

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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 Fnd Inc. Address: 255 Carter Hall Lane, Millwood, VA 22646

D Employer identification number: 53-0242962. E Telephone number: (540) 837-2100. F Accounting method: Accrual

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

G Web site: www.projecthope.org

J Organization type: 501(c)(3)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 179,961,164

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

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 <input type="checkbox"/>	22a 0	0		
22b Other grants and allocations (attach schedule) (cash \$ 202,941 noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b 202,941	202,941		
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 2,146,848	514,313	1,399,979	232,556
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 included 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 12,384,946	10,140,860	1,096,032	1,148,054
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 2,622,775	2,275,000	110,342	237,433
29 Payroll taxes	29 1,230,262	980,112	160,426	89,724
30 Professional fundraising fees	30 806,145	0	0	806,145
31 Accounting fees	31 216,524	55,924	160,600	0
32 Legal fees	32 76,442	32,932	42,020	1,490
33 Supplies	33 130,252,383	130,168,835	37,750	45,798
34 Telephone	34 585,012	499,033	53,874	32,105
35 Postage and shipping	35 1,828,403	387,375	34,026	1,407,002
36 Occupancy	36 2,677,541	2,141,447	325,038	211,056
37 Equipment rental and maintenance	37 0	0	0	0
38 Printing and publications	38 2,267,915	764,796	48,959	1,454,160
39 Travel	39 3,298,311	2,822,630	220,815	254,866
40 Conferences, conventions, and meetings	40 0	0	0	0
41 Interest	41 0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	42 426,652	311,106	80,060	35,486
43 Other expenses not covered above (itemize)				
a Subcontracts	43a 1,252,560	1,252,560	0	0
b Other Professional Fees	43b 2,578,449	1,241,587	164,860	1,172,002
c Computer & Data Process Charges	43c 1,746,184	866,585	386,340	493,259
d Miscellaneous	43d 151,546	103,263	19,987	28,296
e Bank/Credit Card Fees	43e 165,446	99,352	24,542	41,552
f Training - All Costs	43f 2,478,524	2,455,516	23,008	0
g Honorariums	43g 114,988	114,988	0	0
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 169,565,797	157,431,155	4,443,658	7,690,984

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.

<p>What is the organization's primary exempt purpose? Health care policy and education</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>157,431,155</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		1,926,311	45	1,887,722	
	46 Savings and temporary cash investments		3,735,237	46	7,620,321	
	47a Accounts receivable	47a	66,326			
	b Less allowance for doubtful accounts	47b	0	235,393	47c	66,326
	48a Pledges receivable	48a	15,709,941			
	b Less allowance for doubtful accounts	48b	724,895	9,369,134	48c	14,985,046
	49 Grants receivable		2,443,995	49	1,883,558	
	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		23,956,698	52	15,126,011	
	53 Prepaid expenses and deferred charges		233,005	53	657,134	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		17,229,961	54a	17,857,649	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		513,620	54b	1,049,410	
	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	10,075,340			
	b Less accumulated depreciation (attach schedule)	57b	5,563,542	4,836,569	57c	4,511,798
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		1,205,537	58	1,289,741		
59 Total assets (must equal line 74) Add lines 45 through 58		65,685,460	59	66,934,716		
Liabilities	60 Accounts payable and accrued expenses		9,755,027	60	7,221,347	
	61 Grants payable		0	61	0	
	62 Deferred revenue		2,066,328	62	2,033,961	
	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 <input type="checkbox"/> _____)		2,272,718	65	2,762,449	
66 Total liabilities Add lines 60 through 65		14,094,073	66	12,017,757		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		13,080,706	67	14,406,276	
	68 Temporarily restricted		36,580,335	68	36,758,924	
	69 Permanently restricted		1,930,346	69	3,751,759	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)		51,591,387	73	54,916,959	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		65,685,460	74	66,934,716	

