NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx

GUIDESTAR®

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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 FOUNDATION INC

Doing Business As

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

G Gross receipts $ 150,845,063

F Name and address of Principal Officer
John P Howe III MD Pres and CEO
255 Carter Hall Lane
Millwood, VA 22646

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

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

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www projecthope org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1958 **M** State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Health education, strengthening health facilities, fighting diseases such as TB, HIV/AIDS and diabetes and providing humanitarian assistance through donated medicines and supplies and volunteer medical help

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of employees (Part V, line 2a)	5	184
6	Total number of volunteers (estimate if necessary)	6	155
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,000
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	168,718,192	140,443,374
	9	Program service revenue (Part VIII, line 2g)	1,719,268	1,850,571
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,946,719	552,957
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,725	-262,822
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,494,904	142,584,080
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	202,941	220,632
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,439,831	17,076,620
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	806,145	543,666
	b	(Total fundraising expenses, Part IX, column (D), line 25 7,119,358)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	150,116,880	139,466,595
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	169,565,797	157,307,513
	19	Revenue less expenses Subtract line 18 from line 12	2,929,107	-14,723,433

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	66,934,716	49,488,936
	21	Total liabilities (Part X, line 26)	12,017,757	19,723,390
	22	Net assets or fund balances Subtract line 21 from line 20	54,916,959	29,765,546

Part II Signature Block

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

Please Sign Here

Signature of officer | Date 2010-01-28

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 PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 110,944,138 including grants of $ 0) (Revenue $ 102,937,441)

Humanitarian Assistance - The mission of Project HOPE's Humanitarian Assistance program is twofold, provide emergency assistance where disasters strike and strengthen our educational programs and facilities with medicines and medical products Project HOPE's primary focus is on the long term - providing access to vital medicines and supplies, even after the attention of the outside world has moved on to other issues We also support our international health education programs with donated product - items like pharmaceuticals, medical supplies and equipment - supplied by some of the world's leading corporations These products range from lifesaving antibiotics to sophisticated medical equipment used to teach the latest surgical techniques Over the course of our history, we shipped nearly $2 billion in humanitarian assistance around the world

4b (Code) (Expenses $ 23,142,233 including grants of $ 220,632) (Revenue $ 4,394,511)

Health Education - Project HOPE helps train the staff necessary to operate hospitals, clinics and community health programs in disadvantaged areas of the world Programs range from the training of community health promoters in areas such as primary care, reproductive health, and maternal and children's health, to the establishment of highly specialized, tertiary care postgraduate medical programs in fields such as nursing and cardiac surgery We use a "train the trainer" methodology in which local health professionals are taught how to teach others what they have learned in HOPE's programs This approach has resulted in more than 2 million health care workers trained over the course of our history

4c (Code) (Expenses $ 6,422,602 including grants of $ 0) (Revenue $ 11,542,074)

Health Policy - Health Affairs, the leading journal of health policy thought and research, is owned and published by Project HOPE The peer-reviewed journal appears bimonthly in print with additional weekly online Web Exclusive articles Published since 1981, The Washington Post has called Health Affairs the bible of health policy Susan Dentzer, formerly head of The NewsHour's health unit, serves as the journal's Editor-in-Chief All papers undergo external peer review and are authored by leading academics from fields that intersect with health policy such as economics, public health, sociology, political science, medicine and nursing, to name a few Government policymakers and health industry decision makers from the U S and around the globe also write for and read the journal Health Affairs is available via subscription and every article the journal has ever published is available online at www healthaffairs org All abstracts, tables of contents and many articles are free access online The journal is also free to online readers from the lowest income nations

(Code) (Expenses $ 5,300,700 including grants of $ 0) (Revenue $ 3,790,055)

Volunteer Efforts - Project HOPE was founded on the willingness of doctors, nurses and other medical volunteers to travel the globe on a floating hospital ship - the SS HOPE- to provide medical care, health education and humanitarian assistance to people in need While we now operate land-based programs in more than 35 countries, Project HOPE, in a unique partnership with the U S Navy, has again returned to sending medical volunteers on board ships around the world to provide medical assistance, health education, vaccinations and humanitarian assistance From our work with tsunami relief in Southeast Asia, to Hurricane Katrina relief in the Gulf States, to annual health education and humanitarian assistance missions to Latin America, West Africa and the Oceania region, the generosity and support of volunteers has been truly inspiring This generosity and support has enabled us to respond not only to immediate natural disasters, but change people's lives for the long-term with health education and life saving vaccinations Since partnering with the U S Navy in early 2005 to provide tsunami relief, Project HOPE has participated in 15 humanitarian assistance health education missions with more than 800 HOPE volunteers These missions have provided care to more than 400,000 people, offered health education to more than 100,000 and delivered $33 million in donated medicines and medical supplies As a result of this work, we are expanding our volunteer efforts to land-based programs, to provide long-term health care and reform

