease eradication and control and mental health reform. CCI operates field offices in various African and Latin American countries as needed to fulfill its programmatic objectives.

The board of trustees of CCI consists of President Carter 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). 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. Carter Center of Emory University (CCEU) (an affiliate of CCI) is a department of Emory University which was established to assist with the operations of CCI’s programs. The financial data for CCEU is not included in these consolidated financial statements, as it is considered part of the Emory University reporting entity.

2. Summary of Significant Accounting Policies and Other Matters

a. Basis of Accounting

The consolidated financial statements of CCI have been prepared on the accrual basis of accounting.

b. Principles of Consolidation

The consolidated financial statements of CCI include the activity of The Carter Center Collaborative, Inc. (CCCI), an affiliated tax-exempt not-for-profit corporation which supports CCI’s mission through receipt of in-kind goods and services. All significant intercompany transactions are eliminated in consolidation.

c. Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of CCI and changes therein are classified and reported as follows:

Unrestricted Net Assets—Net assets that are not subject to donor-imposed stipulations.
**Temporarily Restricted Net Assets** — Net assets subject to donor-imposed stipulations that may or will be met either by actions of CCI and/or the passage of time.

**Permanently Restricted Net Assets** — Net assets subject to donor-imposed stipulations that must be maintained permanently by CCI. Generally, the donors of these assets permit CCI to use all or part of the income earned on related investments for general or specific purposes.

d. **Cash and Cash Equivalents**
CCI’s cash equivalents represent liquid financial instruments with an original maturity of three months or less.

e. **Contributions**
Contributions received, including unconditional promises to give, are recognized as revenue when assets or a donor’s unconditional commitment is received.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are not included as support until the conditions are substantially met. Additionally, unconditional promises to give received beginning September 1, 2008, are discounted using interest rates approximating fair value at the date of the gift.

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

f. **Donated Goods and Services**
Donated materials and equipment, primarily medical supplies, are reflected in the consolidated statements of activities as contributions at their estimated fair values. Donated services are reflected as contributions if the following criteria are met: (1) the services 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 at fair value as the services are performed.

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

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

Investments in private partnership interests are valued using the most current information provided by the general partner. General partners typically value privately held companies at cost which approximates fair value or an adjusted value based on a recent arms’ length transaction. Public companies are valued using
quoted market prices and exchange rates, if applicable. Real estate partnerships and funds are valued based on appraisals of properties held and conducted by third-party appraisers retained by the general partner or investment manager. General partners of marketable alternatives provide values based on quoted market prices and exchange rates for publicly held securities and valuation estimates of derivative instruments. General partners of oil and gas partnerships also use third-party appraisers to value properties. The values of the investments in the pooled endowment fund and pooled cash management fund determined by Emory University are evaluated by management of CCI, who has concluded that such values are reasonable estimates of fair value at August 31, 2009 and 2008.

All other investments are stated at fair value based on quoted market prices. Net realized and unrealized gains or losses on investments are reflected in the consolidated statements of activities.

CCI has exposure to a number of risks including interest rate, market and credit risks for both marketable and nonmarketable securities. Due to the level of risk exposure, it is possible that near-term valuation changes for investment securities may occur to an extent that could materially affect the amounts reported in CCI’s consolidated financial statements. Management continues to monitor the composition of its portfolio to assess the potential impact of market conditions on the valuation of its investments.

Liquidity risk represents the possibility that an entity may be unable to rapidly adjust the size of its portfolio holdings in times of high volatility and financial stress at a reasonable price. If CCI were compelled to dispose of an illiquid investment at an inopportune time, it may be forced to do so at a substantial discount to fair value. The Emory University pooled endowment fund invests in alternative investments, which can be highly illiquid. Under adverse market or economic conditions, the secondary market for certain of these alternative investments could further contract. As a result, Emory University could find it more difficult to sell these securities or may only be able to sell the securities at prices lower than if such securities were widely traded.

CCI may hold investments denominated in currencies other than the U.S. dollar. Thus, there is exposure to currency risk because the value of the investments denominated in other currencies may fluctuate due to changes in currency exchange rates and this can have an adverse effect on the reported value of assets and liabilities denominated in currencies other that the U.S. dollar.

CCI’s investment portfolio and the Emory University pooled endowment fund are subject to interest rate and credit risks for certain securities whose valuation would be impacted by changes in interest rates. The portfolios are also subject to the risk that the issuer of security may be unable to pay interest or repay principal when it is due.