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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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? 75c: 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? 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (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. Row 1: William B Walsh, 5307 Duvall Drive, Bethesda, MD 20816, 0, 55,000, 15,900, 0.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 80b: 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). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with rows 82a-91b and columns Yes/No. Includes questions about donated services, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Subscription Revenue		0		0	1,719,268
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	173,897	0
96 Dividends and interest from securities		0	14	1,053,052	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property	721000	1,000	16	-59,857	0
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory		0	18	719,770	0
101 Net income or (loss) from special events		0	1	-457,572	0
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Mailing list royalties		0	13	573,556	0
b Miscellaneous other revenue		0		0	53,598
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,000		2,002,846	1,772,866
105 Total (add line 104, columns (B), (D), and (E))					3,776,712

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 other revenue

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)*

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				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

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				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

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?		Yes	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	2008-11-06	Date
	Deborah Iwig Vice President and CFO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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)**

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.)

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

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

Name of the organization
Project HOPE-The People-to-People Health Fnd Inc

Employer identification number

53-0242962

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 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	173,400	11,811	0
Jack Blanks Jr 255 Carter Hall Lane Millwood, VA 22646	Regional Director 40	149,248	5,647	0
Rand Walton 255 Carter Hall Lane Millwood, VA 22646	Dir Communications 40	161,867	10,740	0
Brian Allen 255 Carter Hall Lane Millwood, VA 22646	Dir Internal Audit 40	137,938	8,133	0
Frederick Gerber II 255 Carter Hall Lane Millwood, VA 22646	Country Dir Iraq SP 40	160,902	7,754	0
Total number of other employees paid over \$50,000	84			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
Craver Mathews Smith Co 8000 Towers Crescent Drive Suite 150 Vienna, VA 221826205	Direct Response Marketing Consultants	432,781
Burness Communications 7910 Woodmont Ave Suite 700 Bethesda, MD 20814	Communications and Promotion Marketing	129,830
Development Resources Inc 1601 N Kent Street Suite 1200 Arlington, VA 22209	Strategic fundraising and communications consulting	200,583
IPC Communications Services Dept 77-9122 Chicago, IL 606789122	Print quarterly journal	302,945
KPMG LLP 2001 M Street Washington, DC 20037	Auditing and tax services	160,600
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 individual 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
Commonwealth Mailings/Martin Publishing 1700 Venable Street Richmond, VA 23223	Printing and Mail Processing	88,288
Carol Enters List Co 9663 C Main Street Alexandria, VA 22031	Direct Marketing List Service	169,103
Public Interest Data Inc 1800 Diagonal Road Alexandria, VA 22314	Fund-raising Database Management	255,197
Day Night Printing Inc 8618 Westwood Ctr Dr Suite LL-100 Vienna, VA 221822222	Printing	85,861
Village Square Restaurant 103 N Loudoun Street Winchester, VA 22601	Catering	134,206
Total number of other contractors receiving over \$50,000 for other services	3	

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

Yes No

<p>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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.) </p> <p>a Sale, exchange, or leasing property?</p>	2a	Yes	
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? </p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>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) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>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</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

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?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	175,011,627	143,941,995	137,192,079	116,235,248	572,380,949
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	1,645,244	1,690,763	1,533,040	1,043,784	5,912,831
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	1,772,595	1,644,010	1,361,504	1,202,063	5,980,172
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	178,429,466	147,276,768	140,086,623	118,481,095	584,273,952
24 Line 23 minus line 17	176,784,222	145,586,005	138,553,583	117,437,311	578,361,121
25 Enter 1% of line 23	1,784,295	1,472,768	1,400,866	1,184,811	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 11,567,222
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 250,346,409
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 578,361,121
d Add Amounts from column (e) for lines	18 5,980,172	19 0			
	22	26 b 250,346,409			26d 256,326,581
e Public support (line 26c minus line 26d total)					26e 322,034,540
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 55.68 %
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	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
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	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c 578,293,780
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e 578,293,780
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f 584,273,952
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g 98.98 %
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					27h 1.02 %

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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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— 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	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	

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 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 11 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

- 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**.)

