Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC

Doing business as
PROJECT HOPE HEALTH AFFAIRS

Number and street (or P.O. box if mail is not delivered to street address)
1220 19TH ST NW NO 800

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
53-0242962

E Telephone number
(844) 349-0188

G Gross receipts $ 127,476,167

F Name and address of principal officer:
RABIH TORBAY
1220 19TH ST NW NO 800
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.PROJECTHOPE.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1958

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROJECT HOPE IS A NON-PROFIT, TAX-EXEMPT ORGANIZATION CREATED TO CONDUCT AND SUPPORT PROGRAMS AND ACTIVITIES AIMED AT SOLVING SOME OF THE WORLD'S GREATEST PUBLIC HEALTH CHALLENGES, WITH A SPECIFIC FOCUS ON ENABLING HEALTH WORKERS TO HAVE THE GREATEST POSSIBLE IMPACT ON THE HEALTH OF THE PEOPLE THEY SERVE; STRENGTHENING AND IMPROVING HEALTH SYSTEMS; PROVIDING DISASTER AND HUMANITARIAN RELIEF AND FOSTERING AND PROMOTING HEALTH POLICY RESEARCH AND THOUGHT-LEADERSHIP.

Activities & Governance

2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	153
6	Total number of volunteers (estimate if necessary)	**6**	59
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	74,096
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	80,166,447	118,780,303
	9 Program service revenue (Part VIII, line 2g)	2,593,806	2,453,248
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	616,586	665,783
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	300,900	265,614
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,677,739	122,164,948
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,819,176	6,373,654
	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)	24,791,130	28,285,143
	16a Professional fundraising fees (Part IX, column (A), line 11e)	879,088	1,213,052
	b Total fundraising expenses (Part IX, column (D), line 25) ▶9,738,927		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	58,626,848	83,978,847
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	89,116,242	119,850,696
	19 Revenue less expenses. Subtract line 18 from line 12	-5,438,503	2,314,252

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	35,489,558	42,073,530
	21 Total liabilities (Part X, line 26)	20,868,036	27,038,118
	22 Net assets or fund balances. Subtract line 21 from line 20	14,621,522	15,035,412

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.

Sign Here

Signature of officer — Date: 2021-11-12

SERGEY NIKOLIN VP FINANCE AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
		2021-11-12		P00369217

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500
GAITHERSBURG, MD 20878 — Phone no. (301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

PROJECT HOPE IS A NON-PROFIT, TAX-EXEMPT ORGANIZATION CREATED TO CONDUCT AND SUPPORT PROGRAMS AND ACTIVITIES AIMED AT SOLVING SOME OF THE WORLD'S GREATEST PUBLIC HEALTH CHALLENGES, WITH A SPECIFIC FOCUS ON ENABLING HEALTH WORKERS TO HAVE THE GREATEST POSSIBLE IMPACT ON THE HEALTH OF THE PEOPLE THEY SERVE; STRENGTHENING AND IMPROVING HEALTH SYSTEMS; PROVIDING DISASTER AND HUMANITARIAN RELIEF AND FOSTERING AND PROMOTING HEALTH POLICY RESEARCH AND THOUGHT-LEADERSHIP.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 53,946,993 including grants of $) (Revenue $)

DISASTERS AND HEALTH CARE: PROJECT HOPE ADDRESSES HEALTH CARE NEEDS BY RESPONDING URGENTLY TO GLOBAL HEALTH EMERGENCIES AND HELPING COMMUNITIES BETTER PREPARE FOR THE NEXT TIME DISASTER STRIKES. WE SUPPORT LOCAL HEALTH SYSTEMS WITH IMMEDIATE AND LONG-TERM RELIEF IN THE WAKE OF DISASTER, OFTEN STAYING BEYOND OUR INITIAL RESPONSE TO HELP COMMUNITIES AS THEY MOVE INTO RECOVERY. AS OUTBREAKS OF DISEASES, CLIMATE CHANGE, AND CONFLICT CONTINUE TO ENDANGER ENTIRE POPULATIONS, PROJECT HOPE PLAYS A PIVOTAL ROLE HELPING COMMUNITIES BECOME MORE RESILIENT TO DISASTERS THAT THREATEN PUBLIC HEALTH. OUR SPECIFIC SOLUTIONS INCLUDE: PROVIDING IMMEDIATE RELIEF TO FILL GAPS IN HEALTH SERVICES, PARTICULARLY IN VULNERABLE COMMUNITIES; PROVIDING DIRECT HEALTH CARE SERVICES; TRAINING FIRST RESPONDERS; EQUIPPING AND STAFFING CLINICS AND HOSPITALS, DEPLOYING VOLUNTEER MEDICAL PROFESSIONALS, PROVIDING ESSENTIAL MEDICINES AND SUPPLIES; AND STRENGTHENING COUNTRY CAPACITY TO PREVENT, PREPARE FOR AND RESPOND TO EMERGING THREATS. DURING 2020, OUR DISASTER RESPONSE AND HUMANITARIAN ASSISTANCE ACTIVITIES REACHED OVER 662,000 PEOPLE, INCLUDING DIRECT MEDICAL SERVICES FOR 159,000 PEOPLE AFFECTED BY DISASTERS OR HUMANITARIAN CRISES. WE DEPLOYED 103 VOLUNTEERS TO PROVIDE FRONTLINE SUPPORT DURING DISASTERS AND HUMANITARIAN CRISES. WE ALSO DONATED $54 MILLION IN EQUIPMENT, MEDICINES, AND MEDICAL SUPPLIES.