The value of securities held by CCI and Emory University within its pooled endowment fund may decline in response to certain economic events. Such events impacting valuation may include (but not be limited to) economic changes, market fluctuations, regulatory changes, global and political instability, and currency, interest rate, and commodity price fluctuations.

i. **Property and Equipment**

Property and equipment are stated at cost at date of acquisition, or fair value at date of donation in the case of gifts. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis.

j. **Artwork**

CCI has capitalized works of art and collectibles received since its inception at the estimated fair value at the date of acquisition. Works of art with service potential that diminishes very slowly over time are not subject to depreciation.

k. **Functional Allocation of Expenses**

The costs of providing CCI’s various programs and supporting services has been summarized on a functional basis in the accompanying statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Intervention expenses included within CCI’s health program service comprise the costs of donated medications, primarily Mectizan and Zithromax, as well as filter cloth distribution, epidemiological surveys, and health education training and material.
I. Federal and Other Government Grants

Federal and other government grant revenue is recognized as unrestricted revenue and support to the extent that CCI incurs actual expenditures under program agreements with federal or other government agencies. Amounts recorded as accounts receivable due from the federal government are for program grant expenses incurred in advance of the reimbursement of funds. Funds received in advance of program grant expenses are recorded as deferred revenue in the consolidated statements of financial position.

CCI received €500,000 during the year ended August 31, 2009, from the Department of Foreign Affairs of Ireland under a block grant to support CCI’s Peace program activities and £103,000 and £187,500 during the year ended August 31, 2009, from the Department for International Development of the United Kingdom to support CCI’s observation of the elections in Sudan and core support of the Conflict Prevention Program, respectively. In addition, CCI received $250,000 during the year ended August 31, 2009, from the Embassy of Denmark, Kathmandu, Nepal, in support of the monitoring of Nepal’s peace process and constitution drafting.

CCI received €200,000 during the year ended August 31, 2008, from the Department of Foreign Affairs of Ireland related to support of CCI’s project entitled Defining and Building Consensus Democratic Elections Standards and £100,000 and £75,000 during the year ended August 31, 2008, from the Department for International Development of the United Kingdom to support CCI’s observation of the elections in Nepal and core support of the Conflict Prevention Program, respectively.

m. Fair Value of Financial Instruments

The carrying amount of cash and cash equivalents, accounts receivable, contributions receivable, accounts payable and accrued liabilities, grants payable, and deferred revenue approximates fair value because of the relative terms and short maturity of these financial instruments. Investments are recorded at fair value based on quoted market prices and fair value estimation techniques described in note 2(h). The carrying value of annuity obligations is based on the present value of the estimated future cash flows.

n. Tax Status

CCI has received a determination letter from the Internal Revenue Service dated December 16, 1991, and CCCI has received a determination letter from the Internal Revenue Service dated March 22, 2007, each indicating recognition as an organization described in Section 501(c)(3) of the Code whereby only unrelated business income, as defined by Section 512(a) of the Code, is subject to federal income tax. Accordingly, no provision for income taxes has been made in the consolidated financial statements.

o. Reclassifications

Certain 2008 amounts have been reclassified to conform with the current year presentation.

p. Use of Estimates

The preparation of consolidated financial statements requires management to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Significant items subject to such estimates and assumptions include the useful lives of property, plant, and equipment, carrying values of contributions receivable and other receivables, inventory, fair values of investments without readily determinable fair value, contributed items, obligations under split-interest agreements, and various employment arrangements. Actual results could differ from those estimates.

q. New Accounting Pronouncements

In September 2006, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standards (SFAS) No. 157, Fair Value Measurements (SFAS 157). SFAS 157 defines fair value, establishes a framework for measuring fair value within U.S. generally accepted accounting principles (GAAP), and expands disclosures about fair value measurements; however, it does not require any new fair value measurements. The provisions of this statement are effective for financial statements issued for fiscal years beginning after November 15, 2007, and interim periods within those fiscal years. Effective September 1, 2008, CCI implemented SFAS 157 and related required disclosures are presented in note 11.
During 2009, CCI early adopted certain provisions of Accounting Standards Update No. 2009-12, Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent), which amends SFAS 157 and permits, as a practical expedient, fair value of investments within its scope to be estimated using net asset value or its equivalent.

In February 2007, the FASB issued SFAS No. 159, The Fair Value Option for Financial Assets and Financial Liabilities (SFAS 159). SFAS 159 permits entities to make an irrevocable election, at specified election dates, to measure eligible financial instruments and certain other items at fair value. This statement also establishes presentation and disclosure requirements designed to facilitate comparisons between entities that choose different measurement attributes for similar types of assets and liabilities. The provisions of this statement are effective as of the beginning of the first fiscal year that begins after November 15, 2007. Effective September 1, 2008, CCI implemented SFAS 159 and elected not to measure any additional eligible assets or liabilities at fair value.