Yes	No	Amount

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











Additional Data

Software ID: 07000149
Software Version: v1.00
EIN: 53-0242962
Name: Project HOPE-The People-to-People Health Fnd Inc











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.)
<p>a 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.</p> <p>(Grants and allocations \$ 31,742) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	4,970,289
<p>b 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.</p> <p>(Grants and allocations \$ 171,199) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p>	8,176,895
<p>c 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.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	5,353,744
<p>d 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.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	131,727,454
<p>e International Public Health/International Health P Infectious Disease - offer and expand programs around the world that address the prevention, treatment, management and social impact of HIV/AIDS and tuberculosis.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	7,202,773











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  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr William F Brandt Jr  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Richard T Clark  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Jack M Gill PhD  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Dr Nancy T Chang  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr John W Galiardo  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Henri A Termeer  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Ms Karen Welke  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Taroub H Faramand MD  255 Carter Hall Lane Millwood, VA 22646	Senior Vice President Global Health 40	203,964	10,387	0
Mr Robert A Ingram  255 Carter Hall Lane Millwood, VA 22646	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 Steven B Pfeiffer Esq  255 Carter Hall Lane Millwood, VA 22646	Treasurer 0	0	0	0
Anthony T Burchard  255 Carter Hall Lane Millwood, VA 22646	Vice President, Development and Communications 40	223,531	9,025	0
Dr Charles A Sanders  255 Carter Hall Lane Millwood, VA 22646	Chairman 0	0	0	0
C William Fox Jr  255 Carter Hall Lane Millwood, VA 22646	Executive Vice President and Chief Operating Officer 40	319,760	1,629	0
Mr Louis W Sullivan MD  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Deborah R Iwig  255 Carter Hall Lane Millwood, VA 22646	Vice President and Chief Financial Officer 40	229,415	6,542	0
Mrs Nancy A Larson  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Viren Mehta  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Bradley A J Wilson  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr George B Abercrombie  255 Carter Hall Lane Millwood, VA 22646	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
Mrs Edward N Cole  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Dr Sue DesmondHellmann  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Curt M Selquist  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
John Iglehart  255 Carter Hall Lane Millwood, VA 22646	Vice President and Founding Editor, Health Affairs 40	284,236	15,726	0
Mr Dayton Ogden  255 Carter Hall Lane Millwood, VA 22646	Secretary 0	0	0	0
Mr Gerhard N Mayr  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Deborah Carl  255 Carter Hall Lane Millwood, VA 22646	Vice President, Human Resources and Administration 40	215,507	14,968	0
Mr Stephen H Rusckowski  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr Joseph M Mahady  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr J Michael McQuade PhD  255 Carter Hall Lane Millwood, VA 22646	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 Walter G Montgomery  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Mr James E Preston  255 Carter Hall Lane Millwood, VA 22646	Board Member 0	0	0	0
Dr John P Howe III MD  255 Carter Hall Lane Millwood, VA 22646	President and Chief Executive Officer 40	599,519	12,639	0

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

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

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

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

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	RI, SD, UT, WA, WI, AK, AR, CO, DE, FL, IL, KS, LA, MD, MI, MS, MT, NH, NM, NC, OH, OR, TN, PA, SC, AL, CA, DC, IN, ME, MN, NV, NY, OK, VA, TX, WV, AZ, CT, GA, KY, MA, MO, NJ, ND
---	--

TY 2007 Cash Grants Paid Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Class of Activity	Recipient's name	Address	Amount	Relationship
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Central America NU	47,744	none
Fellowships	Various Fellowships	Various na, VA 22646	31,742	Fellowships
Village Health Banks Loan Capital	Village Health Banks Loan Capital	South America PE	55,750	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Africa WA	57,705	none
Village Health Banks Loan Capital	Village Health Banks Loan Capital	Central America GT	10,000	none

TY 2007 Compensation Explanation**Name:** Project HOPE-The People-to-People Health Fnd Inc**EIN:** 53-0242962**Software ID:** 07000149**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 8 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 8 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 8 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 8 hours a month on other Foundation related activities.
Dr Nancy T Chang	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 8 hours a month on other Foundation related activities.
Mr John W Gallardo	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 8 hours a month on other Foundation related activities.