4b (Code:) (Expenses $ 44,174,021 including grants of $ 6,373,654) (Revenue $)

GLOBAL HEALTH PROGRAM: PROJECT HOPE WORKED IN 24 COUNTRIES IN 2020 TO ADDRESS THE MOST PRESSING HEALTH NEEDS OF VULNERABLE POPULATIONS. WE WORK WITHIN EXISTING HEALTH SYSTEMS TO EMPOWER HEALTH WORKERS AND PROVIDE THE SOLUTIONS COMMUNITIES NEED MOST. WE UTILIZE EVIDENCE-BASED STRATEGIES TO PROVIDE DIRECT HEALTH CARE SERVICES, EQUIPPING CLINICS AND HOSPITALS, AND TRAINING LOCAL HEALTH CARE WORKERS IN THE AREAS OF INFECTIOUS AND CHRONIC DISEASES, PANDEMIC PREPAREDNESS AND RESPONSE, AND MATERNAL, NEONATAL, AND CHILD HEALTH. PROJECT HOPE PARTNERS WITH CORPORATIONS, FOUNDATIONS, UNIVERSITIES, MINISTRIES OF HEALTH, AND LOCAL PUBLIC HEALTH ORGANIZATIONS TO UNDERSTAND THE GREATEST NEEDS FACING LOCAL COMMUNITIES AND DELIVER SOLUTIONS THAT IMPROVE THEIR HEALTH AND WELL-BEING. IN 2020, PROJECT HOPE HELPED TRAIN APPROXIMATELY 116,000 HEALTH CARE WORKERS AND REACHED OVER 763,000 BENEFICIARIES WITH LIFESAVING HEALTH ACTIVITIES.

4c (Code:) (Expenses $ 6,582,061 including grants of $) (Revenue $ 2,379,152)

HEALTH POLICY HEALTH AFFAIRS: HEALTH AFFAIRS, THE LEADING JOURNAL OF HEALTH POLICY THOUGHT AND RESEARCH, IS PUBLISHED BY PROJECT HOPE. THE PEER-REVIEWED JOURNAL APPEARS MONTHLY IN PRINT AND ONLINE WITH ADDITIONAL ARTICLES RELEASED ONLINE AHEAD OF PRINT. PUBLISHED SINCE 1981, THE WASHINGTON POST HAS CALLED HEALTH AFFAIRS THE BIBLE OF HEALTH POLICY. HEALTH AFFAIRS PUBLISHES POLICY BRIEFS AND A WIDELY-READ BLOG, BOTH OF WHICH ARE AVAILABLE AT NO CHARGE ON OUR WEBSITE. HEALTH AFFAIRS HOSTS A RANGE OF PUBLIC EVENTS AND MEDIA BRIEFINGS.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 104,703,075

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability; 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school 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 United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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), 501(c)(4), and 501(c)(29) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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 sections 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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	108		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	153		
b	If at least one is reported on line 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 (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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: ▶ AM, BF, CH, CO, DR, EG, EC, ET, HO, IN, ID, KZ, KV, LE, MK, MI, MX, MZ, WA, NI, RP, SL, AE, UZ, VE, ZI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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 line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**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 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**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	23		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
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 governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**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	
9	Is there any officer, director, 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*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV, AK, CO, DE, DC, IN, ME, MT, ND, OH, OK, TX, WA

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶VIREN MEHTA 1220 19TH ST NW NO 800 WASHINGTON, DC 20036 (844) 349-0188