Through June 30, 2008, CCI’s management and investment of donor restricted endowment funds was subject to the provisions of the Uniform Management of Institutional Funds Act (UMIFA). In 2006, the Uniform Law Commission approved the model act, the Uniform Prudent Management of Institutional Funds Act (UPMIFA), which serves as a guideline for states to use in enacting legislation. Among UPMIFA’s most significant changes is the elimination of UMIFA’s important concept of historic dollar value threshold, the amount below which an organization could not spend from the funds in favor of a more robust set of guidelines about what constitutes prudent spending. Effective July 1, 2008, the State of Georgia enacted UPMIFA, the provisions of which apply to funds existing on or established after that date.

In August 2008, FASB Staff Position No. 117-1, Endowments of Not for Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act and Enhanced Disclosures for All Endowment Funds (FSP 117-1), was issued, and its guidance is effective for fiscal years ending after December 15, 2008. A key component of that FSP is a requirement to classify the portion of a donor restricted endowment fund that is not classified as permanently restricted net assets as temporarily restricted net assets until appropriated for expenditure. CCI implemented FSP 117-1 effective September 1, 2008, and has adjusted the August 31, 2008, financial statements to reflect the retroactive application of FSP 117-1 resulting in a reclassification of net assets from unrestricted to temporarily restricted (see note 13).

In May 2009, the FASB issued SFAS No. 165, Subsequent Events (SFAS 165). The objective of SFAS 165 is to establish general standards of accounting for and disclosure of events that occur after the financial reporting date but before financial statements are issued or are available to be issued. CCI adopted SFAS 165 effective August 31, 2009.

### 3. Contributions Receivable

Contributions receivable consists of the following at August 31, 2009 and 2008:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>$17,874,770</td>
<td>19,140,922</td>
</tr>
<tr>
<td>Peace</td>
<td>520,906</td>
<td>1,085,238</td>
</tr>
<tr>
<td>Cross-program</td>
<td>1,283,637</td>
<td>2,111,646</td>
</tr>
<tr>
<td>Undesignated</td>
<td>1,262,368</td>
<td>1,640,026</td>
</tr>
<tr>
<td>Permanently restricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment</td>
<td>5,388,355</td>
<td>5,401,872</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$26,330,036</strong></td>
<td><strong>29,379,704</strong></td>
</tr>
</tbody>
</table>

The anticipated receipts of these receivables are as follows at August 31, 2009 and 2008:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$14,510,790</td>
<td>17,187,932</td>
</tr>
<tr>
<td>One to five years</td>
<td>7,334,988</td>
<td>8,103,327</td>
</tr>
<tr>
<td>More than five years</td>
<td>8,000,000</td>
<td>8,045,915</td>
</tr>
<tr>
<td>Less unamortized discount</td>
<td>(3,515,742)</td>
<td>(3,957,470)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$26,330,036</strong></td>
<td><strong>29,379,704</strong></td>
</tr>
</tbody>
</table>
Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions on the contributions. Prior to September 1, 2008, estimated future cash flows to be received after one year were discounted at rates ranging from 2.4% to 6%, based on the U.S. treasury bill rate in effect in the fiscal year in which the unconditional promise was made. Unconditional promises received beginning September 1, 2008, were discounted using interest rates approximating fair value at the date of the gift at rates ranging from 1.25% to 2.25%. In the opinion of CCI’s management, all contributions receivable recorded at August 31, 2009 and 2008, are deemed fully collectible.

4. Inventory

Inventory at August 31, 2009 and 2008, is comprised of:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mectizan</td>
<td>$6,478,428</td>
<td>6,318,750</td>
</tr>
<tr>
<td>Zithromax</td>
<td>51,258,464</td>
<td>63,662,909</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>—</td>
<td>13,784</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$57,736,892</strong></td>
<td><strong>69,995,443</strong></td>
</tr>
</tbody>
</table>

5. Investments and Short-Term Investments

Short-term investments totaling $36,322,153 and $31,875,244 as of August 31, 2009 and 2008, respectively, relate to a claim on cash invested in a pooled cash management account at Emory University. As of August 31, 2009 and 2008, respectively, the cash management accounts were invested in a composite of bonds (20% and 29%), hedge funds (13% and 21%), and U.S. 90-day treasury bills (67% and 50%).

CCI invests the majority of its endowment assets in a pooled investment fund managed by Emory University. As of August 31, 2009 and 2008, respectively, the pooled investment fund was invested in a composite of cash equivalents (4% and 2%), bonds (19% and 14%), equity holdings (25% and 30%), marketable alternatives (21% and 27%), private market investments (6% and 14%), marketable real estate (4% and 6%), and natural resources (21% and 7%).

Emory University is subject to limitations and restrictions on its ability to redeem or sell certain of the investments included in its pooled investment fund. Such restrictions vary by investment type and range from required notice periods (generally 30 to 180 days after initial lock-up periods) to specified terms at inception (generally 10 years). While there are no stated limits relative to CCI withdrawals of its investment in Emory University’s pooled investment fund, the timing and availability of future redemptions may be impacted by these restrictions.

