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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

% The organization

Number and street (or P O box if mail is not delivered to street address) | Room/suite
255 Carter Hall Lane

City or town, state or country, and ZIP + 4
Millwood, VA 22646

D Employer identification number
53-0242962

E Telephone number
(540) 837-2100

F Accounting method ☐ Cash ☑ Accrual
☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ www projecthope org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 189,703,606

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

	Line	Description				Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds		1a	0		
	b	Direct public support (not included on line 1a)		1b	166,728,226		
	c	Indirect public support (not included on line 1a)		1c	142,290		
	d	Government contributions (grants) (not included on line 1a)		1d	10,669,069		
	e	**Total** (add lines 1a through 1d) (cash $ 37,782,470 noncash $ 139,757,115)				1e	177,539,585
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	1,745,745
	3	Membership dues and assessments				3	0
	4	Interest on savings and temporary cash investments				4	267,942
	5	Dividends and interest from securities				5	997,212
	6a	Gross rents		6a	200,955		
	b	Less rental expenses		6b	257,719		
	c	Net rental income or (loss) subtract line 6b from line 6a				6c	-56,764
	7	Other investment income (describe ▶)				7	2,819
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities		**(B)** Other		
			8,369,000	8a	18,962		
	b	Less cost or other basis and sales expenses	8,085,743	8b	0		
	c	Gain or (loss) (attach schedule)	283,257	8c	18,962		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	302,219
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐					
	a	Gross revenue (not including $ ________ of contributions reported on line 1b)		9a	0		
	b	Less direct expenses other than fundraising expenses		9b	0		
	c	Net income or (loss) from special events Subtract line 9b from line 9a				9c	0
	10a	Gross sales of inventory, less returns and allowances		10a	0		
	b	Less cost of goods sold		10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				10c	0
	11	Other revenue (from Part VII, line 103)				11	561,386
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	181,360,144
Expenses	13	Program services (from line 44, column (B))				13	160,280,364
	14	Management and general (from line 44, column (C))				14	4,705,262
	15	Fundraising (from line 44, column (D))				15	7,948,872
	16	Payments to affiliates (attach schedule)				16	0
	17	**Total expenses** Add lines 16 and 44, column (A)				17	172,934,498
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12				18	8,425,646
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	44,041,329
	20	Other changes in net assets or fund balances (attach explanation)				20	-875,588
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20				21	51,591,387

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ noncash $) If this amount includes foreign grants, check here ☐	22a	0	0		
22b Other grants and allocations (attach schedule) (cash $ 283,651 noncash $ 0) If this amount includes foreign grants, check here ☑	22b	283,651	283,651		
23 Specific assistance to individuals (attach schedule)	23	0	0		
24 Benefits paid to or for members (attach schedule)	24	0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,058,220	409,240	1,418,109	230,871
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	55,000	0	55,000	0
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	26	12,206,951	10,248,538	1,091,595	866,818
27 Pension plan contributions not included on lines 25a, b and c	27	0	0	0	0
28 Employee benefits not included on lines 25a - 27	28	2,715,528	2,050,337	462,679	202,512
29 Payroll taxes	29	1,270,168	1,030,273	166,133	73,762
30 Professional fundraising fees	30	1,348,591	0	0	1,348,591
31 Accounting fees	31	100,850	16,253	84,597	0
32 Legal fees	32	53,185	23,513	28,972	700
33 Supplies	33	132,655,096	132,588,248	25,964	40,884
34 Telephone	34	565,201	479,180	48,594	37,427
35 Postage and shipping	35	1,995,222	396,128	36,742	1,562,352
36 Occupancy	36	2,383,595	1,790,289	379,524	213,782
37 Equipment rental and maintenance	37	0	0	0	0
38 Printing and publications	38	2,482,342	929,718	38,080	1,514,544
39 Travel	39	2,995,133	2,582,286	239,790	173,057
40 Conferences, conventions, and meetings	40	0	0	0	0
41 Interest	41	0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	42	489,750	368,431	84,450	36,869
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	172,934,498	160,280,364	4,705,262	7,948,872

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $________, **(ii)** the amount allocated to Program services $________, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ Health care policy and education All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . ▶	160,280,364