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) REYNOLD W MOONEY BOARD DIRECTOR - CHAIRMAN	8.00	X		X				0	0	0
(2) RICHARD T CLARK BOARD DIRECTOR - CHAIR EMERITUS	4.00	X		X				0	0	0
(3) VIREN MEHTA BOARD DIRECTOR - SECRETARY	3.00	X		X				0	0	0
(4) KEITH T GHEZZI MD BOARD DIRECTOR - TREASURER	4.00	X		X				0	0	0
(5) DR PETER WILDEN BOARD DIRECTOR - VICE CHAIRMAN	3.00	X		X				0	0	0
(6) ANNE M SIMONDS BOARD DIRECTOR - VICE CHAIRMAN	3.00	X		X				0	0	0
(7) DEBORAH DISANZO BOARD DIRECTOR	2.00	X						0	0	0
(8) ROBERT M DAVIS BOARD DIRECTOR	2.00	X						0	0	0
(9) LINDA MCGOLDRICK BOARD DIRECTOR	2.00	X						0	0	0
(10) CURTIS M SELQUIST BOARD DIRECTOR	1.00	X						0	0	0
(11) ADRIAN THOMAS MD BOARD DIRECTOR	2.00	X						0	0	0
(12) GAIL R WILENSKY PHD BOARD DIRECTOR	1.00	X						0	0	0
(13) DONNA MURPHY BOARD DIRECTOR	6.00	X						0	0	0
(14) DANIEL D PHELAN BOARD DIRECTOR	4.00	X						0	0	0
(15) DR CHARLES A SANDERS BOARD DIRECTOR	0.00	X						0	0	0
(16) AMBASSADOR MIRIAM E SAPIRO BOARD DIRECTOR	2.00	X						0	0	0
(17) JAMES GEORGE WIEHL ESQ BOARD DIRECTOR	6.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) RAPHAEL MARCELLO BOARD DIRECTOR	4.00	X						0	0	0
(19) AMBASSADOR RET MARY ANN PETERS BOARD DIRECTOR	2.00	X						0	0	0
(20) GEORGE LINDEMANN BOARD DIRECTOR	1.00	X						0	0	0
(21) GERHARD N MAYR BOAD DIRECTOR	1.00	X						0	0	0
(22) RENUKA GADDE BOARD DIRECTOR	2.00	X						0	0	0
(23) STEPHEN H RUSCKOWSKI BOARD DIRECTOR	1.00	X						0	0	0
(24) RABIH T TORBAY PRESIDENT AND CEO	40.00			X				420,673	0	21,851
(25) ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	40.00			X				402,323	0	53,479
(26) THOMAS KENYON MD MPH CHIEF HEALTH OFFICER	40.00			X				256,705	0	18,715
(27) CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	40.00			X				264,868	0	28,464
(28) NOORDIN MOLOO VP FINANCE & CFO TILL 7/31/2020	40.00			X				229,836	0	22,504
(29) CINIRA BALDI CHIEF DEVELOPMENT & COMM. OFFICER	40.00			X				216,486	0	48,398
(30) JULIA SOYARS VP, LEGAL AND COMPLIANCE OFFICER	40.00			X				203,693	0	24,445
(31) SERGEY NIKOLIN VP, FINANCE & CFO	40.00			X				102,384	0	18,385
(32) JANE HIEBERT-WHITE EXECUTIVE PUBLISHER	40.00				X			217,304	0	49,773
(33) DONALD METZ EXECTUTIVE EDITOR	40.00				X			223,853	0	28,143
(34) STEVEN NERI REGIONAL DIRECTOR, AFRICA	40.00				X			179,612	0	32,941
(35) LAWRENCE WHEELER MANAGING EDITOR	40.00				X			172,702	0	30,324
(36) KELLY WHALEN SR. DIRECTOR, DEVELOPMENT	40.00				X			174,383	0	22,252
(37) SUZETTE DURAND DIRECTOR, FINANCE & ADMINISTRATION	40.00				X			166,033	0	32,146
(38) NIRANJAN SEEVARATNAM SR. DIRECTOR, GLOBAL IT OPERATIONS	40.00				X			152,639	0	20,617
(39) SUZANNE B DUCAT SR. DIRECTOR, COMMUNICATIONS	40.00				X			154,554	0	14,126
(40) THERESA RHODES AVP, CORP. & FND PARTNERSHIPS	40.00				X			158,713	0	4,838
(41) ANN M LINK SENIOR DEPUTY PUBLISHER	40.00					X		187,546	0	15,980
(42) SARAH DINE SENIOR DEPUTY EDITOR	40.00					X		178,633	0	14,254
(43) MARGARET SAUNDERS DEPUTY EDITOR	40.00					X		153,247	0	43,120
(44) RUSHINA VIPANI FINANCIAL CONTROLLER	40.00					X		149,273	0	38,205
(45) LAURA TOLLEN SENIOR EDITOR	40.00					X		148,221	0	11,766
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,513,681	0	594,726

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 48

		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 on line 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KUNMING FINE TECHNOLOGY CO LTD RM B2601 26F YINHAI INTL APT NO KUNMING, YUNNAN CH	MEDICAL SUPPLIES	1,563,458
MAL WARWICK & ASSOCIATES INC 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	FUNDRAISING AGENCY	1,225,584
THE MACLEAN GROUP LLC 2233 WATT AVENUE SUITE 270 SACRAMENTO, CA 95825	MEDICAL SUPPLIES	785,215
FORWARDPMX LLC ONE WORLD TRADE CENTER 63RD FL NEW YORK, NY 10007	FUNDRAISING AGENCY	681,048
AIRLINK INC 023 15TH ST NW 1 WASHINGTON, DC 20005	FREIGHT	288,486