4d Other program services (Describe in Schedule O)

(Expenses $ 5,300,700 including grants of $ 0) (Revenue $ 3,790,055)

4e Total program service expenses $ 145,809,673 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	61			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	184			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	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)?			4a	Yes	
b	If "Yes," enter the name of the foreign 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 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	Yes	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . 1a 28			
b	Enter the number of voting members that are independent . . 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AK , AL , AR , AZ , CA , CT , FL , GA , HI , IL , KS , KY , LA , MA , MD , ME , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Deborah R Iwig
255 Carter Hall Lane
Millwood, VA 22646
(540) 837-2100

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							▶	2,689,196	0	467,421

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶29

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Craver Mathews Smith Co 8000 Towers Crescent Drive Suite 150 Vienna, VA 221826205	Direct Response Marketing Consultants	431,492
IPC Communications Services Dept 77-9122 Chicago, IL 606789122	Print quarterly journal	281,447
Burness Communications 7910 Woodmont Ave Suite 700 Bethesda, MD 20814	Communications and Promotion Marketing	240,361
Public Interest Data Inc 1800 Diagonal Road Suite 400 Alexandria, VA 22314	Fundraising database management	238,933
The Implementation Group Inc 101 Constitution Ave NW Suite 650 East Washington, DC 20001	Fundraising Consultants	190,572

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 11

Part VIII Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	**1a**	Federated campaigns . . . **1a**	121,360					
	b	Membership dues **1b**	0					
	c	Fundraising events **1c**	1,695,412					
	d	Related organizations . . . **1d**	0					
	e	Government grants (contributions) **1e**	7,400,698					
	f	All other contributions, gifts, grants, and similar amounts not included above **1f**	131,225,904					
	g	Noncash contributions included in lines 1a-1f $ 104,129,693						
	h	**Total (Add lines 1a-1f)** . . . . ▶			140,443,374			
Program Service Revenue			Business Code					
	2a	Subscription Revenue	511,120		1,850,571	1,850,571	0	0
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total. Add lines 2a-2f** . . . . ▶ $ 1,850,571						
Other Revenue	**3**	Investment income (including dividends, interest other similar amounts) . . . . ▶			1,194,097	0	0	1,194,097
	4	Income from investment of tax-exempt bond proceeds . . ▶			0	0	0	0
	5	Royalties			0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross Rents	258,322	0				
	b	Less rental expenses	234,192	0				
	c	Rental income or (loss)	24,130	0				
	d	Net rental income or (loss) . . . . ▶			24,130	0	1,000	23,130
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,479,743	6,355				
	b	Less cost or other basis and sales expenses	7,127,238	0				
	c	Gain or (loss)	-647,495	6,355				
	d	Net gain or (loss) . . . . ▶			-641,140	0	0	-641,140
	8a	Gross income from fundraising events (not including $ 189,790 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . **a**	1,695,412					
	b	Less direct expenses . . . **b**	899,553					
	c	Net income or (loss) from fundraising events . . ▶			-709,763	-709,763	0	0
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* **a**	0					
	b	Less direct expenses . . . **b**	0					
	c	Net income or (loss) from gaming activities . . . ▶			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances . **a**	0					
	b	Less cost of goods sold . . **b**	0					
	c	Net income or (loss) from sales of inventory . . ▶			0	0	0	0
		Miscellaneous Revenue	Business Code					
	11a	Mailing list royalties	511,140		415,874	0	0	415,874
	b							
	c							
	d	All other revenue			6,937	6,937	0	0
	e	**Total. Add lines 11a-11d** . . . . $ 422,811						
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶			142,584,080	1,147,745	1,000	991,961