Part IV **Balance Sheets *(See the instructions.)***

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets						
45	Cash—non-interest-bearing			1,996,509	**45**	1,926,311
46	Savings and temporary cash investments			4,941,051	**46**	3,735,237
47a	Accounts receivable	**47a**	235,393			
b	Less allowance for doubtful accounts	**47b**	0	98,172	**47c**	235,393
48a	Pledges receivable	**48a**	10,008,003			
b	Less allowance for doubtful accounts	**48b**	638,869	6,575,991	**48c**	9,369,134
49	Grants receivable			2,471,811	**49**	2,443,995
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	**50a**	0
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			0	**50b**	0
51a	Other notes and loans receivable (attach schedule)	**51a**	0			
b	Less allowance for doubtful accounts	**51b**	0	0	**51c**	0
52	Inventories for sale or use			15,455,134	**52**	23,956,698
53	Prepaid expenses and deferred charges			425,878	**53**	233,005
54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			16,730,049	**54a**	17,229,961
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV			981,810	**54b**	513,620
55a	Investments—land, buildings, and equipment basis	**55a**	0			
b	Less accumulated depreciation (attach schedule)	**55b**	0	0	**55c**	0
56	Investments—other (attach schedule)			0	**56**	0
57a	Land, buildings, and equipment basis	**57a**	11,253,049			
b	Less accumulated depreciation (attach schedule)	**57b**	6,416,480	4,617,013	**57c**	4,836,569
58	Other assets, including program-related investments (describe ▶ ______)			1,625,750	**58**	1,205,537
59	**Total assets** (must equal line 74) Add lines 45 through 58			55,919,168	**59**	65,685,460
Liabilities						
60	Accounts payable and accrued expenses			7,108,210	**60**	9,755,027
61	Grants payable			0	**61**	0
62	Deferred revenue			2,272,096	**62**	2,066,328
63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	**63**	0
64a	Tax-exempt bond liabilities (attach schedule)			0	**64a**	0
b	Mortgages and other notes payable (attach schedule)			0	**64b**	0
65	Other liabilities (describe ▶ ______)			2,497,533	**65**	2,272,718
66	**Total liabilities** Add lines 60 through 65			11,877,839	**66**	14,094,073
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶** ☑ and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			14,996,395	**67**	13,080,706
68	Temporarily restricted			27,579,200	**68**	36,580,335
69	Permanently restricted			1,465,734	**69**	1,930,346
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds				**70**	
71	Paid-in or capital surplus, or land, building, and equipment fund				**71**	
72	Retained earnings, endowment, accumulated income, or other funds				**72**	
73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			44,041,329	**73**	51,591,387
74	**Total liabilities and net assets / fund balances** Add lines 66 and 73			55,919,168	**74**	65,685,460

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	184,225,529
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	1,278,412		
2	Donated services and use of facilities	b2	1,266,428		
3	Recoveries of prior year grants	b3	0		
4	Other (specify)	b4	320,545		
	Add lines **b1** through **b4**			b	2,865,385
c	Subtract line **b** from line **a**			c	181,360,144
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	2,865,385
e	**Total revenue** (Part I, line 12) Add lines **c** and **d**			e	181,360,144

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	176,675,471
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1	1,266,428		
2	Prior year adjustments reported on Part I, line 20	b2	0		
3	Losses reported on Part I, line 20	b3	0		
4	Other (specify)	b4	2,474,545		
	Add lines **b1** through **b4**			b	3,740,973
c	Subtract line **b** from line **a**			c	172,934,498
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17) Add lines **c** and **d**			e	172,934,498

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	75c		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
William B Walsh 5307 Duvall Drive Bethesda, MD 20816	0	55,000	15,900	0

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		No
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a** 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		No

Part VI Other Information *(continued)*

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		**82a**	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	**82b** 1,266,428			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		**83a**	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		**83b**	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		**84a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**84b**		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		**85a**		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		**85b**		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year				
c	Dues assessments, and similar amounts from members	**85c**			
d	Section 162(e) lobbying and political expenditures	**85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	**85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	**85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		**85g**		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		**85h**		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12	**86a**			
b	Gross receipts, included on line 12, for public use of club facilities	**86b**			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders	**87a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**87b**			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		**88a**		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI		**88b**		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		**89b**		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?		**89e**		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?		**89f**		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**89g**		No

90a List the states with which a copy of this return is filed ▶ See Additional Data Table

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 176

91a The books are in care of ▶ Deborah R Iwig Telephone no ▶ (540) 837-2100

Located at ▶ 255 Carter Hall Lane Millwood, VA ZIP + 4 ▶ 22646

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**91b**	Yes	

If "Yes," enter the name of the foreign country ▶ See Additional Data Table

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes	
	If "Yes," enter the name of the foreign country ▶ See Additional Data Table			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . ▶ ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶	92		

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Subscription revenue		0		0	1,745,745
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments		0	14	267,942	0
96 Dividends and interest from securities . . .		0	14	997,212	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property	721000	1,000	16	-57,764	0
98 Net rental income or (loss) from personal property					
99 Other investment income	525990	2,819		0	0
100 Gain or (loss) from sales of assets other than inventory		0	18	302,219	0
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue **a** Mailing list royalties		0	13	532,395	0
b Miscellaneous other revenue		0		0	28,991
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		3,819		2,042,004	1,774,736

105 Total (add line 104, columns (B), (D), and (E)) . . . . ▶ 3,820,559

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 a	Health Affairs Journal provides health care policy education to private organizations and the public
103 b	Miscellaneous health care education

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ **Yes** ☑ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ **Yes** ☑ **No**

NOTE: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			0

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			0

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer — Date: 2007-11-15

Deborah Iwig Vice President and CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
			Phone no

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

Employer identification number
53-0242962

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Gail Wilensky PhD 255 Carter Hall Lane Millwood, VA 22646	Sr Fellow Health Af 40	179,885	14,240	0
Jack Blanks Jr 255 Carter Hall Lane Millwood, VA 22646	Regional Director 40	147,994	8,321	0
Michele Cato 255 Carter Hall Lane Millwood, VA 22646	Director Bus Dev 40	136,372	6,019	0
Frederick Gerber II 255 Carter Hall Lane Millwood, VA 22646	Country Dir Iraq SP 40	160,584	5,664	0
Renslow Sherer 255 Carter Hall Lane Millwood, VA 22646	Technical Director 40	135,866	9,295	0
Total number of other employees paid over $50,000 ▶	80			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Burness Communications 7910 Woodmont Ave Ste 700 Bethesda, MD 20814	Communications and Promotion Marketing	184,893
Bennett Kuhn Varner Inc Buckhead Ctr Ste 700 2964 Peachtree Rd Atlanta, GA 30305	Direct Response Marketing Consulting	1,302,052
Development Resources Inc 1601 N Kent Street Suite 1200 Arlington, VA 22209	Strategic fundraising and communications consulting	186,649
IPC Communications Services Dept 77-9122 Chicago, IL 606789122	Print quarterly journal	256,550
KPMG LLP 2001 M Street Washington, DC 20037	Auditing and tax services	190,150
Total number of others receiving over $50,000 for professional services ▶	10	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Carol Enters List Company 9663-C Main Street Fairfax, VA 22032	Direct marketing list service	189,200
Sheads Associates Ltd 303 Post Office Rd Ste A Waldorf, MD 20602	Direct mail processing	72,835
Logenix International LLC 5285 Shawnee Road Suite 320 Alexandria, VA 22312	shipping	133,321
Public Data Interest Inc 1800 Diagonal Rd Sutie 400 Alexandria, VA 22314	Fund-raising database management	264,321
Village Square 103 N Loudoun St Winchester, VA 22601	Catering	106,267
Total number of other contractors receiving over $50,000 for other services ▶	4	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	**(a)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	141,430,151	133,888,110	116,235,248	121,575,902	513,129,411
16	Membership fees received	0	0	0	0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	4,202,607	4,837,009	1,043,784	3,556,283	13,639,683
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,644,010	1,361,504	1,202,063	930,171	5,137,748
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23	Total of lines 15 through 22	147,276,768	140,086,623	118,481,095	126,062,356	531,906,842
24	Line 23 minus line 17	143,074,161	135,249,614	117,437,311	122,506,073	518,267,159
25	Enter 1% of line 23	1,472,768	1,400,866	1,184,811	1,260,624	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 10,365,343

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 228,838,153

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 518,267,159

d Add Amounts from column (e) for lines 18 5,137,748 19 0 22 ______ 26b 228,838,153 ▶ **26d** 233,975,901

e Public support (line 26c minus line 26d total) ▶ **26e** 284,291,258

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 54 85 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		**(a)** Affiliated group totals	**(b)** To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—	**41**		
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Additional Data

Software ID: 06000173
Software Version: v1.00
EIN: 53-0242962
Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Institutional dues	**43a**	37,562	34,478	1,334	1,750
b Licenses and permits	**43b**	14,074	10,162	3,812	100
c Information Services	**43c**	1,772,486	920,137	377,710	474,639
d Honorariums	**43d**	67,460	67,460	0	0
e Subcontracts	**43e**	1,548,713	1,548,713	0	0
f Sales tax, and value added taxes	**43f**	71,288	71,266	22	0
g Training	**43g**	2,805,618	2,801,726	3,892	0
h Miscellaneous	**43h**	44,263	20,163	1,615	22,485
i Bank fees	**43i**	146,312	103,155	11,325	31,832
j Other Professional Fees	**43j**	2,768,239	1,507,019	145,323	1,115,897

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	Unknown/Unclassified Health Policy Programs - Conduct health policy research to help policy-makers formulate innovative solutions to health care challenges Publishes Health Affairs Journal to educate and inform national and international audiences about trends in health care policy (11000 paid subscribers) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	5,353,350
b	International Public Health/International Health P Infectious Disease - offer and expand programs around the world that address the provention, treatment , management and social impact of HIV/AIDS and tuberculosis (18 countries) (Grants and allocations $ 11,882) If this amount includes foreign grants, check here ▶ ☑	6,384,511
c	International Public Health/International Health P Health Training and Facilities - Project HOPE is a leader in the train-the-trainer model to influence the delivery of health care beyond the regions that are home to its offices or program sites As a result of its training programs, Project HOPE is uniquely qualified to assess the health care facilities and equipment required to deliver sustainable health care outcomes (21 countries) (Grants and allocations $ 85,743) If this amount includes foreign grants, check here ▶ ☑	4,722,108
d	International Public Health/International Health P Womens and Childrens Health - Deliver a range of health-related activities that restore and develop health-oriented communities in locals where disaster, disease, poverty and poor access to medical resources leave women and children vulnerable (18 countries) (Grants and allocations $ 186,026) If this amount includes foreign grants, check here ▶ ☑	6,514,084
e	International Public Health/International Health P Humanitarian Assistance - provide humanitarian assistance in the form of medical care and gifts-in-kind to improve health and save lives in countries where a dire need exists (192 shipments) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	137,306,311

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Arno Bohn Bohn Consult GmbH Kaiser- Joseph Strasse 243 Freiburg, Germany 79098 GM	Board Member 0	0	0	0
Mr Jack M Gill PhD The Gill Foundation 1330 Post Oak Blvd Suite 1550 Houston, TX 77056	Board Member 0	0	0	0
Mr Henri A Termeer Genzyme 500 Kendall Street Cambridge, MA 02142	Board Member 0	0	0	0
Mr Gerhard N Mayr 95 Eaton Square London, United Kingdom SW1 W9AQ UK	Board Member 0	0	0	0
Mr Walter G Montgomery Robinson Lerer Montgomery 1345 Avenue of the Americas New York, NY 10105	Board Member 0	0	0	0
Mrs Dollie Cole FM 179 West Briar Patch Ranch Briar Patch Road Mendoza, TX 78644	Board Member 0	0	0	0
Mr John W Galiardo 56 Crooked Tree Lane Princeton, NJ 08540	Board Member 0	0	0	0
Dr Franz B Humer F Hofman-LaRoche Ltd CH-4070 Basel, Switzerland 00000 SZ	Board Member 0	0	0	0
Mr Robert A Ingram GlaxoSmithKline 5 Moore Drive Research Triangle Park, NC 27709	Board Member 0	0	0	0
Mr Louis W Sullivan MD Morehouse School of Medicine 133 Peachtree St NE Ste 4040 Atlanta, GA 30303	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mr Bradley A J Wilson OnMedica Group Plc 1 Lacemaker Ct London Rd Amersham Old Town Buckinghamshire, United Kingdom HP 1 0HS UK	Board Member 0	0	0	0
C William Fox Jr 255 Carter Hall Lane Millwood, VA 22646	Executive Vice President and Chief Operating Officer 40	222,467	2,401	0
Mr J Michael McQuade PhD 3M Company 3M Center Bldg 275-4W-02 McKnight Road St Pauls, MN 551441000	Board Member 0	0	0	0
Mr Dayton Ogden SpencerStuart Worldwide 695 East Main Street Bldg A-2 Stamford, CT 06901	Secretary 0	0	0	0
Mr Steven B Pfeiffer Esq Fulbright Jaworski LLP 801 Pennsylvania Ave NW Washington, DC 20004	Treasurer 0	0	0	0
Mr Charles A Sanders MD GlaxoSmithKline 100 Europa Drive 170 Chapel Hill, NC 27517	Chairman 0	0	0	0
Mr Joseph M Mahady Wyeth 500 Arcola Road Collegeville, PA 19426	Board Member 0	0	0	0
Mr John P Howe III MD 255 Carter Hall Lane Millwood, VA 22646	President and Chief Executive Officer 40	588,581	14,805	0
Deborah R Iwig 255 Carter Hall Lane Millwood, VA 22646	Vice President and Chief Financial Officer 40	226,914	8,565	0
Mrs Sue DesmondHellmann MD Genentech Inc 1 DNA Way Mailstop 68B South San Francisco, CA 94080	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Taroub H Faramand MD 255 Carter Hall Lane Millwood, VA 22646	Senior Vice President Global Health 40	86,535	5,360	0
James B Peake MD 255 Carter Hall Lane Millwood, VA 22646	Executive Vice President and Chief Operating Officer 40	142,513	2,332	0
Ms Nancy T Chang PhD Tanox Inc 10301 Stella Link Suite 110 Houston, TX 770255497	Board Member 0	0	0	0
Mr Viren Mehta Mehta Partners 584 Broadway Suite 1206 New York, NY 10012	Board Member 0	0	0	0
Mr Stephen H Rusckowski Philips Medical Systems 3000 Minuteman Road MS 250 Andover, MA 01810	Board Member 0	0	0	0
Mr William F Brandt Jr 145 Creekside Lane Winchester, VA 22601	Board Member 0	0	0	0
Ms Karen Welke 4755 McDonald Drive North Stillwater, MN 55082	Board Member 0	0	0	0
Mr Richard T Clark Merck Company Inc One Merck Drive Whitehouse Station, NJ 088890100	Board Member 0	0	0	0
Deborah Carl 255 Carter Hall Lane Millwood, VA 22646	Vice President, Human Resources and Administration 40	192,445	17,086	0
Mr Curt M Selquist Johnson Johnson Healthcare System 425 Hoes Lane Piscataway, NJ 08855	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Anthony T Burchard 255 Carter Hall Lane Millwood, VA 22646	Vice President, Development and Communications 40	224,681	6,190	0
John Iglehart 255 Carter Hall Lane Millwood, VA 22646	Vice President and Founding Editor, Health Affairs 40	300,503	16,842	0
Mr James E Preston Rock Hill Associates LLC 9 Maple Street Kent, CT 06757	Board Member 0	0	0	0

Form 990, Part VI, Line 91b - If "Yes," enter the name of the foreign country:

Country
PE
WA
TI
EG
TH
UP
GT
MI
MZ
CH
RS
MX
SF
DR
NU
BK
PL
ID
UZ
TX
KZ
HO
KG
HU
RO
EZ

Form 990, Part VI, Line 91c - If “Yes,” enter the name of the foreign country:

Country
DR
GT
NU
PE
EZ
PL
EG
WA
TH
ID
KG
UZ
TX
UP
RS
MX
RO
SF
MI
HO
HU
CH
TI
KZ
BK
MZ

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed	AK, MD, UT, AL, AZ, NE, NV, NJ, OK, RI, AR, CA, GA, ID, KY, MI, NH, NY, CO, CT, DE, DC, FL, HI, IL, IN, KS, ME, MA, MN, MO, MT, NM, NC, OH, PA, SD, TX, VA, WA, WI, WY, IA, LA, MS, ND, OR, SC, TN, VT, WV

TY 2006 Cash Grants Paid Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO
EIN: 53-0242962
Software ID: 06000173
Software Version: v1.00

Class of Activity	Recipient's name	Address	Amount	Relationship
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Guatemala Central America, Central America GT	9,857	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Namibia Africa, Africa Africa WA	62,364	None
NGO	Various NGO's	Various Various, VA 22646	13,623	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Nicaragua Central America, Central America NU	57,398	None
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Mozambique Africa, Africa Africa MZ	9,593	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	International locations Malawi, Africa Africa MI	19,801	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Peru South America, South America PE	19,390	none
Fellowships	Various Fellowships	Various Various, VA 22646	91,625	Fellowships

TY 2006 Compensation Explanation

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO
EIN: 53-0242962
Software ID: 06000173
Software Version: v1.00

Person Name	Explanation
Mr Arno Bohn	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Jack M Gill PhD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Henri A Termeer	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Gerhard N Mayr	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Walter G Montgomery	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mrs Dollie Cole	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr John W Galiardo	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Dr Franz B Humer	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Robert A Ingram	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Louis W Sullivan MD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Bradley A J Wilson	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
C William Fox Jr	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation He works a minimum of 40 hours a week
Mr J Michael McQuade PhD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Dayton Ogden	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Steven B Pfeiffer Esq	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Charles A Sanders MD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Joseph M Mahady	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr John P Howe III MD	This individual is a Board Member and an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation He works a minimum of 40 hours a week
Deborah R Irvig	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation She works a minimum of 40 hours a week
Mrs Sue DesmondHellmann MD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Taroub H Faramand MD	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation She works a minimum of 40 hours a week
James B Peake MD	This individual is was employed as an officer of Project HOPE - The People-to-People Health Foundation, Inc through November 1, 2006 and was compensated for services as a full time employee of the Foundation He worked a minimum of 40 hours a week
Ms Nancy T Chang PhD	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Viren Mehta	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Stephen H Rusckowski	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr William F Brandt Jr	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Ms Karen Welke	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Mr Richard T Clark	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Deborah Carl	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation She works a minimum of 40 hours a week
Mr Curt M Selquist	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities
Anthony T Burchard	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation He works a minimum of 40 hours a week
John Iglehart	This individual is an officer of Project HOPE - The People-to-People Health Foundation, Inc and is compensated for services as a full time employee of the Foundation He works a minimum of 40 hours a week
Mr James E Preston	This individual serves as a member of the Board of Directors No compensation is paid to any individual for serving as a member of the Board of Directors In addition to devoting approximately 72 hours a year to attend the Board of Directors meetings, this individual spends an average of eight hours a month on other Foundation related activities

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TY 2006 Depreciation and Depletion Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Asset	Amount
Fixed Assets	489,750

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
Wachovia Alternative Securities	2004-05	Purchase	2007-06	Investor	758,188	622,022	0	136,166

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Nissan Pickup Double Cab	1992-08	purchase	2006-08	Faustino Zeron Cruz	2,487	16,400	0	2,487	16,400
Mercedes Benz	1999-08	Purchase	2007-06	PH Suisse	8,449	19,598	0	8,449	19,598
Skoda Fabia vehicle	2001-10	purchase	2007-04	Ahaeti	5,146	9,425	0	5,146	9,425
Other Vehicles Sold	2006-07	Gift	2007-06	Individual	2,880	0	0	2,880	0

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name:	PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO
EIN:	53-0242962
Software ID:	06000173
Software Version:	v1.00
Gross Sales Price:	7,610,812
Basis:	7,463,721
Sales Expenses:	0
Total (net):	147,091

TY 2006 Investments - Securities Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Book Value	Cost/FMV
Wachovia Alternative Securities	513,620	F

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TY 2006 Land etc. Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture, Fixtures & Equipment Life - 5-10 yrs S.L.	3,304,978	2,531,463	773,515
Buildings Life = 45 years S.L.	4,557,220	1,575,771	2,981,449
Vehicles - Field Life - 5 years S.L.	2,024,094	1,593,436	430,658
Land	602,888	0	602,888
Leasehold Improvements Life - 3 years S.L.	88,754	75,926	12,828
Land Improvements Life = 20 years S.L.	675,115	639,884	35,231

TY 2006 Other Assets Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Contributed Property held for Resale	18,000	0
Leasehold improvements in process	18,149	0
Loan Program Fund Assets	1,589,601	1,205,537

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TY 2006 Other Changes in Net Assets Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Amount
Unrealized gains (losses) on securities carried at market value	1,278,412
Gain (loss) on foreign currency	62,826
Penison FAS 158 adjustment	-2,216,826

TY 2006 Other Expenses Included Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Amount
Rental Expenses - Conference Center	257,719
Pension FAS 158 adjustment	2,216,826

TY 2006 Other Investment Income Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Amount
GAM Avalon Lancelot, LLC	2,819

TY 2006 Other Liabilities Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Loan Program Funds	1,589,601	1,205,537
Annıuty Oblıgatıons	907,932	1,067,181

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490323000197

TY 2006 Other Revenues Included Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Description	Amount
Rental Expenses - Conference Center	257,719
Gain on foreign currency translation	62,826

TY 2006 Special Events Schedule

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Conference and Gala, Nov 2007	461,925	461,925	0	0	0

TY 2006 Scholarship Award Statement

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Statement: In deciding which organizations receive assistance from Project HOPE, requests from foreign governmental units and/or health institutions are individually evaluated. Major considerations include our perception of the commitment of the requesting entity and their ability to carry on the respective programs which we are helping to establish. In deciding which individuals receive assistance from us, we evaluate scholarship or fellowship recipients in conjunction with his or her Ministry of Health or Education. Our major considerations are the individual's past contributions to health care, as well as the individual's potential for future contributions.

TY 2006 Self Dealing Statement

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO

EIN: 53-0242962

Software ID: 06000173

Software Version: v1.00

Line Number	Explanation
2c	1. For over 20 years Project HOPE has had a banking relationship with BB&T (formerly F&M Bank before consolidation). In 2005 Project HOPE's President and CEO was appointed to the Board of Directors of BB&T. The Project HOPE Board of Directors and legal counsel reviewed this appointment on behalf of Project HOPE and set conditions to avoid any real or perceived conflicts of interest. This appointment will have no impact on Project HOPE's relationship with BB&T. 2. On an irregular basis, it is necessary for the Foundation to provide housing facilities to certain employees, some of whom may be key employees. Such housing is provided for the convenience of the Foundation at The Project HOPE Health Sciences Education Center when it is necessary for the employees to be at the Center at irregular hours.

Line Number	Explanation
2a	In the normal course of business, Project HOPE makes purchases from many corporations, some of which may employ one of the members of our Board of Directors. All such purchases are made in accordance with Project HOPE's normal procurement policies and practices which include specific requirements for competitive bidding. These purchases are not significant to either Project HOPE or the corporations involved. Such purchases are made without the contemporaneous knowledge of the full Board or the Board member(s) involved. The Board member(s) involved were not present when the related purchasing decisions were made. Information regarding such purchases is summarized on an annual basis and reported to the Board of Directors. The Board of Directors are governed by a separate conflict of interests policy.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 07/01, 2006, and ending 06/30, 20 07

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

OMB No 1545-1879

2006

Name of exempt organization: PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, Inc.

Employer identification number: 53-0242962

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below **Do not** complete more than 1 line in Part I

1a	**Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, line 12)	1b	181,360,144
2a	**Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund

Sign Here ▶ Deborah R. [signature] Signature of officer | 11/15/07 Date | ▶ Vice President and CFO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS *e-file* Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
				Phone no

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 11/14/07	Check if self-employed [ ]	Preparer's SSN or PTIN P00451522
Firm's name (or yours if self-employed), address, and ZIP code ▶ KPMG LLP, 2001 M STREET, NW, WASHINGTON, DC 20036			EIN 13-5565207
			Phone no. 202-533-3000

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2006)

JSA
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