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 19

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	603,776			
	d Related organizations	1d				
	e Government grants (contributions)	1e	26,195,424			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	91,981,103			
	g Noncash contributions included in lines 1a - 1f: $	1g	55,350,431			
	h **Total.** Add lines 1a-1f		118,780,303			
Program Service Revenue		Business Code				
	2a SUBSCRIPTION REVENUE	511120	2,453,248	2,379,152	74,096	
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		2,453,248			
	3 Investment income (including dividends, interest, and other similar amounts)		345,085			345,085
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	5,408,000			
	b Less: cost or other basis and sales expenses	7b	5,082,313	4,989		
	c Gain or (loss)	7c	325,687	-4,989		
	d Net gain or (loss)		320,698			320,698
Other Revenue	8a Gross income from fundraising events (not including $ 603,776 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b Less: direct expenses	8b	223,917			
	c Net income or (loss) from fundraising events		-223,917			-223,917
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		900099	489,531			489,531
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			489,531			
12 **Total revenue.** See instructions . . . . . ▶			122,164,948	2,379,152	74,096	931,397

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 domestic organizations and domestic governments. See Part IV, line 21	2,153,911	2,153,911		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	36,688	36,688		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,183,055	4,183,055		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,119,083	2,971,413	1,881,614	266,056
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,170,912	17,818,134	910,230	2,442,548
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	894,039	78,878	815,161	
9 Other employee benefits				
10 Payroll taxes	1,101,109	731,507	199,226	170,376
11 Fees for services (non-employees):				
a Management				
b Legal	220,558	113,313	107,245	
c Accounting	270,671	168,067	102,604	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,213,052			1,213,052
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,157,340	2,130,164	243,759	783,417
12 Advertising and promotion	2,803,872	351,071	12,280	2,440,521
13 Office expenses	4,308,679	2,570,431	25,079	1,713,169
14 Information technology	1,567,703	511,627	434,854	621,222
15 Royalties				
16 Occupancy	1,872,062	1,483,697	388,365	
17 Travel	3,513,752	3,479,465	17,013	17,274
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,799,768	1,797,656	1,379	733
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	522,724	399,543	60,812	62,369
23 Insurance	334,639	231,190	103,449	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EQUIP & PHARMAC	53,946,993	53,946,993		
b SUPPLIES & EQUIPMENT	8,709,643	8,709,643		
c TELECOMUNICATIONS	333,551	251,316	79,158	3,077
d BANK/CREDIT CARD FEE	262,486	243,683	18,803	
e All other expenses	354,406	341,630	7,663	5,113
25 **Total functional expenses.** Add lines 1 through 24e	119,850,696	104,703,075	5,408,694	9,738,927
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		41,340	1	41,509
	2	Savings and temporary cash investments		6,260,589	2	10,169,482
	3	Pledges and grants receivable, net		6,149,797	3	5,797,004
	4	Accounts receivable, net		748,955	4	903,101
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,543,476	8	4,769,354
	9	Prepaid expenses and deferred charges		1,574,725	9	1,837,107
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,758,483			
	b	Less: accumulated depreciation	10b 6,938,030	2,940,356	10c	2,820,453
	11	Investments—publicly traded securities		14,230,320	11	15,735,520
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		35,489,558	16	42,073,530
Liabilities	17	Accounts payable and accrued expenses		15,367,013	17	17,349,973
	18	Grants payable			18	
	19	Deferred revenue		4,542,000	19	5,673,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	500,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		959,023	25	3,515,145
	26	**Total liabilities.** Add lines 17 through 25		20,868,036	26	27,038,118
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-7,741,478	27	-8,886,588
	28	Net assets with donor restrictions		22,363,000	28	23,922,000
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		14,621,522	32	15,035,412
	33	Total liabilities and net assets/fund balances		35,489,558	33	42,073,530

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,164,948
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,850,696
3	Revenue less expenses. Subtract line 2 from line 1	3	2,314,252
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,621,522
5	Net unrealized gains (losses) on investments	5	512,420
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,412,782
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	15,035,412

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	115,237,128	94,599,750	85,979,185	79,018,039	118,780,303	493,614,405
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	115,237,128	94,599,750	85,979,185	79,018,039	118,780,303	493,614,405
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						173,735,302
6 **Public support.** Subtract line 5 from line 4.						319,879,103

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	115,237,128	94,599,750	85,979,185	79,018,039	118,780,303	493,614,405
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	650,316	694,009	975,891	600,643	345,085	3,265,944
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						496,880,349

12 Gross receipts from related activities, etc. (see instructions) 12 11,378,483

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	64.380 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	26.810 %

16a **33 1/3% support test—2020.** 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% support test—2019.** If the organization did not check a 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—2020.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 VI 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 through 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 $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 June 30, 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 VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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% support tests—2019.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2	Enter 85% of line 1	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4	Enter greater of line 2 or line 3	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020

Name of the organization	Employer identification number
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC	53-0242962

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
53-0242962

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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

Employer identification number
53-0242962

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

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

Employer identification number
53-0242962

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC	53-0242962

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0
c Total lobbying expenditures (add lines 1a and 1b)	0	0
d Other exempt purpose expenditures	119,850,696	
e Total exempt purpose expenditures (add lines 1c and 1d)	119,850,696	0
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	523				523
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	523				523

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 1,906,735

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, 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 .....