CCI’s investments also include assets invested for its charitable gift annuities and charitable remainder trusts. These investments are presented in the accompanying consolidated statements of financial position at their fair values.
6. Property, Plant, and Equipment

The components of property, plant, and equipment at August 31, 2009 and 2008, are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>2009</th>
<th>2008</th>
<th>Estimated useful lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$636,732</td>
<td>$636,732</td>
<td>N/A</td>
</tr>
<tr>
<td>Buildings</td>
<td>16,886,003</td>
<td>16,293,041</td>
<td>30 years</td>
</tr>
<tr>
<td>Building improvements</td>
<td>1,708,002</td>
<td>1,640,809</td>
<td>15 years</td>
</tr>
<tr>
<td>Grounds and land improvements</td>
<td>401,227</td>
<td>410,467</td>
<td>10 years</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>508,338</td>
<td>528,651</td>
<td>10 years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>257,982</td>
<td>249,821</td>
<td>5 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>445,538</td>
<td>383,674</td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,843,822</td>
<td>20,143,195</td>
<td></td>
</tr>
</tbody>
</table>

Less accumulated depreciation            | (12,281,095) | (11,572,856) |

$8,562,727                                8,570,339

Depreciation expense totaled $893,498 and $882,940 during 2009 and 2008, respectively.

7. Split-Interest Agreements

CCI is beneficiary under several types of split-interest agreements, primarily charitable gift annuities. Under these agreements, CCI acts as trustee of assets received from a donor and remits to the donor or other designee a fixed amount for a specified period of time, normally until the death of the donor or other designee. Assets related to charitable gift annuities are recorded at their fair values when received and an annuity payment liability is recognized at the present value of future cash flows expected to be paid to the donor or other designee. At the time of the gift, CCI recognizes contribution revenue for the remainder interest in an amount equal to the difference between the fair value of the assets received and the annuity liability. Discount rates and actuarial assumptions used to determine the annuity liability are typically based on factors such as applicable federal interest rates and donor life expectancies contained in mortality tables published by the Internal Revenue Service. The changes in the value of these agreements are included in operating contributions and grants in the accompanying consolidated statements of activities.

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

The fair value of the assets related to split-interest agreements is included in investments in the accompanying consolidated statements of financial position and totaled $6,068,061 and $5,675,879 at August 31, 2009 and 2008, respectively. The annuity liability related to these agreements is $4,241,531 and $3,608,085 at August 31, 2009 and 2008, respectively. The net contribution revenue reported for split-interest agreements totaled $323,478 and $535,533 during the years ended August 31, 2009 and 2008, respectively.

CCI is also a secondary life income beneficiary under a trust agreement for which CCI is not the trustee. CCI has recorded a contribution receivable based on the life expectancy of the primary life income beneficiary and estimated rate of return of the trust, totaling $694,601 and $645,518 at August 31, 2009 and 2008, respectively.

8. Line of Credit

On September 1, 2006, CCI entered into an agreement for a $1,000,000 revolving line of credit with a financial institution. Such agreement was renewed on August 31, 2007, and August 31, 2008, for additional 12-month periods and expired on August 31, 2009. Borrowings under the line of credit bear interest at LIBOR plus 0.175%. The agreement is secured by all deposits and investments maintained with the lender, and is guaranteed by Emory University. No amounts were outstanding relative to this line of credit at August 31, 2009 or 2008.

On November 19, 2009, CCI entered into a new agreement for a $1,000,000 revolving line of credit. Borrowings under this new line of credit bear interest at LIBOR plus 0.9%. The agreement also calls for a 0.025% quarterly charge on the unused portion of the line of credit, is secured by all deposits and investments maintained with the lender, and is guaranteed by Emory University.
### 9. Leases

CCI leases space to various entities under noncancelable operating leases with various terms. CCI leases to CCEU approximately 20% of CCI’s space under a lease for a term of 99 years with a rental payment of $1 per year. A business agreement with CCI’s caterer has no annual rent; rather, CCI receives 5% to 10% of the tenant’s gross revenue, as defined in such agreement. Rental income from these leases is included in facilities use income in the accompanying consolidated statements of activities.

### 10. Donated Goods and Services

The components of donated goods and services for the years ended August 31, 2009 and 2008, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health: Medication</td>
<td>$75,595,366</td>
<td>134,424,374</td>
</tr>
<tr>
<td>Other</td>
<td>367,265</td>
<td>483,272</td>
</tr>
<tr>
<td></td>
<td>75,962,631</td>
<td>134,907,646</td>
</tr>
<tr>
<td>Peace: Transportation</td>
<td>101,497</td>
<td>1,061,492</td>
</tr>
<tr>
<td>Operating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>242,349</td>
<td>254,515</td>
</tr>
<tr>
<td></td>
<td>$76,306,477</td>
<td>136,223,653</td>
</tr>
</tbody>
</table>

Donations of medication were received primarily from two pharmaceutical companies during the years ended August 31, 2009 and 2008.