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	220,632	220,632		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,131,366	602,215	1,262,124	267,027
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	11,657,701	9,474,812		1,100,764
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	823,890	692,668	54,769	76,453
9	Other employee benefits	1,567,233	1,223,462	205,162	138,609
10	Payroll taxes	896,430	664,453	143,867	88,110
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	136,266	34,108	85,299	16,859
c	Accounting	222,556	52,006	170,550	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	543,666			543,666
f	Investment management fees	58,161		58,161	
g	Other	3,399,506	1,655,266	188,793	1,555,447
12	Advertising and promotion	264,957	250,422	2,676	11,859
13	Office expenses	3,317,670	2,121,821	93,459	1,102,390
14	Information technology	1,745,865	944,270	370,665	430,930
15	Royalties . .				
16	Occupancy	2,549,813	2,017,074	336,540	196,199
17	Travel	2,401,017	2,103,744	134,996	162,277
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	208,930	176,943	28,443	3,544
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	405,905	312,560	63,013	30,332
23	Insurance	380,195	296,360	53,226	30,609
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Medical Equipment and Pharmaceuticals	118,931,334	118,931,334	0	0
b	Honorariums	203,958	201,766	0	2,192
c	Subcontracts	589,765	589,765	0	0
d	Training All Costs	2,263,245	2,260,941	1,919	385
e	Outside Printing and Artwork	1,967,600	663,992	18,923	1,284,685
f	All other expenses	419,852	319,059	23,772	77,021
25	**Total functional expenses.** Add lines 1 through 24f	157,307,513	145,809,673	4,378,482	7,119,358
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,887,722	1	1,197,094
	2	Savings and temporary cash investments	7,620,321	2	6,206,118
	3	Pledges and grants receivable, net	16,868,603	3	16,653,709
	4	Accounts receivable, net	66,326	4	105,041
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	15,126,011	8	4,992,710
	9	Prepaid expenses and deferred charges	657,135	9	146,098
	10a	Land, buildings, and equipment cost basis — **10a** 10,666,783			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — **10b** 5,905,111	4,511,798	10c	4,761,672
	11	Investments—publicly traded securities	17,857,649	11	12,959,422
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,049,410	12	1,095,893
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	1,289,741	15	1,371,179
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	66,934,716	16	49,488,936
Liabilities	17	Accounts payable and accrued expenses	7,221,347	17	15,019,768
	18	Grants payable	0	18	0
	19	Deferred revenue	2,033,961	19	1,544,128
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow account liability *Complete Part IV of Schedule D*	0	21	0
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	406,606
	24	Unsecured notes and loans payable		24	0
	25	Other liabilities *Complete Part X of Schedule D*	2,762,449	25	2,752,888
	26	**Total liabilities.** *Add lines 17 through 25*	12,017,757	26	19,723,390
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	14,406,276	27	-1,239,225
	28	Temporarily restricted net assets	36,758,924	28	27,240,007
	29	Permanently restricted net assets	3,751,759	29	3,764,764
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	54,916,959	33	29,765,546
	34	Total liabilities and net assets/fund balances	66,934,716	34	49,488,936

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	137,631,736	144,857,786	177,539,585	168,718,192	140,443,374	769,190,673
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add line 1-3	137,631,736	144,857,786	177,539,585	168,718,192	140,443,374	769,190,673
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						325,534,229
6 **Public Support** subtract line 5 from line 4						443,656,444

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
7 Amounts from line 4	137,631,736	1,719,546	177,539,585	168,718,192	140,443,374	769,190,673
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,497,958	1,719,546	1,797,549	1,800,505	1,609,971	8,425,529
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-136,125	-101,983	-56,764	-56,764	1,534	-350,102
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 **Total Support** (Add lines 7 through 10)						777,266,100