Person Name	Explanation
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 8 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 8 hours a month on other Foundation related activities.
Taroub H Faramand MD	This individual is an office 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 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 8 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 8 hours a month on other Foundation related activities.
Anthony T Burchard	This individual is an office 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.

Person Name	Explanation
Dr Charles A Sanders	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 8 hours a month on other Foundation related activities.
C William Fox Jr	This individual is an office 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 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 8 hours a month on other Foundation related activities.
Deborah R Wig	This individual is an office 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 Nancy A Larson	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 8 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 8 hours a month on other Foundation related activities.

Person Name	Explanation
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 8 hours a month on other Foundation related activities.
Mr George B Abercrombie	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 8 hours a month on other Foundation related activities.
Mrs Edward N 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 8 hours a month on other Foundation related activities.
Dr Sue DesmondHellmann	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 8 hours a month on other Foundation related activities.
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 8 hours a month on other Foundation related activities.
John Iglehart	This individual is an office 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.

Person Name	Explanation
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 8 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 8 hours a month on other Foundation related activities.
Deborah Carl	This individual is an office 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 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 8 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 8 hours a month on other Foundation related activities.
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 8 hours a month on other Foundation related activities.

Person Name	Explanation
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 8 hours a month on other Foundation related activities.
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 8 hours a month on other Foundation related activities.
Dr 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 per week.

TY 2007 Depreciation and Depletion Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Asset	Amount
Fixed Assets	426,652

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Gross Sales Price: 7,205,656

Basis: 6,485,886

Sales Expenses: 0

Total (net): 719,770

TY 2007 Investments - Securities Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Book Value	Cost/FMV
Wachovia Alternative Securities, Inc.	1,049,410	F

TY 2007 Land etc. Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture, Fixtures & Equipment Life = 5-10 Yrs. SL	2,627,995	1,917,145	710,850
Leasehold Improvements Life = 3 Yrs. SL	88,754	77,502	11,252
Buildings Life = 45 Yrs. SL	4,557,220	1,674,868	2,882,352
Land	602,888	0	602,888
Land Improvements Life = 20 Yrs. SL	675,115	648,447	26,668
Vehicles - Field Site Life = 5 Yrs. SL	1,523,368	1,245,580	277,788

TY 2007 Other Assets Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Loan Program Assets	1,205,537	1,289,741

TY 2007 Other Changes in Net Assets Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Amount
Gain (loss) on foreign currency	-684
Pension FAS 158 adjustment	1,887,182
Unrealized gains (losses) on securities carried at market value	-1,490,033

TY 2007 Other Expenses Included Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Amount
Pension FAS 158 adjustment	1,887,182
Rental Expenses - Conference Center	244,246
Loss of foreign currency translation	-684

TY 2007 Other Liabilities Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Loan Program Obligations	1,205,537	1,289,741
Annuity Obligations	1,067,181	1,472,708

TY 2007 Other Revenues Included Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Description	Amount
Rental Expenses - Conference Center	244,246

TY 2007 Special Events Schedule

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Health Affairs Anniv Gala	2,435,489	2,156,933	278,556	717,150	-438,594
China Children's Painting Competition FY2009	18,185	18,185	0	18,978	-18,978

TY 2007 Scholarship Award Statement

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

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 2007 Self Dealing Statement

Name: Project HOPE-The People-to-People Health Fnd Inc

EIN: 53-0242962

Software ID: 07000149

Software Version: v1.00

Line Number	Explanation
2a	<p>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) 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.</p>
2c	<p>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 employees to be at the Center at irregular hours.</p>

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing	OMB No. 1545-1879
		2007
For calendar year 2007, or tax year beginning <u>7/1/2007</u> , and ending <u>6/30/2008</u>		
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B ▶ See instructions on back.		
Name of exempt organization Project HOPE-The People-to-People Health Fnd 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	\$172,494,904
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 990-B check here ▶ <input type="checkbox"/>	b Balance due (Form 990-B, 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 2007 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 acknowledgment 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 Ludwig 11/12/08 ▶ **Deborah Ludwig, Vice President and CFO**

Signature of officer Date 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 4208, 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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	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 (other than owner, partner, or sole proprietor) is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN Phone no.