### 11. Fair Value of Financial Instruments

CCI’s estimates of fair value for financial assets and liabilities are based on the framework established in SFAS 157. This framework is based on the inputs used in valuation and gives the highest priority to quoted prices in active markets and requires observable inputs to be used in the valuations when available. The disclosure of fair value estimates in the SFAS 157 hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect CCI’s significant market assumptions. The three levels of hierarchy are as follows:

**Level 1** — Valuations based on unadjusted quoted market prices for identical assets or liabilities in active markets.

**Level 2** — Valuations based on pricing inputs that are other than quoted prices in active markets which are either directly or indirectly observable. Examples include quoted prices in active markets of the underlying assets, quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in an inactive market, or valuations based on models where significant inputs are observable or can be corroborated by observable market data.

**Level 3** — Valuations are derived from other valuation methodologies, including pricing models, discounted cash flow models, and similar techniques. Level 3 valuations incorporate certain assumptions and projections that are not observable in the market and require significant professional judgment in determining the fair value assigned to such assets or liabilities.

The hierarchy requires the use of observable market data when available. As required by SFAS 157, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurements.

In fiscal 2009, CCI elected, as permitted, to early adopt Accounting Standards Update 2009-12, Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent), which amends SFAS 157 and permits, as a practical expedient, fair value of investments within its scope to be estimated using net asset value or its equivalent. The practical expedient was applied to CCI’s pooled investments held at Emory University. Net asset value, in many instances, may not equal fair value that would be calculated pursuant to SFAS 157. There are no redemption restrictions on CCI with respect to its pooled investments held at Emory University. In accordance with relevant accounting literature, investments which are valued using the practical expedient as described above are classified as Level 2 within the SFAS 157 hierarchy.
Notes to Consolidated Financial Statements

The following is a summary of the levels within the fair value hierarchy as of August 31, 2009:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$12,208,985</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>—</td>
<td>36,322,153</td>
<td>—</td>
</tr>
<tr>
<td>Investments</td>
<td>6,068,061</td>
<td>324,637,756</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>$18,277,046</td>
<td>360,959,909</td>
<td>—</td>
</tr>
</tbody>
</table>

12. Net Assets

a. Unrestricted

As of August 31, 2009 and 2008, unrestricted net assets are as follows:

<table>
<thead>
<tr>
<th>2009</th>
<th>2008 (As adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated by management for:</td>
<td></td>
</tr>
<tr>
<td>Endowment investments</td>
<td>$123,288,369</td>
</tr>
<tr>
<td>Program funds</td>
<td>12,847,092</td>
</tr>
<tr>
<td>Undesignated</td>
<td>11,016,986</td>
</tr>
<tr>
<td>Accumulated unrealized (losses) gains on management-designated endowment investments</td>
<td>(15,580,602)</td>
</tr>
<tr>
<td>Designated by the board of trustees for maintenance of property and equipment</td>
<td>500,000</td>
</tr>
<tr>
<td>$132,071,845</td>
<td>146,727,245</td>
</tr>
</tbody>
</table>

Unrestricted net assets include funds designated by management as additions for endowment investments and program funding. These amounts are classified as unrestricted net assets due to the lack of explicit donor stipulations that temporarily or permanently restrict their use. Unrealized gains or losses on management-designated endowment funds are classified as changes in unrestricted net assets.

b. Temporarily Restricted

As of August 31, 2009 and 2008, temporarily restricted net assets are available for the following purposes:

<table>
<thead>
<tr>
<th>2009</th>
<th>2008 (As adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$103,424,204</td>
</tr>
<tr>
<td>Peace</td>
<td>1,013,127</td>
</tr>
<tr>
<td>Cross-program</td>
<td>2,426,010</td>
</tr>
<tr>
<td>Time-restricted contributions</td>
<td>1,262,366</td>
</tr>
<tr>
<td>Time-restricted endowment funds</td>
<td>101,978,260</td>
</tr>
<tr>
<td>$210,103,967</td>
<td>239,947,087</td>
</tr>
</tbody>
</table>

c. Permanently Restricted

Permanently restricted net assets are required by donors to be invested in perpetuity, and the income from these assets is expendable to support activities of CCI.