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**57.079 %**
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**55.68 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 53-0242962
Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Mr George B Abercombie , Board Director	3	X						0	0	0
Mr Arno Bohn , Board Director	3	X						0	0	0
Mr William F Brandt Jr , Board Director - Treasurer	3	X						0	0	0
Dr Nancy T Chang , Board Director	3	X						0	0	0
Mr R Kerry Clark , Board Director	3	X						0	0	0
Mr Richard T Clark , Board Director	3	X						0	0	0
Mrs Edward N Cole , Board Director	3	X						0	0	0
Mr John W Galiardo , Board Director - Vice Chairman	3	X						0	0	0
Mr Jack M Gill , Board Director	3	X						0	0	0
Mr Robert A Ingram , Board Director	3	X						0	0	0
Mrs Nancy A Larson , Board Director	3	X						0	0	0
Mr Joseph M Mahady , Board Director	3	X						0	0	0
Mr Gerhard N Mayr , Board Director	3	X						0	0	0
Mr J Michael McQuade PhD , Board Director	3	X						0	0	0
Mr Viren Mehta , Board Director	3	X						0	0	0
Mr Walter G Montgomery , Board Director	3	X						0	0	0
Ms Phebe Novakovic , Board Director	3	X						0	0	0
Mr Dayton Ogden , Board Director - Secretary	3	X						0	0	0
Mr Steven B Pfeiffer Esq , Board Director	3	X						0	0	0
Mr James E Preston , Board Director	3	X						0	0	0
Mr Stephen H Rusckowski , Board Director	3	X						0	0	0
Dr Charles A Sanders , Board Director - Chairman	3	X						0	0	0
Mr Curt M Selquist , Board Director	3	X						0	0	0
Mr Louis W Sullivan MD , Board Director	3	X						0	0	0
Mr Henri A Termeer , Board Director	3	X						0	0	0
Ms Karen Welke , Board Director	3	X						0	0	0
Mr Bradley A J Wilson , Board Director	3	X						0	0	0
Dr John P Howe III MD , President & CEO	40			X				628,000	0	100,283
Anthony T Burchard , Vice President Development and Communications	40			X				230,382	0	29,046
Susan Dentzer , Vice President for Health Policy	40			X				178,125	0	28,842

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deborah R Iwig , Vice President and Chief Financial Officer	40			X				237,983	0	70,263
Stuart L Myers , Senior Vice President	40			X				158,163	0	21,758
M Miriam Wardak , Vice President and Chief HR Officer	40			X				93,771	0	11,629
Taroub Faramand , Senior Vice President	40			X				167,982	0	15,599
James C Robinson , Vice President for Health Policy	40			X				159,515	0	16,107
Frederick E Gerber II , Country Director, Iraq/Special Projects	40					X		176,258	0	25,201
Gail R Wilensky PhD , Senior Fellow Health Affairs	40					X		173,400	0	72,579
Rand F Walton , Director Communications	40					X		170,287	0	17,670
Kendra E Davenport , Director, Corporate Giving	40					X		161,413	0	5,715
Jack B Blanks Jr , Regional Director	40					X		153,917	0	52,729

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Since 1958, Project HOPE has worked to make health care available for people around the globe - especially women and children. It's in our name: Health Opportunities for People Everywhere. From the beginning, when we sent medical volunteers on board the world's first peacetime Hospital Ship, the SS HOPE, to our land-based programs today, Project HOPE has been committed to long-term sustainable health care. Our work includes educating health professionals and community health workers, strengthening health facilities, fighting diseases such as TB, HIV/AIDS and diabetes and providing humanitarian assistance through donated medicines and supplies and volunteer medical help.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 1,923,064

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☑ Other Conference Center

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	**(b)** Prior Year	**(c)** Two Years Back	**(d)** Three Years Back	**(e)** Four Years Back
1a	Beginning of year balance	3,939,516				
b	Contributions	13,004				
c	Investment earnings or losses	58,866				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	0				
f	Administrative expenses	0				
g	End of year balance	4,011,386				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 94 %

c Term endowment ▶ 6 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Depreciation	**(d)** Book value
1a Land	0	602,888		602,888
b Buildings	0	4,896,822	1,746,967	3,149,855
c Leasehold improvements	0	115,402	79,960	35,442
d Equipment	0	4,376,556	3,425,226	951,330
e Other	0	675,115	652,958	22,157
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,761,672

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	1,095,893	F
Closely-held equity interests	0	
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,095,893	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Loan Program Assets	1,371,179
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	1,371,179

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Loan Program Obligations	1,371,179
Annuity Obligations	1,381,709
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,752,888

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	142,584,080
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	157,307,513
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,723,433
4	Net unrealized gains (losses) on investments	4	-2,907,147
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-7,520,834
9	Total adjustments (net) Add lines 4 - 8	9	-10,427,981
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-25,151,414