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

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 Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 the arrangement in Part XIII 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, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	10,355,093	9,477,743	10,019,394	9,555,626	9,478,885
b Contributions . . .	1,101	673	561	2,557	6,569
c Net investment earnings, gains, and losses	767,614	1,200,619	-341,082	692,952	236,074
d Grants or scholarships . . .	239,976	323,943			
e Other expenditures for facilities and programs . . .			201,130	231,741	165,902
f Administrative expenses					
g End of year balance	10,883,832	10,355,092	9,477,743	10,019,394	9,555,626

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ 84.000 %
- **c** Term endowment ▶ 16.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		111,581		111,581
b Buildings		4,470,252	2,404,405	2,065,847
c Leasehold improvements		131,437	131,437	0
d Equipment		3,808,980	3,165,955	643,025
e Other		1,236,233	1,236,233	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				2,820,453

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,515,145

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	124,831,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	512,420		
b	Donated services and use of facilities	2b	1,929,986		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,442,406
3	Subtract line **2e** from line **1**			3	122,388,865
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			
b	Other (Describe in Part XIII.)	4b	-223,917		
c	Add lines **4a** and **4b**			4c	-223,917
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	122,164,948

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	122,004,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,929,986		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	223,917		
e	Add lines **2a** through **2d**			2e	2,153,903
3	Subtract line **2e** from line **1**			3	119,850,696
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	119,850,696

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART III, LINE 4:	HISTORICAL LANDMARKS AND COLLECTIONS DONATED TO PROJECT HOPE INCLUDING THE CARTER HALL ESTATE AND MULTIPLE HISTORICAL BUILDINGS IN MILLWOOD, VIRGINIA. THE BUILDINGS ARE LOCATED ON A LARGE PIECE OF LAND AND THE FOUNDATION HAS ITS HEADQUARTERS LOCATED ON THIS LAND. PROJECT HOPE ALSO USES THE PROPERTY TO PROVIDE A CONFERENCE CENTER.
PART V, LINE 4:	PROJECT HOPE HAS FOUR ENDOWMENTS THAT WERE SET UP TO PROVIDE INCOME FOR PROGRAMMATIC EXPENSES. THERE IS ALSO AN ENDOWMENT THAT HAS NO RESTRICTIONS ON THE INCOME. THE INCOME FROM THIS ENDOWMENT IS USED FOR GENERAL SUPPORT OF THE ORGANIZATION.
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. INCOME TAX EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020, WAS INSIGNIFICANT. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2017.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B -223,917.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 223,917.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	2	6	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	488,676
(2)	EAST ASIA AND THE PACIFIC	4	22	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE, COMMUNICABLE DISEASE, HEALTH SYSTEMS STRENGTHENING	3,848,602
(3)	EUROPE (INCLUDING ICELAND & GREENLAND)	2	4	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HEALTH SYSTEMS STRENGTHENING	434,174
(4)	MIDDLE EAST AND NORTH AFRICA	1	2	PROGRAM SERVICES	HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	335,052
(5)	NORTH AMERICA	1	2	PROGRAM SERVICES	HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	680,977
(6)	RUSSIA AND NEIGHBORING STATES	6	4	PROGRAM SERVICES	HUMANITARIAN AID, COMMUNICABLE DISEASE	627,152
(7)	SOUTH ASIA	0	0	PROGRAM SERVICES	MATERNAL CHILD HEALTH, NONCOMMUNICABLE DISEASE	33,132
(8)	SUB-SAHARAN AFRICA	12	782	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, COMMUNICABLE DISEASE, HEALTH SYSTEMS STRENGTHENING	18,080,762
(9)	SOUTH AMERICA	2	53	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	3,364,905
(10)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		110,426
(11)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,084,917
(12)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		59,561
(13)	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,928,151
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	28	822			24,528,527
b	Total from continuation sheets to Part I . . .	2	53			7,547,960
c	**Totals** (add lines 3a and 3b)	30	875			32,076,487

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	321,775	CASH			
(2)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	320,131	CASH			
(3)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	297,345	CASH			
(4)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	49,591	CASH			
(5)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	52,923	CASH			
(6)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	146,633	CASH			
(7)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	44,435	CASH			
(8)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	194,774	CASH			
(9)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	167,789	CASH			
(10)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	317,028	CASH			
(11)			SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAM	15,727	CASH			
(12)			EAST ASIA AND THE PACIFIC	GLOBAL HEALTH PROGRAM	95,671	CASH			
(13)			EAST ASIA AND THE PACIFIC	GLOBAL HEALTH PROGRAM	14,755	CASH			
(14)			SOUTH ASIA	GLOBAL HEALTH PROGRAM	59,561	CASH			
(15)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	15,010	CASH			
(16)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	215,158	CASH			
(17)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	227,111	CASH			
(18)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	20,000	CASH			
(19)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	7,600	CASH			
(20)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	5,800	CASH			
(21)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	9,052	CASH			
(22)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	219,242	CASH			
(23)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	749,932	CASH			
(24)			SOUTH AMERICA	GLOBAL HEALTH PROGRAM	616,013	CASH			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 24