13. Endowment Funds

CCI’s endowment fund consists of individual donor-restricted endowment funds and funds designated by the board of trustees (the Board) to function as endowments. The net assets associated with endowment funds, including those funds designated by the Board to function as endowment, are classified and reported based on the existence or absence of donor-imposed restrictions.
FSP 117-1 provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the UPMIFA, and also requires enhanced disclosures about an organization's endowment funds, both donor-restricted endowment funds and board-designated endowment funds.

Pursuant to FSP 117-1, CCI has interpreted UPMIFA, as adopted by Georgia, as requiring the preservation of the fair value of a donor-restricted endowment gift as of the gift date, absent explicit donor stipulations to the contrary. As a result of this interpretation, CCI classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by CCI in a manner consistent with the standard of prudence prescribed in UPMIFA.

In accordance with UPMIFA, CCI considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund;
- The purposes of CCI and the donor-restricted endowment fund;
- General economic conditions;
- The possible effect of inflation and deflation;
- The expected total return from income and the appreciation of investments;
- Other resources of CCI; and
- The investment policies of CCI.

CCI invests its endowment assets in a pooled investment fund managed by Emory University. CCI's Board follows the investment return objectives and the spending policy as directed and managed by Emory University's board of trustees as set forth in more detail below.

a. **Return Objectives and Risk Parameters**

CCI supports Emory University's investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this investment policy, the endowment assets are invested in a manner to attain a real total return of at least 6% over the long-term. Over shorter time periods (rolling three years), the endowment assets performance will be measured versus a policy benchmark. The policy benchmark represents the weighted average of benchmark returns to each asset class in the policy asset allocation. The performance objective is to outperform the policy benchmark by at least 50 basis points, net of fees, on average. It is not expected that the performance target will be met for every three year period.

b. **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, CCI relies on Emory University's total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Emory University employs a diversified asset allocation strategy across global equities, fixed income, marketable alternatives and private investment to achieve its long-term return objectives within prudent risk constraints.

c. **Spending Policy and How the Investment Objectives Relate to Spending Policy**

CCI follows Emory University's total return endowment spending policy that establishes the amount of endowment investment return available to support current operating and capital needs. The distribution of endowment income in 2009 and 2008 was based on a target of 4.75% of the previous 12 months' average market value ending on December 31. In establishing its policies, Emory University considered the expected return on its endowment. Accordingly, Emory University expects the current spending policy to allow its endowment to maintain its purchasing power by growing at a rate equal to planned payouts. Additional real growth will be provided by new gifts and any excess investment return.
Endowment funds consist of the following as of August 31, 2009:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$</td>
<td>—</td>
<td>101,978,260</td>
<td>223,799,580</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>107,707,767</td>
<td>—</td>
<td>—</td>
<td>107,707,767</td>
</tr>
<tr>
<td>Total funds</td>
<td>$107,707,767</td>
<td>101,978,260</td>
<td>121,821,320</td>
<td>331,507,347</td>
</tr>
</tbody>
</table>

Endowment funds consist of the following as of August 31, 2008:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted endowment funds</td>
<td>$</td>
<td>—</td>
<td>139,674,597</td>
<td>261,299,389</td>
</tr>
<tr>
<td>Board-designated endowment funds</td>
<td>118,000,723</td>
<td>—</td>
<td>—</td>
<td>118,000,723</td>
</tr>
<tr>
<td>Total funds</td>
<td>$118,000,723</td>
<td>139,674,597</td>
<td>121,624,792</td>
<td>379,300,112</td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2009, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, September 1, 2008</td>
<td>$118,000,723</td>
<td>139,674,597</td>
<td>121,624,792</td>
<td>379,300,112</td>
</tr>
<tr>
<td>Contributions</td>
<td>2,270,851</td>
<td>—</td>
<td>196,528</td>
<td>2,467,379</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment distribution</td>
<td>5,838,331</td>
<td>11,603,196</td>
<td>—</td>
<td>17,441,527</td>
</tr>
<tr>
<td>Market value adjustment</td>
<td>(22,470,638)</td>
<td>(49,042,041)</td>
<td>—</td>
<td>(71,512,679)</td>
</tr>
<tr>
<td>Total investment return</td>
<td>(16,632,307)</td>
<td>(37,438,845)</td>
<td>—</td>
<td>(54,071,152)</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(491,004)</td>
<td>(257,492)</td>
<td>—</td>
<td>(748,496)</td>
</tr>
<tr>
<td>Transfers to board-designated endowment funds</td>
<td>4,559,504</td>
<td>—</td>
<td>—</td>
<td>4,559,504</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2009</td>
<td>$107,707,767</td>
<td>101,978,260</td>
<td>121,821,320</td>
<td>331,507,347</td>
</tr>
</tbody>
</table>