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	141,973,843
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,907,147		
b	Donated services and use of facilities	2b	2,206,421		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	-143,703		
e	Add lines **2a** through **2d**			2e	-844,429
3	Subtract line **2e** from line **1**			3	142,818,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	-234,192		
c	Add lines **4a** and **4b**			4c	-234,192
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	142,584,080

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	167,125,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,206,421		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	7,520,834		
e	Add lines **2a** through **2d**			2e	9,727,255
3	Subtract line **2e** from line **1**			3	157,398,002
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	-90,489		
c	Add lines **4a** and **4b**			4c	-90,489
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	157,307,513

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	9	53	Program Services	Maternal and Child Health Care, Infectious Disease Health Care and Education	17,354,029
East Asia and the Pacific	3	16	Program Services	Chronic Disease Care and Education, Health Strengthening Systems, Maternal and Child Health Care	22,427,519
Europe (including Iceland and Greenland)	6	7	Program Services	Health Strengthening Systems, Maternal and Child Health Care, Infectious and Chronic Disease Care and Education	7,157,986
Middle East and North Africa	2	3	Program Services	Health Strengthening Systems	22,078,544
North America (including Canada and Mexico, but not the United States)	1	2	Program Services	Chronic Disease Care and Education	182,222
Russia and the newly independent States	9	99	Program Services	Infectious Disease Care and Education	46,423,969
South America	1	13	Program Services	Maternal and Child Health Care	167,029
South Asia	6	7	Program Services	Health Strengthening Systems, Maternal and Child Health Care, Infectious and Chronic Disease Care and Education	223,398
Sub-Saharan Africa	12	64	Program Services	Infectious Disease Care and Education	4,478,944
Totals . . . . . ▶	49	264			120,493,640

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	To fund a Village Health Bank program in Nicaragua that allows women to start or enhance small businesses to generate income Ideally, the ensuing profit will be enough to raise her family out of poverty and provide her children with basic, nutritional food and medicines Participants also attend Project HOPE health education classes in conjunction with the bi-weekly business meeting During these sessions they learn how to prevent illness and disease and generally live more healthy lives	46,253	small cash payments after wiring funds to Project HOPE field office			
		Sub-Saharan Africa	Namibia Village Health Bank	68,849	small cash payments after wiring funds to Project HOPE field office			
		Sub-Saharan Africa	Mozambique Village Health Bank	37,454	small cash payments after wiring funds to Project HOPE field office			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 0

3 Enter total number of other organizations or entities . . . ▶ 3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
Medical training for doctors at the Shanghai Children's Medical Center This is a university training hospital located in Shanghai, China The students are sent to the United States and other countries for specialized training	East Asia and the Pacific	17	68,076	Cash payments	0		

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Project HOPE has one individual grant program for training doctors from the Shanghai Children's Medical Center The grants are monitored at the field office in Shanghai, China Recipients receive small grants to cover their living costs while away training The costs are paid out as daily allowances based upon the length of the training

Additional Data

Return to Form

Software ID: 08000095
Software Version: v1.00
EIN: 53-0242962
Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	To fund a Village Health Bank program in Nicaragua that allows women to start or enhance small businesses to generate income Ideally, the ensuing profit will be enough to raise her family out of poverty and provide her children with basic, nutritional food and medicines Participants also attend Project HOPE health education classes in conjunction with the bi-weekly business meeting During these sessions they learn how to prevent illness and disease and generally live more healthy lives	46,253	small cash payments after wiring funds to Project HOPE field office			
		Sub-Saharan Africa	Namibia Village Health Bank	68,849	small cash payments after wiring funds to Project HOPE field office			
		Sub-Saharan Africa	Mozambique Village Health Bank	37,454	small cash payments after wiring funds to Project HOPE field office			

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Cravers Matthews Smith & Company	Direct Mail - House, Sustainer and Prospect Fundraising		No	5,291,129	384,000	4,907,129
Direct Advantage Marketing	Telemarketing Fundraising		No	96,267	142,166	-45,899
The Sharpe Group	Consultant for Planned Giving Fundraising		No	0	17,500	-17,500
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 50th Anniv Gala (event type)	(b) Event #2 China Children's Art (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	1,756,375	69,235	59,592	1,885,202
	2	Less Charitable contributions	1,566,585	69,235	59,592	1,695,412
	3	Gross revenue (line 1 minus line 2)	189,790	0	0	189,790
Direct Expenses	4	Cash Prizes	0	0	0	0
	5	Non-cash Prizes	0	0	0	0
	6	Rent/Facility costs	110,000	0	0	110,000
	7	Other direct expenses	633,522	54,665	101,366	789,553
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				899,553
	9	Net income summary Combine lines 3 and 8 in column (d) ▶				-709,763

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

				Yes	No
9		Enter the state(s) in which the organization operates gaming activities ________________			
	a	Is the organization licensed to operate gaming activities in each of these states?	9a		
	b	If "No," Explain			
10a		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
	b	If "Yes," Explain			
11		Does the organization operate gaming activities with nonmembers?	11		
12		Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a			
b	An outside facility	13b			

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ ____________

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Additional Data

Software ID:
Software Version:
EIN: 53-0242962
Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Form 990 Schedule G - Licensed States

Licensed States

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☑ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dr John P Howe III MD	(i)	528,000	100,000	0	91,906	10,600	730,506	0
	(ii)	0	0	0	0	0	0	0
Anthony T Burchard	(i)	230,381	0	0	24,250	7,013	261,644	0
	(ii)	0	0	0	0	0	0	0
Susan Dentzer	(i)	165,625	12,500	0	16,281	14,347	208,753	0
	(ii)	0	0	0	0	0	0	0
Deborah R Iwig	(i)	237,983	0	0	68,650	3,627	310,260	0
	(ii)	0	0	0	0	0	0	0
Stuart L Myers	(i)	146,163	12,000	0	19,726	3,818	181,707	0
	(ii)	0	0	0	0	0	0	0
Gail R Wilensky PhD	(i)	173,400	0	0	68,542	5,273	247,215	0
	(ii)	0	0	0	0	0	0	0
Frederick E Gerber II	(i)	176,258	0	0	20,317	6,120	202,695	0
	(ii)	0	0	0	0	0	0	0
Rand F Walton	(i)	167,787	2,500	0	5,109	13,797	189,193	0
	(ii)	0	0	0	0	0	0	0
Kendra E Davenport	(i)	161,338	0	0	4,840	1,580	167,758	0
	(ii)	0	0	0	0	0	0	0
Jack B Blanks Jr	(i)	153,917	0	0	52,557	998	207,472	0
	(ii)	0	0	0	0	0	0	0
Taroub Faramand	(i)	167,982	0	0	15,599	207	183,788	0
	(ii)	0	0	0	0	0	0	0
James C Robinson	(i)	159,515	0	0	16,107	0	175,622	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Discretionary Spending Account - The executive officers at Project HOPE receive a monthly auto allowance Housing Allowance or Residence - Employees working overseas are provided housing or an allowance to pay for local housing
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	a) Taroub Faramand $59,220
SchJ_P02_S00_L00	Schedule J, Part II	All elements of compensation reported in Part II reflect compensation provided during the calendar year ended 12/31/2008 Salary reductions for senior management staff adopted in 2009 will be reflected in the 2009 tax filing

Additional Data

Return to Form

Software ID: 08000095
Software Version: v1.00
EIN: 53-0242962
Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dr John P Howe III MD	(i)	528,000	100,000	0	91,906	10,600	730,506	0
	(ii)	0	0	0	0	0	0	0
Anthony T Burchard	(i)	230,381	0	0	24,250	7,013	261,644	0
	(ii)	0	0	0	0	0	0	0
Susan Dentzer	(i)	165,625	12,500	0	16,281	14,347	208,753	0
	(ii)	0	0	0	0	0	0	0
Deborah R Iwig	(i)	237,983	0	0	68,650	3,627	310,260	0
	(ii)	0	0	0	0	0	0	0
Stuart L Myers	(i)	146,163	12,000	0	19,726	3,818	181,707	0
	(ii)	0	0	0	0	0	0	0
Gail R Wilensky PhD	(i)	173,400	0	0	68,542	5,273	247,215	0
	(ii)	0	0	0	0	0	0	0
Frederick E Gerber II	(i)	176,258	0	0	20,317	6,120	202,695	0
	(ii)	0	0	0	0	0	0	0
Rand F Walton	(i)	167,787	2,500	0	5,109	13,797	189,193	0
	(ii)	0	0	0	0	0	0	0
Kendra E Davenport	(i)	161,338	0	0	4,840	1,580	167,758	0
	(ii)	0	0	0	0	0	0	0
Jack B Blanks Jr	(i)	153,917	0	0	52,557	998	207,472	0
	(ii)	0	0	0	0	0	0	0
Taroub Faramand	(i)	167,982	0	0	15,599	207	183,788	0
	(ii)	0	0	0	0	0	0	0
James C Robinson	(i)	159,515	0	0	16,107	0	175,622	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		53,673	Fair Market Value
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	50	1,228,224	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	X	1	120,273	Fair Market Value
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2	771,321	Fair Market Value
20 Drugs and medical supplies	X	73	101,896,468	Average Wholesale from Redbook
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe Supplies)	X	17	59,734	Fair market value
26 Other (describe ____________)				
27 Other (describe ____________)				
28 Other (describe ____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* . . . . | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
SchM_P01_S00_L30b	Schedule M, Part I, Line 30b	A residential home with a life tenancy agreement

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number
53-0242962

Identifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	A copy of Project HOPE's final Form 990 (including required schedules), to be filed with the IRS, was provided to the Board of Director's Chair of the Audit Committee Before this review the 990 was also reviewed by all of Project HOPE's executive officers The 990 was prepared by staff and reviewed by the organization's tax accountant Each member of the Board of Directors receives a copy of the 990 before the form is submitted to the IRS

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	At the time of hire, all staff are notified of Project HOPE's Conflict of Interest policy and have the obligation to disclose any perceived or real area of potential or actual conflict of interest At least annually, all staff must acknowledge a re-statement of compliance Subsequent to hire, and for the duration of their employment with Project HOPE, all employees are obligated to disclose any area of potential or actual conflict of interest The members of the Board of Directors are also required to submit a signed conflict of interest questionnaire annually

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Project HOPE's Management Development and Compensation Committee of the Board establishes the overall compensation philosophy for the organization including the relation of base salaries and total compensation to market and the components of total compensation Additionally, it establishes the organizational and individual performance goals for the Chief Executive Officer Annually, the said Committee reviews the performance of the Chief Executive Officer and recommends any compensation changes At the same frequency, the Management Development and Compensation Committee oversees all aspects of compensation provided to other executives to ensure compliance with the intermediate sanctions provisions of the Internal Revenue Code The Committee further prepares regular reports disclosing committee actions and recommendations to the full Board of Directors In performing their duties related to the determination of officer compensation, the Management Development and Compensation Committee relies on support from an independent external compensation consultant who has been engaged by the Committee Overall, the Committee follows standard protocols and "Intermediate Sanctions" guidelines which includes the three procedural requirements for earning the presumption of reasonableness 1 Compensation actions are approved in advance by the Management Development and Compensation committee members, none of whom have a conflict of interest with respect to the proposed actions 2 The board or committee obtains or relies upon "appropriate data" as to the comparability of the compensation or fair market value of the consideration, and 3 The Committee documents the basis for its determination adequately and contemporaneously

Identifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a A	Donor stewardship is a priority at Project HOPE Whether it is a major contribution from a corporate donor or a gift from a child, we take great care to make sure those funds are used appropriately We apply the same attitude of stewardship to our executive compensation An international organization like Project HOPE requires senior leadership with vision and knowledge to develop and implement life-enhancing programs in different cultures and settings As such, Project HOPE has assembled a leadership team comprised of individuals with vast knowledge and experience in both the for-profit and not-for-profit sectors To attract leadership with the knowledge and experience from the private sector, we offer competitive compensations packages Over the past several years, the Board has retained a nationally recognized independent consultant specializing in compensation analysis within the not-for-profit community to conduct an annual review of the compensation of its senior executive staff The consultant follows standard compensation analysis protocols and Intermediate Sanctions guidelines specified in Section 4958 of the Internal Revenue Code that relate to the compensation of not-for-profit executives The consultant has found that the total compensation of each senior executive falls within competitive industry standards and have provided an opinion that compensation is reasonable and appropriate

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Project HOPE's governing documents and conflict of interest policy are available upon request The annual report is available on Project HOPE's website www projecthope org The financials are also available upon request

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TY 2008 Request for Copy Attachment

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

EIN: 53-0242962

Software ID: 08000095

Software Version: v1.00

Copy Receiver Government Code: CAST, MIST, HIST

Name of person making the consent:

Title of person making the consent: Vice President and CFO

F

Date: 2010-01-28