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated 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 noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☑ Yes	☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	PROJECT HOPE MAINTAINS VARIOUS POLICIES TO ENSURE FINANCIAL ACCOUNTABILITY IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS FOR THE NOT-FOR-PROFIT ORGANIZATIONS, DONORS RULES AND REGULATION AND HOST COUNTRY LAWS. THESE POLICIES ARE DESIGNED AS AN OVERALL SET OF GUIDELINES FOR ACCOUNTING PROCEDURES. IT IS ALSO USED AS A TOOL FOR INTERNAL CONTROL AND AUDIT PURPOSES. THE OVERALL FINANCIAL CONTROL GOAL IS TO ENSURE THAT ADEQUATE STANDARDS OF INTEGRITY, ACCOUNTABILITY, AND TRANSPARENCY ARE BEING PRACTICED. PROJECT HOPE ESTABLISHES BUDGETS FOR FIELD ACTIVITIES BASED ON PROGRAM DESIGNS, WORK PLANS AND AGREEMENTS WITH PROGRAM SPONSORS. FUNDS ARE TRANSFERRED FROM PROJECT HOPE HEADQUARTERS TO FIELD OFFICES IN ORDER TO FUND FIELD ACTIVITIES BASED ON THE APPROVED BUDGETS. EXPENDITURES AND PROGRAM ACTIVITIES ARE MONITORED AND EVALUATED AGAINST BUDGETS. APPROPRIATE AND TIMELY ADJUSTMENTS ARE MADE TO BRING ACTUAL ACTIVITIES AND EXPENDITURES IN LINE WITH BUDGETS. PROJECT HOPE, IS SUBJECTED TO THE UNIFORM GUIDANCE SUBPART F AUDIT WHICH IS A WAY TO DETERMINE THAT PROJECT HOPE HAS MET THE AUDIT REQUIREMENTS AND IS IN COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS. NON-US ORGANIZATIONS RECEIVING FUNDING FROM FEDERAL AWARDS ARE SUBJECT TO UNIFORM GUIDANCE SUBPART F AUDIT. FOR NON-USG SUB AWARDS, AUDIT REQUIREMENTS ARE DETERMINED BASED ON DONOR REQUIREMENTS. PROJECT HOPE'S REQUIRES EACH ORGANIZATION AN AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE TO COMPLY WITH AUDIT REQUIREMENT. NON-US AWARD RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO PROVIDE PROJECT HOPE WITH A DATA UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS).
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and 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 services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address 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
1	WARWICK & ASSOCIATES INC 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	CONSULTANTS FOR DIRECT MARKETING		No	7,417,475	717,577	6,699,898
2	MDS COMMUNICATIONS CORPORATION 545 W JUANITA AVENUE MESA, AZ 85210	TELEMARKETING		No	158,389	202,444	-44,055
3	THOMPSON HABIB DENNISON INC 55 OLD BEDFORD ROAD SUITE 201 LINCOLN, MA 01773	CONSULTANTS FOR DIRECT MARKETING		No	0	61,400	-61,400
4							
5							
6							
7							
8							
9							
10							
Total ▶					7,575,864	981,421	6,594,443

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 VIRTUAL EVENT - SHOP FOR HOPE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	603,776			603,776
	2 Less: Contributions	603,776			603,776
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	223,917			223,917
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				223,917
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-223,917

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

Revenue / Direct Expenses		(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 Noncash 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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter 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? . . . . . ☐ Yes ☐ No

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 of the third party:

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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 Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTRA HEALTH INTERNATIONA (IHI) 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL,NC 27517	55-0825466	501(C)(3)	1,903,733				GLOBAL HEATH PROGRAM
(2) BROWN UNIVERSITY WATSON INSTITUTE FOR INTERNATIONAL AND PUBLIC AFFAIRS 69 BROWN ST PROVIDENCE,RI 02912	05-0258809	501(C)(3)	214,126				GLOBAL HEATH PROGRAM
(3) VERY IMPORTANT PROJECTS FUND 303 29TH ST HERMOSA BEACH,CA 90254	81-0854265	501(C)(3)	26,052				GLOBAL HEATH PROGRAM
(4) ART OF HOPE 7983 E CHESHIRE RD ORANGE,CA 92867	81-2553473	501(C)(3)	10,000				GLOBAL HEATH PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HONORARIUM - AGE-FRIENDLY HEALTH TOPIC ADVISOR	1	938			
(2) HONORARIUM - CHILDREN'S HEALTH THEME ISSUE ADVISOR	1	3,250			
(3) HONORARIUM - CLIMATE CHANGE & HEALTH THEME ISSUE ADVISOR	1	7,000			
(4) HONORARIUM - COVID TOPIC ADVISOR	2	7,000			
(5) HONORARIUM - HEALTH & SOCIAL SERVICES THEME ISSUE ADVISOR	2	7,000			
(6) HONORARIUM - HEALTH POLICY BRIEFS REVIEWERS	10	5,000			
(7) HONORARIUM - HEALTH POLICY BRIEFS TOPIC ADVISOR	1	4,000			
(8) HONORARIUM - PRACTICE OF MEDICINE THEME ISSUE ADVISOR	1	2,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PROJECT HOPE MAINTAINS VARIOUS POLICIES TO ENSURE FINANCIAL ACCOUNTABILITY IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS AND 2.CFR.200.. THESE POLICIES ARE DESIGNED AS AN OVERALL SET OF GUIDELINES FOR ACCOUNTING AND COMPLIANCE PROCEDURES. IT IS ALSO USED AS A TOOL FOR INTERNAL CONTROL AND AUDIT PURPOSES. THE OVERALL FINANCIAL CONTROL GOAL IS TO ENSURE THAT ADEQUATE STANDARDS OF INTEGRITY, ACCOUNTABILITY, AND TRANSPARENCY ARE BEING PRACTICED. PROJECT HOPE ESTABLISHES BUDGETS FOR ACTIVITIES BASED ON PROGRAM DESIGNS, WORK PLANS AND AGREEMENTS WITH PROGRAM SPONSORS. FUNDS ARE TRANSFERRED FROM PROJECT HOPE HEADQUARTERS TO GRANTEE BASED ON THE APPROVED BUDGETS. EXPENDITURES AND PROGRAM ACTIVITIES ARE MONITORED AND EVALUATED AGAINST BUDGETS. APPROPRIATE AND TIMELY ADJUSTMENTS ARE MADE TO BRING ACTUAL ACTIVITIES AND EXPENDITURES IN LINE WITH BUDGETS. PROJECT HOPE, IS SUBJECTED TO THE UNIFORM GUIDANCE SUBPART F AUDIT WHICH IS A WAY TO DETERMINE THAT PROJECT HOPE HAS MET THE AUDIT REQUIREMENTS AND IS IN COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS. NON-US ORGANIZATIONS RECEIVING FUNDING FROM FEDERAL AWARDS ARE SUBJECT TO UNIFORM GUIDANCE SUBPART F AUDIT. FOR NON-USG SUB AWARDS, AUDIT REQUIREMENTS ARE DETERMINED BASED ON DONOR REQUIREMENTS. PROJECT HOPE'S REQUIRES EACH ORGANIZATION AN AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE TO COMPLY WITH AUDIT REQUIREMENT. NON-US AWARD RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO PROVIDE PROJECT HOPE WITH A DATA UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS).