Changes in endowment funds for the year ended August 31, 2008, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds, September 1, 2007</td>
<td>$257,743,312</td>
<td>—</td>
<td>119,301,844</td>
<td>377,045,156</td>
</tr>
<tr>
<td>Contributions</td>
<td>3,608,427</td>
<td>—</td>
<td>2,322,948</td>
<td>5,931,375</td>
</tr>
<tr>
<td>Investment return:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment distribution</td>
<td>15,706,066</td>
<td>—</td>
<td>—</td>
<td>15,706,066</td>
</tr>
<tr>
<td>Market value adjustment</td>
<td>(22,897,647)</td>
<td>—</td>
<td>—</td>
<td>(22,897,647)</td>
</tr>
<tr>
<td>Total investment return</td>
<td>(7,191,581)</td>
<td>—</td>
<td>—</td>
<td>(7,191,581)</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(5,484,838)</td>
<td>—</td>
<td>—</td>
<td>(5,484,838)</td>
</tr>
<tr>
<td>Transfers to board-designated endowment funds</td>
<td>9,000,000</td>
<td>—</td>
<td>—</td>
<td>9,000,000</td>
</tr>
<tr>
<td>Net asset reclassification based on adoption of FSP 117-1</td>
<td>(139,674,597)</td>
<td>139,674,597</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Endowment funds, August 31, 2008</td>
<td>$118,000,723</td>
<td>139,674,597</td>
<td>121,624,792</td>
<td>379,300,112</td>
</tr>
</tbody>
</table>
14. Related-Party Transactions

Emory University provides certain administrative functions to CCI, including, but not limited to, payroll administration, investment management, information technology, and legal services. CCI paid Emory University $516,640 and $501,949 during the years ended August 31, 2009 and 2008, respectively, for the provision of these services.

Emory University made unrestricted contributions to CCI of $717,708 and $691,500, respectively, during the years ended August 31, 2009 and 2008. In addition, CCEU made unrestricted contributions to CCI, primarily related to endowment earnings at CCEU, of $446,097 and $429,813 during the years ended August 31, 2009 and 2008, respectively.

CCI is currently affiliated with two separately incorporated organizations, Carter Center U.K. and Carter Center U.K. Foundation. Payments made by CCI in support of its affiliates are included in peace program expense in the accompanying consolidated statements of activities.

15. The Carter Center Collaborative, Inc. (CCCI)

CCCI received donations of in-kind goods for the benefit of CCI totaling $75,595,366 and $134,424,374, respectively, during the years ended August 31, 2009 and 2008, that are included in the accompanying consolidated statements of activities. Expenses totaling $86,983,889 and $65,298,951 related to the use or grant of these donations are also included in the accompanying consolidated statements of activities for the years ended August 31, 2009 and 2008, respectively. Inventory for CCCI totaled $57,736,892 and $69,125,423 as of August 31, 2009 and 2008, respectively, and is included in the accompanying consolidated statements of financial position.

16. Commitments and Contingencies

a. Grant Payable

The Jimmy Carter Presidential Library and Museum (JCLM) is owned and operated by the U.S. government under the direction of the U.S. National Archives and Records Administration. JCLM has commenced significant renovations to update its exhibits to modern museum standards. A major focus of the updated exhibits is to highlight the work of CCI.

In 2007 the Board of Trustees of CCI committed to raise the funds necessary for the renovations, including approving a commitment of $2 million of institutional funds to begin the project. Additional funds were received by CCI for this project during 2009 and 2008 totaling $1,910,000 and $2,000,000, respectively. The unspent commitment at each fiscal year end is reflected in the accompanying consolidated statements of financial position as a grant payable to JCLM.

b. Federal Financial Assistance

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

17. Subsequent Events

CCI evaluated events subsequent to August 31, 2009, and through March 24, 2010, the date on which the financial statements were issued and determined that all significant events and disclosures are included in the consolidated financial statements.
Awabu Alidu (left), from rural northern Ghana, once endured four Guinea worms exiting her body through painful sores in a single year. Her country has dramatically reduced the instance of Guinea worm disease, reporting fewer than 300 cases in 2009.
Since its founding in 1982, The Carter Center has undertaken peace and health initiatives in more than 70 countries worldwide. Below is a comprehensive list of the countries where the Center has had a presence, past and present.

Legend
- Peace Programs
- Health Programs
- Peace and Health Programs
- No Activity

North America
- 1 Canada
- 2 Mexico
- 3 United States

Caribbean and Central America
- 4 Belize
- 5 Costa Rica
- 6 Cuba
- 7 Dominican Republic
- 8 El Salvador
- 9 Guatemala
- 10 Haiti
- 11 Jamaica
- 12 Nicaragua
- 13 Panama

Europe
- 25 Albania
- 26 Bosnia and Herzegovina
- 27 Estonia
- 28 Romania
- 29 Russia

South America
- 14 Argentina
- 15 Bolivia
- 16 Brazil
- 17 Chile
- 18 Colombia
- 19 Ecuador
- 20 Guyana
- 21 Paraguay
- 22 Peru
- 23 Suriname
- 24 Venezuela
The Carter Center sponsors a competitive internship program, bringing to Atlanta college students and recent graduates from universities around the world each semester. Interns play a vital role in helping The Carter Center to accomplish its peace and health initiatives, and interns serve in many capacities around the Center. In turn, The Carter Center provides a substantive learning experience that serves as a basis for interns to explore their career options and to develop professional skills.

The 2008–2009 class of interns included 103 members from 16 countries who spoke 23 languages.
International Task Force for Disease Eradication

Notable scientists and organizations come together in this Carter Center task force to evaluate the potential for eradicating or controlling infectious diseases. The task force met from 1989 to 1992, and then it was reconvened in 2001 with support from the Bill and Melinda Gates Foundation. It monitors progress in disease eradication, reviews the status of selected diseases, and recommends opportunities for eradication or better control of diseases such as Guinea worm disease, river blindness, lymphatic filariasis, schistosomiasis, malaria, and measles.

Sir George Alleyne, M.D., F.R.C.P.
Director Emeritus, Pan-American Health Organization (PAHO)

Ekkehard L. Betsch
Senior Health Specialist; Health, Nutrition, and Population; Human Development Network; World Bank

Stephen B. Blount, M.D., M.P.H.
Associate Director for Global Health and Director, Office of Global Health, U.S. Centers for Disease Control and Prevention

Mickey Chopra, Ph.D., M.P.H.
Chief of Health/ Associate Director, Programs UNICEF

Donald R. Hopkins, M.D., M.P.H.
Vice President for Health Programs The Carter Center

Adetokunbo Lucas, M.D.
Adjunct Professor of International Health Harvard University

David Molyneux, Ph.D., D.Sc., Hon.FRCP
Professor of Tropical Health Sciences Lymphatic Filariasis Support Centre Liverpool School of Tropical Medicine

Mark L. Rosenberg, M.D., M.P.H.
Executive Director Task Force for Child Survival and Development

Lorenzo Savioli, M.D.
Director Department of Control of Neglected Tropical Diseases World Health Organization

Harrison Spencer, M.D., M.P.H., D.T.M.&H.
President and Chief Executive Officer Association of Schools of Public Health

Dyann Wirth, Ph.D., M.A.
Professor of Immunology and Infectious Diseases Harvard School of Public Health Director of Harvard Malaria Initiative

Yoichi Yamagata, Ph.D., M.Sc.
Project Manager Mp-Reproductive Health Project/India Institute of International Cooperation Japan International Cooperation Agency

Stephen B. Blount, M.D., M.P.H.
Associate Director for Global Health and Director, Office of Global Health, U.S. Centers for Disease Control and Prevention

Mickey Chopra, Ph.D., M.P.H.
Chief of Health/ Associate Director, Programs UNICEF

Donald R. Hopkins, M.D., M.P.H.
Vice President for Health Programs The Carter Center

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Dyann Wirth, Ph.D., M.A.
Professor of Immunology and Infectious Diseases Harvard School of Public Health Director of Harvard Malaria Initiative

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Project Manager Mp-Reproductive Health Project/India Institute of International Cooperation Japan International Cooperation Agency

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The Carter Center Mental Health Task Force

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

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Consultant, Mayo Clinic, Professor of Psychiatry, Mayo Clinic
William R. Beardslee, M.D.
Psychiatrist-in-Chief, Gardner Monks Professor of Child Psychiatry, Harvard Medical School
Carl C. Bell, M.D., FAPA, FAC.Psych.
President and Chief Executive Officer, Community Mental Health Council, University of Illinois
Richard C. Birkel, Ph.D.
Executive Director, Rosalynn Carter Institute for Caregiving
Benjamin G. Druss, M.D., M.P.H.
Rosalynn Carter Endowed Chair for Mental Health, Rollins School of Public Health, Emory University
Mary Jane England, M.D.
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Professor and Chief Psychologist, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine
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Surgeon General of the United States and Assistant Secretary for Health and Human Services, 1994–2001; Director, Satcher Health Leadership Institute
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Executive Director, Center for Independent Journalism, Bucharest, Romania
Benjamin G. Druss, M.D., M.P.H.
Rosalynn Carter Endowed Chair for Mental Health, Rollins School of Public Health, Emory University

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Paul Jay Fink, M.D.
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A woman receives a prenatal checkup at Ethiopia’s Haramaya Health Center, care that many of her fellow citizens do not receive due to a critical lack of trained health personnel in the country. The Carter Center and its partners, including the government of Ethiopia and seven universities, are helping to train public health officers to fill this void.
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