

**Return of Organization Exempt From Income Tax**

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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2009 calendar year, or tax year beginning **07/01**, 2009, and ending **06/30**, 20 **10**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**255 Carter Hall Lane**  
 City or town, state or country, and ZIP + 4  
**Millwood, VA 22646**

**D** Employer identification number  
**53 0242962**

**E** Telephone number  
**( 540 ) 837-2100**

**G** Gross receipts \$ **193,578,559**

**F** Name and address of principal officer: **Dr John P Howe**  
**255 Carter Hall Lane, Millwood, VA 22646**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **www.projecthope.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1958** **M** State of legal domicile: **DC**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Health education, strengthening health facilities, fighting diseases such as TB, HIV/AIDS and diabetes and providing humanitarian assistance through donated medicines and supplies and volunteer medical help.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>217</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>219</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>140,443,374</b>	<b>188,629,419</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,850,571</b>	<b>1,774,745</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>552,957</b>	<b>1,266,704</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-262,822</b>	<b>527,917</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>142,584,080</b>	<b>192,198,785</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>220,632</b>	<b>327,157</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>17,076,620</b>	<b>15,713,824</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>543,666</b>	<b>393,802</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,314,454</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>139,466,595</b>	<b>164,826,505</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>157,307,513</b>	<b>181,261,288</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-14,723,433</b>	<b>10,937,497</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>49,488,936</b>	<b>62,661,669</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>19,723,390</b>	<b>18,382,088</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>29,765,546</b>	<b>44,279,581</b>

**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: **Deborah Iwig, Vice President and CFO** Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_



**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

Project HOPE's primary areas of focus are health education and humanitarian assistance in the areas of chronic disease, infectious disease, women's and children's health and health system strengthening. In addition, HOPE supports the areas of focus through donated medicines and medical supplies, as well as volunteer medical

(Continued on Schedule O, Statement 1)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 132,009,451 including grants of \$ 0 ) (Revenue \$ 141,207,636 )

**HUMANITARIAN ASSISTANCE** - The mission of Project HOPE's Humanitarian Assistance program is twofold; provide emergency assistance where disasters strike and strengthen our educational programs and facilities with medicines and medical products. While Project HOPE is not always among the first organizations to bring medical products into an area affected by a natural or man-made disaster, our strategy is to provide long-term access to vital medicines and supplies, even after the attention of the outside world has moved on to other issues. We also support our international health education programs with donated product - items like pharmaceuticals, medical supplies and equipment - supplied by some of the world's leading corporations. These products range from lifesaving antibiotics to sophisticated medical equipment used to teach the latest surgical techniques. Over the course of our history, we shipped nearly \$2 billion in humanitarian assistance around the world.

4b (Code: ) (Expenses \$ 31,255,144 including grants of \$ 327,157 ) (Revenue \$ 33,226,011 )

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

4c (Code: ) (Expenses \$ 7,305,993 including grants of \$ 0 ) (Revenue \$ 3,271,274 )

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

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 590,420 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ► 171,161,008

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	✓	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	✓	
<b>3</b>	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 . . . . .		✓
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		✓
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		✓
<b>7</b>	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 . . . . .		✓
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	✓	
<b>9</b>	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		✓
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	✓	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	✓	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	✓	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	Yes	No
			✓
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	✓	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	✓	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	✓	
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	✓	
<b>17</b>	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 . . . . .	✓	
<b>18</b>	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 . . . . .	✓	
<b>19</b>	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 . . . . .		✓
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		✓
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i>	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	76		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	217		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
<b>2a</b>	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	217		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a			✓
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>See Schedule O, Statement 3</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
<b>6a</b>	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?	6a			✓
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>7a</b>	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		✓	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a			
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a			
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>11a</b>	Gross income from members or shareholders	11a			
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		✓
<b>3</b>	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? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		✓
<b>6</b>	Does the organization have members or stockholders? . . . . .		✓
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		✓
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	✓	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9a</b>	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 . . . . .		✓

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		✓
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	✓	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	✓	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	✓	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	✓	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	✓	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	✓	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **See Schedule O, Statement 4**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Deborah R Iwig, (540)837-2100**  
**255 Carter Hall Lane, Millwood, VA 22646**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Mr George B Abercombie Board Director	3	✓					0	0	0	
Mr William F Brandt Jr Board Director - Treasurer	3	✓					0	0	0	
Mr Arno Bohn Board Director	3	✓					0	0	0	
Mr R Kerry Clark Board Director	3	✓					0	0	0	
Mr Richard T Clark Board Director	3	✓					0	0	0	
Mrs Edward N Cole Board Director	3	✓					0	0	0	
John D Fowler Board Director	3	✓					0	0	0	
Mr John W Galiardo Board Director - Vice Chairman	3	✓					0	0	0	
Mr Jack M Gill Board Director	3	✓					0	0	0	
Mr Robert A Ingram Board Director	3	✓					0	0	0	
Mrs Nancy A Larson Board Director	3	✓					0	0	0	
Mr Gerhard N Mayr Board Director	3	✓					0	0	0	
J Michael McQuade PhD Board Director	3	✓					0	0	0	
Mr Viren Mehta Board Director	3	✓					0	0	0	
Mr Walter G Montgomery Board Director	3	✓					0	0	0	
Ms Phebe Novakovic Board Director	3	✓					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	(C) Position (check all that apply)						(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			
Mr Dayton Ogden Board Director - Secretary	3	<input checked="" type="checkbox"/>						0	0	0
Mr Steven B Pfeiffer Esq Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Mr James E Preston Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Mr Stephen H Rusckowski Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Dr Charles A Sanders Board Director - Chairman	3	<input checked="" type="checkbox"/>						0	0	0
Mr Curt M Selquist Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Marshall Smith Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Louis W Sullivan MD Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Mr Henri A Termeer Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Ms Karen Welke Board Director	3	<input checked="" type="checkbox"/>						0	0	0
Mr Bradley A J Wilson Board Director	3	<input checked="" type="checkbox"/>						0	0	0
John P Howe III MD President & CEO	40			<input checked="" type="checkbox"/>				549,674	0	77,325
Anthony T Burchard Vice President Development and	40			<input checked="" type="checkbox"/>				199,860	0	11,111
<b>1b Total</b>								<b>2,467,063</b>	<b>0</b>	<b>292,742</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **25**

	Yes	No
<b>3</b> 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		<input checked="" type="checkbox"/>
<b>4</b> 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.	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPC Communications Services, Dept 77-9122, Chicago, IL 60678-9122	Print quarterly journal	387,401
Adams Hussey & Associates, 1600 Wilson Boulevard, Suite 300, Arlington, VA 22202	Direct Response Marketing	369,925
Burness Communications, 7910 Woodmont Ave, Suite 700, Bethesda, MD 20814	Communications and PR	286,812
Public Interest Data Inc, 1800 Diagonal Road, Suite 400, Alexandria, VA 22304	Fundraising database mar	260,701
ICF Incorporated LLC, 9300 Lee Highway, Fairfax, VA 22031	Marketing Consultant	244,383

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **11**

**Part VIII Statement of Revenue**

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	135,418					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	969,550					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions),	<b>1e</b>	5,275,363					
	<b>f</b> All other contributions, gifts, grants,	<b>1f</b>	182,249,088					
	and similar amounts not included above							
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		156,853,311					
<b>h Total.</b> Add lines 1a-1f . . . . .			188,629,419					
<b>Program Service Revenue</b>	<b>2a</b> Subscription Revenue . . . . .	<b>Business Code</b>	511120	1,774,745	1,774,745	0	0	
	<b>b</b> . . . . .							
	<b>c</b> . . . . .							
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .			0	0	0	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,774,745				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			947,897	0	0	947,897	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	0	0	
	<b>5</b> Royalties . . . . .			0	0	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	213,684	0				
		(ii) Personal		0				
		<b>b</b> Less: rental expenses . . . . .	208,345	0				
		<b>c</b> Rental income or (loss) . . . . .	5,339	0				
	<b>d</b> Net rental income or (loss) . . . . .			5,339	0	0	5,339	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	1,068,052	54,232				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	803,477	0				
		<b>c</b> Gain or (loss) . . . . .	264,575	54,232				
	<b>d</b> Net gain or (loss) . . . . .			318,807	0	0	318,807	
	<b>8a</b> Gross income from fundraising events (not including \$ 969,550 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		533,350				
		<b>b</b> Less: direct expenses . . . . .		367,952				
<b>c</b> Net income or (loss) from fundraising events . . . . .				165,398	165,398	0	0	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0					
	<b>b</b> Less: direct expenses . . . . .		0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0	0	0	0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0					
	<b>b</b> Less: cost of goods sold . . . . .		0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0	0	0	0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> Mailing list royalties . . . . .		511140	301,712	0	0	301,712		
<b>b</b> . . . . .								
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .			55,468	55,468	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			357,180					
<b>12 Total revenue.</b> See instructions . . . . .			192,198,785	1,995,611	0	1,573,755		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	327,157	327,157		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,890,186	663,068	1,003,542	223,576
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	10,453,932	8,529,364	1,013,261	911,307
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	517,814	344,718	116,024	57,072
9	Other employee benefits	2,089,407	1,658,829	276,740	153,838
10	Payroll taxes	762,485	550,286	135,025	77,174
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	155,652	109,538	25,140	20,974
c	Accounting	220,582	49,882	170,700	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	393,802			393,802
f	Investment management fees	61,128	0	61,128	0
g	Other	3,043,260	1,697,421	88,789	1,257,050
12	Advertising and promotion	95,550	85,848	7,510	2,192
13	Office expenses	3,245,338	1,836,770	92,198	1,316,370
14	Information technology	1,708,180	996,837	268,543	442,800
15	Royalties	0	0	0	0
16	Occupancy	2,505,149	1,990,630	307,515	207,004
17	Travel	2,211,698	1,984,022	84,804	142,872
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	365,081	335,613	22,558	6,910
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	192,020	114,058	47,856	30,106
23	Insurance	366,561	306,222	36,850	23,489
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Medical Equipment and Pharmaceuticals	146,077,335	146,077,335	0	0
b	Honorariums	164,214	164,214	0	0
c	Subcontracts	117,324	117,324	0	0
d	Training	2,024,742	2,022,500	2,242	0
e	Printing and Artwork	1,704,138	738,547	0	965,591
f	All other expenses	568,553	460,825	25,401	82,327
25	<b>Total functional expenses.</b> Add lines 1 through 24f	181,261,288	171,161,008	3,785,826	6,314,454
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	1,197,094	1	1,197,094	
	2	Savings and temporary cash investments . . . . .	6,206,118	2	2,478,050	
	3	Pledges and grants receivable, net . . . . .	16,653,709	3	12,760,720	
	4	Accounts receivable, net . . . . .	105,041	4	139,834	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0	
	7	Notes and loans receivable, net . . . . .	0	7	0	
	8	Inventories for sale or use . . . . .	4,992,710	8	17,262,444	
	9	Prepaid expenses and deferred charges . . . . .	146,098	9	181,773	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,435,647		
	b	Less: accumulated depreciation . . . . .	10b	5,821,370	10c	4,614,277
	11	Investments—publicly traded securities . . . . .	12,959,422	11	21,439,591	
	12	Investments—other securities. See Part IV, line 11 . . . . .	1,095,893	12	1,160,303	
	13	Investments—program-related. See Part IV, line 11 . . . . .		13		
	14	Intangible assets . . . . .		14		
	15	Other assets. See Part IV, line 11 . . . . .	1,371,179	15	1,427,583	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	49,488,936	16	62,661,669		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	15,019,768	17	13,298,091	
	18	Grants payable . . . . .	0	18	0	
	19	Deferred revenue . . . . .	1,544,128	19	2,132,078	
	20	Tax-exempt bond liabilities . . . . .	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	406,606	23	310,799	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	2,752,888	25	2,641,120	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	19,723,390	26	18,382,088	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .	-1,239,225	27	4,916,568	
	28	Temporarily restricted net assets . . . . .	27,240,007	28	35,598,249	
	29	Permanently restricted net assets . . . . .	3,764,764	29	3,764,764	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32		
33	<b>Total net assets or fund balances . . . . .</b>	29,765,546	33	44,279,581		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	49,488,936	34	62,661,669		

**Part XI Financial Statements and Reporting**

**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? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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? . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**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? . . . . .

**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.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>	✓	
<b>3b</b>	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

Employer identification number

**PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC**

**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 11, 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.)
- 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)(vii).** (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	144,857,786	177,539,585	168,718,192	140,443,374	189,162,769	820,721,706
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	144,857,786	177,539,585	168,718,192	140,443,374	189,162,769	820,721,706
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) . . . . .						309,858,722
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						510,862,984

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	144,857,786	177,539,585	168,718,192	140,443,374	189,162,769	820,721,706
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,719,546	1,797,549	1,800,505	1,609,971	1,249,609	8,177,180
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-101,983	-56,764	-58,857	24,130	5,339	-188,135
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						828,710,751
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	61.65 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	57.08 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3 % support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Lined area for supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC**

Employer identification number

**53 : 0242962**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 Tax Year
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	<b>2d</b>
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....
- Number of states where property subject to conservation easement is located ▶ .....
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....
- 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
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$	0
(ii) Assets included in Form 990, Part X . . . . .	▶ \$	1,923,064
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 . . . . .	▶ \$	0
b Assets included in Form 990, Part X . . . . .	▶ \$	0

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

- 3 Using the organization's 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 Conference Center
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,011,386	3,939,516			
b Contributions	0	13,004			
c Net investment earnings, gains, and losses	-25,429	58,866			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	3,985,957	4,011,386			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  0. %
  - b Permanent endowment  94. %
  - c Term endowment  6. %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	602,888		602,888
b Buildings	0	4,919,182	1,839,933	3,079,249
c Leasehold improvements	0	115,402	83,975	31,427
d Equipment	0	4,123,060	3,239,821	883,239
e Other	0	675,115	657,641	17,474
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>4,614,277</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	192,198,785
2	Total expenses (Form 990, Part IX, column (A), line 25)	181,261,288
3	Excess or (deficit) for the year. Subtract line 2 from line 1	10,937,497
4	Net unrealized gains (losses) on investments	1,355,681
5	Donated services and use of facilities	2,293,128
6	Investment expenses	0
7	Prior period adjustments	0
8	Other (Describe in Part XIV.)	2,220,858
9	Total adjustments (net). Add lines 4 through 8	5,869,667
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	16,807,164

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	196,297,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	1,355,681
b	Donated services and use of facilities	2,293,128
c	Recoveries of prior year grants	0
d	Other (Describe in Part XIV.)	-126,289
e	Add lines 2a through 2d	3,522,520
3	Subtract line 2e from line 1	192,775,082
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	0
b	Other (Describe in Part XIV.)	-576,297
c	Add lines 4a and 4b	-576,297
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	192,198,785

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	181,783,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2,293,128
b	Prior year adjustments	0
c	Other losses	0
d	Other (Describe in Part XIV.)	-2,220,858
e	Add lines 2a through 2d	72,270
3	Subtract line 2e from line 1	181,711,296
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	0
b	Other (Describe in Part XIV.)	-450,008
c	Add lines 4a and 4b	-450,008
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	181,261,288

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, 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 the land. Project HOPE also uses the property to provide a conference center.

Schedule D, Part V, Line 4 - Project HOPE's endowments were set-up to provide income for programmatic expenses. There is one endowment to cover the start-up expenses for a Technical Director. There is Health Affairs endowment that provides income for special projects within this program area. There is also an endowment which has no restriction on the income. This income is used for general support of the organization.

Schedule D, Part X - 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. In addition, the Foundation qualifies for the

**Part XIV - Supplemental Information (Continued)**

charitable contribution deduction and has been classified as an organization that is not a private foundation. On, July 1, 2009, the Foundation adopted 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 de-recognition, 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. With few exceptions, the Foundation is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2007.

Schedule D, Part XI, Line 8 - Pension related changes other than net periodic pension cost

Schedule D, Part XII, Line 2d - Foreign currency loss

Schedule D, Part XII, Line 4b - Rental Expenses Conference Center

Schedule D, Part XIII, Line 2d - Pension related changes other than net periodic pension cost

Schedule D, Part XIII, Line 4b - Rental Expenses Conference Center (\$208,345), Foreign Currency Loss \$126,289, Special Event Expenses (\$367,952)







**Part IV** Supplemental Information

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

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

Form: Schedule F

Page: 1

Line Number: Part I Line 3

## Accounts and Activities Outside the United States

		Offices	Employees	Total
<b>Region</b>	Central America and the Caribbean	7	53	70,480,561
<b>Activities</b>	Program Services			
<b>Services</b>	Women's and Children's Health, Infectious Disease			
<b>Region</b>	East Asia and the Pacific	6	37	6,641,164
<b>Activities</b>	Program Services			
<b>Services</b>	Chronic Disease, Health System Strengthening, Women's and Children's Health			
<b>Region</b>	Europe (including Iceland and Greenland) 2		5	6,580,353
<b>Activities</b>	Program Services			
<b>Services</b>	Chronic Disease, Health System Strengthening, Women's and Children's Health, Infectious Disease			
<b>Region</b>	Middle East and North Africa	1	2	24,784,854
<b>Activities</b>	Program Services			
<b>Services</b>	Health System Strengthening			
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	1	8	113,011
<b>Activities</b>	Program Services			
<b>Services</b>	Chronic Disease			
<b>Region</b>	Russia and the newly independent States 9		72	41,051,825
<b>Activities</b>	Program Services			
<b>Services</b>	Infectious Disease			
<b>Region</b>	South America	1	9	222,202
<b>Activities</b>	Program Services			
<b>Services</b>	Women's and Children's Health			
<b>Region</b>	South Asia	1	10	646,871
<b>Activities</b>	Program Services			
<b>Services</b>	Chronic Disease, Health System Strengthening, Women's and Children's Health, Infectious Disease			
<b>Region</b>	Sub-Saharan Africa	7	96	3,168,055
<b>Activities</b>	Program Services			
<b>Services</b>	Infectious Disease			
	<b>Total:</b>	<b>35</b>	<b>292</b>	<b>153,688,896</b>

**Grants To Organization Outside US**

		Cash Grant	Non-Cash Assistance
<b>Region</b>	Central America and the Caribbean	65,926	
<b>Grant</b>	To fund a Village Health Bank program in Honduras		
<b>Cash Disbursement</b>	small cash payments after wiring fund to Project HOPE field office		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	South America	31,716	
<b>Grant</b>	To fund a Village Health Bank program in Peru		
<b>Cash Disbursement</b>	small cash payments after wiring funds to Project HOPE field office		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Sub-Saharan Africa	19,507	
<b>Grant</b>	MCA, Mozambique Christian Assembly in Mozambique		
<b>Cash Disbursement</b>	2 cash disbursements		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			

Form: Schedule F

Page: 3

Line Number: Part III

**Grants To Individuals Located Outside US**

		Recipients	Cash Grant	Non-Cash Assistance
<b>Assistance</b>	Fellowships	79	203,982	
<b>Region</b>	East Asia and the Pacific			
<b>Cash Disbursement</b>	Fellowships			
<b>Non-Cash Assistance</b>				
<b>Valuation</b>				
<b>Assistance</b>	Fellowship	1	6,025	
<b>Region</b>	Europe (including Iceland and Greenland)			
<b>Cash Disbursement</b>				
<b>Non-Cash Assistance</b>				
<b>Valuation</b>				

**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" to 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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

**PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC**

Employer identification number

**53 | 0242962**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
See Schedule O, Statement 5						
<b>Total</b>				<b>5,276,248</b>	<b>393,802</b>	<b>4,882,446</b>

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

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

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

		(a) Event #1 <b>Project HOPE 2011</b> (event type)	(b) Event #2 <b>Other Events</b> (event type)	(c) Other events <b>0</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,546,150	30,250		1,576,400
	<b>2</b> Less: Charitable contributions . . . . .	1,043,050	30,250		1,073,300
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	503,100	0		503,100
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	16,000	0		16,000
	<b>7</b> Food and beverages . . . . .	95,016	42,937		137,953
	<b>8</b> Entertainment . . . . .	4,000	0		4,000
	<b>9</b> Other direct expenses . . . . .	205,177	4,823		210,000
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 367,953 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				135,147

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . .		
<b>b</b>	An outside facility . . . . .		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ .....		
	Address ▶ .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ .....		
	Address ▶ .....		
<b>16</b>	Gaming manager information:		
	Name ▶ .....		
	Gaming manager compensation ▶ \$ .....		
	Description of services provided ▶ .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....		

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC</b>	Employer identification number <b>53 0242962</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	✓	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	✓	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		✓ ✓ ✓
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		✓ ✓
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		✓ ✓
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		✓
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John P Howe III MD	(i) 524,674 (ii) 0	25,000 0	0 0	68,948 0	10,860 0	629,482 0	0 0
Anthony T Burchard	(i) 199,860 (ii) 0	0 0	0 0	6,351 0	7,238 0	213,449 0	0 0
Susan Dentzer	(i) 263,181 (ii) 0	25,104 0	0 0	17,150 0	14,607 0	320,042 0	0 0
Deborah R Iwig	(i) 215,150 (ii) 0	0 0	0 0	32,641 0	3,234 0	251,025 0	0 0
Stuart L Myers	(i) 211,504 (ii) 0	0 0	0 0	34,714 0	3,278 0	249,496 0	0 0
M Miriam Wardak	(i) 203,883 (ii) 0	6,250 0	0 0	11,992 0	2,169 0	224,294 0	0 0
Frederick E Gerber II	(i) 175,210 (ii) 0	0 0	0 0	23,834 0	6,296 0	205,340 0	0 0
Rand F Walton	(i) 165,907 (ii) 0	0 0	0 0	5,121 0	13,969 0	184,997 0	0 0
Kendra E Davenport	(i) 166,268 (ii) 0	0 0	0 0	4,924 0	1,387 0	172,579 0	0 0
Jane Hiebert-White	(i) 130,693 (ii) 0	7,500 0	0 0	13,946 0	13,724 0	165,863 0	0 0
Brian Allen	(i) 146,879 (ii) 0	0 0	0 0	10,393 0	6,267 0	163,539 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0





**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.

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

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

Employer identification number  
**53 : 0242962**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		860	Fair Market Value
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	16	224,453	Fair Market Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	1	249,861	Fair Market Value
20 Drugs and medical supplies . . . . .	✓	60	156,511,884	Average Wholesale from f
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (Supplies . . . . .)	✓	10	90,706	Fair Market Value
26 Other ▶ ( . . . . .)				
27 Other ▶ ( . . . . .)				
28 Other ▶ ( . . . . .)				

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 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC**

Employer identification number

**53 | 0242962**

Form 990, Part VI, Section B, Line 11 - A copy of Project HOPE's final form 990 (including required schedules), to be filed with the IRS, was provided to the Board of Director's Chair of the Audit Committee. Before this review the 990 was also reviewed by all of Project HOPE's executive officers. The 990 was prepared by staff and reviewed by the organization's tax accountant. Each member of the Board of Directors receives a copy of the 990 before the form is submitted to the IRS.

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

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

Form 990, Part VI, Section C, Line 19 - Project HOPE's governing documents and conflict of interest policy are available upon request. The annual report is available on Project HOPE's website [www.projecthope.org](http://www.projecthope.org). The financials are also available upon request.

Form: 990

Page: 2

Line Number: Part III Line 1

**Mission Description**

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**Description**

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assistance. Project HOPE also publishes the world's leading peer-reviewed journal on health policy, Health Affairs.

Form: 990

Page: 2

Line Number: Part III Line 4d

**Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	VOLUNTEER EFFORTS - Project HOPE was founded on the willingness of doctors, nurses and other medical volunteers to travel the globe on a floating hospital ship - the SS HOPE- to provide medical care, health education and humanitarian assistance to people in need. While we now operate land-based programs in more than 35 countries, Project HOPE, in a unique partnership with the U.S. Navy, sends medical volunteers on board ships around the world to provide medical care, health education, vaccinations and humanitarian assistance. Since partnering with the U.S. Navy in early 2005 to provide tsunami relief, Project HOPE has participated in more than 20 humanitarian assistance and health education missions with nearly 1000 HOPE volunteers. These missions have provided care to more than 500,000 people, offered health education to more than 115,000 and delivered \$35 million in donated medicines and medical supplies.	590,420	0	0
<b>Total:</b>		<b>590,420</b>	<b>0</b>	<b>0</b>

Form: 990

Page: 5

Line Number: Part V Line 4b

Name Of Foreign Country

---

Name

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China  
Hungary  
Kazakhstan  
Czech Republic  
Bosnia-Herzegovina  
Dominican Republic  
Honduras  
Indonesia  
Kyrgyzstan  
Malawi  
Mozambique  
Mexico  
Romania  
South Africa  
Tajikistin  
Turkmenistan  
Ukraine  
Namibia  
Nicaragua  
Peru  
Poland  
Russia  
Thailand  
Uzbekistan  
Egypt  
Guatemala

States Where Copy Of Return Is Filed

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States

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AK  
AL  
AR  
AZ  
CA  
CT  
FL  
GA  
HI  
IL  
KS  
KY  
LA  
MA  
MD  
ME  
MI  
MN  
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NC  
ND  
NH  
NJ  
NM  
NY  
OH  
OK  
OR  
PA  
RI  
SC  
TN  
UT  
VA  
WA  
WI  
WV

**Fundraiser Activity Information**

<b>Name</b>	<b>Activity</b>	<b>C1</b>	<b>Gross Receipts</b>	<b>Amount Or Retained By Contractor</b>	<b>Net To Organization</b>
Adams and Hussey and Associates	Direct Mail - House, Sustainer and Prospect Fundraising	No	5,102,078	283,666	4,818,412
Direct Advantage Marketing	Telemarketing Fundraising	No	174,170	70,969	103,201
The Sharpe Group	Consultant for Planned Giving Fundraising	No	0	39,167	-39,167
<b>Total:</b>			<b>5,276,248</b>	<b>393,802</b>	<b>4,882,446</b>

C1 = Fundraiser control of funds?