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III.			
6	For persons listed on 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," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	(i)	393,552	0	8,771	19,550	34,698	456,571	0
	(ii)	0	0	0	0	0	0	0
2RABIH T TORBAY PRESIDENT AND CEO	(i)	419,948	0	725	19,550	2,808	443,031	0
	(ii)	0	0	0	0	0	0	0
3CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	(i)	263,783	0	1,085	18,549	10,422	293,839	0
	(ii)	0	0	0	0	0	0	0
4THOMAS KENYON MD MPH CHIEF HEALTH OFFICER	(i)	249,847	0	6,858	17,500	1,721	275,926	0
	(ii)	0	0	0	0	0	0	0
5JANE HIEBERT-WHITE EXECUTIVE PUBLISHER	(i)	215,739	0	1,565	15,844	34,698	267,846	0
	(ii)	0	0	0	0	0	0	0
6CINIRA BALDI CHIEF DEVELOPMENT & COMM. OFFICER	(i)	215,521	0	965	15,695	33,875	266,056	0
	(ii)	0	0	0	0	0	0	0
7DONALD METZ EXECTUTIVE EDITOR	(i)	222,288	0	1,565	15,466	13,445	252,764	0
	(ii)	0	0	0	0	0	0	0
8NOORDIN MOLOO VP FINANCE & CFO TILL 7/31/2020	(i)	144,224	0	85,612	12,117	10,682	252,635	0
	(ii)	0	0	0	0	0	0	0
9JULIA SOYARS VP, LEGAL AND COMPLIANCE OFFICER	(i)	202,128	0	1,565	14,268	10,683	228,644	0
	(ii)	0	0	0	0	0	0	0
10STEVEN NERI REGIONAL DIRECTOR, AFRICA	(i)	153,554	0	26,058	10,985	23,497	214,094	0
	(ii)	0	0	0	0	0	0	0
11ANN M LINK SENIOR DEPUTY PUBLISHER	(i)	185,981	0	1,565	13,230	3,480	204,256	0
	(ii)	0	0	0	0	0	0	0
12LAWRENCE WHEELER MANAGING EDITOR	(i)	170,447	0	2,255	12,291	18,543	203,536	0
	(ii)	0	0	0	0	0	0	0
13SUZETTE DURAND DIRECTOR, FINANCE & ADMINISTRATION	(i)	163,274	2,000	759	11,977	20,614	198,624	0
	(ii)	0	0	0	0	0	0	0
14KELLY WHALEN SR. DIRECTOR, DEVELOPMENT	(i)	169,976	2,000	2,407	11,676	11,288	197,347	0
	(ii)	0	0	0	0	0	0	0
15MARGARET SAUNDERS DEPUTY EDITOR	(i)	150,992	0	2,255	11,297	32,285	196,829	0
	(ii)	0	0	0	0	0	0	0
16SARAH DINE SENIOR DEPUTY EDITOR	(i)	174,548	0	4,085	11,554	3,214	193,401	0
	(ii)	0	0	0	0	0	0	0
17RUSHINA VIPANI FINANCIAL CONTROLLER	(i)	135,923	0	13,350	9,585	28,952	187,810	0
	(ii)	0	0	0	0	0	0	0
18NIRANJAN SEEVARATNAM SR. DIRECTOR, GLOBAL IT OPERATIONS	(i)	151,674	0	965	10,701	10,312	173,652	0
	(ii)	0	0	0	0	0	0	0
19SUZANNE B DUCAT SR. DIRECTOR, COMMUNICATIONS	(i)	150,469	0	4,085	10,762	4,026	169,342	0
	(ii)	0	0	0	0	0	0	0
20THERESA RHODES AVP, CORP. & FND PARTNERSHIPS	(i)	157,148	0	1,565	4,838	430	163,981	0
	(ii)	0	0	0	0	0	0	0
21LAURA TOLLEN SENIOR EDITOR	(i)	147,276	0	945	10,343	1,795	160,359	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	STEVEN VINCENT NERI RECEIVED TAXABLE HOUSING IN THE AMOUNT OF $23,962.
PART I, LINE 4A	NOORDIN MOLOO RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $58,706 AND THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III). RUSHINA VIPANI RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $7,578 AND THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).
PART I, LINE 7	PERFORMANCE BASED BONUSES WERE PAID DURING 2020.

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	16	177,556	FMV
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				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	16	55,172,875	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	REPORTING THE NUMBER OF CONTRIBUTIONS

Additional Data

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
53-0242962

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A TAXES EXPERT FIRM PROVIDES GUIDANCE TO THE COMPANY. ONCE A DRAFT IS REVIEWED/APPROVED BY THE FIRM, A COPY OF THE 990 IS SUBMITTED TO THE BOARD MEMBERS FOR COMMENTS. ONCE THEIR COMMENTS ARE ADDRESSED, THE 990 IS SENT TO THE FINANCE COMMITTEE FOR APPROVAL. ONCE APPROVED,THE AUDIT COMMITTEE APPROVES IT AND LATER THE 990 IS FILED BY THE CFO AND SHARED WITH THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME OF HIRE, ALL STAFF IS 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.
FORM 990, PART VI, SECTION B, LINE 15	PROJECT HOPE'S MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OF THE BOARD APPROVES 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 APPROVES AND MONITORS 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 INCLUDE 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 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.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9:	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -2,412,782.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
53-0242962

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION NIGERIA LTDGTE SUITE 32 SILLA ZEKA PLAZA 29 ADEBA UTAKO ABJUA NI	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	NI			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	Yes	
(2) PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION (NAMIBIA) INC 49 BURG STREET TRINITY STONE BUILI WINDHOEK 9000 WA	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	WA			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	Yes	
(3) PROJECT HOPE MEXICO AC 12 DE OCTUBRE 137 COL ESCANDON SEC CIUDAD DE MXICO 011800 MX	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	MX			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	Yes	
(4) PROYECTO ESPERANZA AC AV FRANCISCO DE MIRANDA ENTRE AV 1 Y CARACAS VE	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	VE			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	Yes	
(5) YAYASAN PROJECT HOPE JL TEBET UTARA II NO 9A JAKARTA SEL JAKARTA 12810 ID	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	ID			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER TRUSTS (154) PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	INVESTMENT	VA		T					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION NIGERIA LTDGTE	R	4,861	US DOLLARS AND LOCAL CURRENCY CON
(2) PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION (NAMIBIA) INC	R	3,333,982	US DOLLARS AND LOCAL CURRENCY CON
(3) PROYECTO ESPERANZA AC	R	3,314,456	US DOLLARS AND LOCAL CURRENCY CON
(4) YAYASAN PROJECT HOPE JL	R	349,800	US DOLLARS AND LOCAL CURRENCY CON

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

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Software ID:

Software Version: