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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

	41 2	000			7.04.2000		^			•
				r, or tax year beginning 0 C Name of organization	7-01-2009	and ending 06-30-201	<u> </u>	D Employer	identi	fication number
_	eck if ap		ease se IRS	PROJECT HOPE THE PEOPLE	TO PEOPLE H	IEALTH FOUNDATION INC		. ,		
Add	dress cha	unge	bel or	Doing Business As				53-0242 E Telephone		per
Na	me chan		int or pe. See	Doing Business ris				•		
Init	tıal retur	n Sp	ecific	Number and street (or P O	box if mail is	not delivered to street addre	ss) Room/suite	(540) 83		
– Tei	mınated		struc- ons.	255 Carter Hall Lane				G Gross receip	ots \$ 1	93,578,559
– _{Am}	ended r	eturn	ŀ	City or town, state or count	ry, and ZIP +	4	l			
– _{Apı}	plication	pending		Millwood, VA 22646						
, 191	p illocation	perianing		ne and address of principa	- I - 66		I	ı		
				P Howe	aromicer			is a group ret ates?	urn fo	r
				rter Hall Lane				ites.		1 163 1 110
			Millwood	d,VA 22646			H(b) Are a	ll affiliates incl	uded?	☐ Yes ☐ No
. T-			T ====	·	-	-				ee instructions)
Га	x-exem	pt status 🔽	501(c)	(3) ◄ (insert no)	/(a)(1) or	527	H(c) Grou	up exemption	numb	er 🟲
ı w	ebsit e	: 🕨 www pi	rojecthop	pe org						
€ For	m of ora	anization 🔽	Corporati	on Trust Association	Other 🕨		L Year of fo	rmation 1958	M St	ate of legal domicile DC
	rt I	Summa		,						
	1		_	e organization's mission o	or most sigi	nificant activities				
		Health edu	ication, s	strengthening health facil	lıtıes, fıghtı	ng diseases such as TB		ınd dıabetes a	nd pr	oviding humanitaria
e.		assistance	through	donated medicines and	supplies ar	id volunteer medical hel	р			
Ĭ										
<u> </u>										
sovemance	2	Check this	box ►	if the organization disco	ontinued its	operations or disposed	of more than	25% of its ne	t ass	ets
			,	nembers of the governing						28
o v			_	dent voting members of t					_	27
2							,,	•		217
Acumines &				nployees (Part V , line 2a)					_	
Ť				lunteers (estimate if nec						
		-		ed business revenue from			•		_	
	b	Net unrela	ted busir	ness taxable income fron	n Form 990	-T, line 34			7b	(
					Pric	or Year		Current Year		
а.	8	Contribut	ions and	grants (Part VIII, line 1	h)			140,443,374		188,629,419
Ī	9	Program	service r	evenue (Part VIII, line 2	2g)			1,850,571	1,774,745	
Ravenue	10	Investme	nt incom	ne (Part VIII, column (A)		552,957		1,266,704		
<u> </u>	11	Other rev	enue (Pa	art VIII, column (A), lıne	s 5, 6d, 8c	, 9c, 10c, and 11e)		-262,822		527,917
	12			ld lines 8 through 11 (mi				142,584,080		102 100 705
	42							· · ·	_	192,198,785
	13			r amounts paid (Part IX,				220,632	_	327,157
	14	•		r for members (Part IX, c		•	_	0	-	0
Ø	15	Salaries, 10)	other co	mpensation, employee be	5-	17,076,620		15,713,824		
ž	16a	,	nal fundr	raising fees (Part IX, colu	umn (A.) lun	e 11e)		543,666	_	393,802
Expenses	ь							343,000		3,3,002
Δ				enses (Part IX, column (D), line				120 466 505	 	164 026 505
	17	•	-	Part IX, column (A), lines		·		139,466,595	_	164,826,505
	18			dd lines 13–17 (must e				157,307,513	+	181,261,288
	19	Revenue	less exp	enses Subtract line 18 f	from line 12			-14,723,433		10,937,497
Net Assets or Fund Balances							_	g of Current Year		End of Year
26. 26. 26. 26. 26. 26.	20	Totalaco	etc /Dar	t X, line 16)			'	49,488,936	\vdash	62,661,669
A.S.	21			art X, line 26)				19,723,390	+	18,382,088
5 E	22		-	d balances Subtract line				29,765,546	+	
	1300	Signati			2 1 110111 III	640		29,705,546		44,279,581
ΓŒI				лигу, I declare that I have exa	amined this re	turn including accompanying	schedules and s	tatements and t	to the	hest of my knowledge
				correct, and complete Declarat						
							1			
Sigr Her		Constra	e of office	<u></u>			2010- Date	-11-08		
пег	е	Signatur	e or office	I			Date			
			Iwig Vice	President and CFO						
		T Type or	print name	and title						
		Preparer's					Check If self-	Preparer's ide		g number
^o aid		signature	7				seir- empolyed 🕨 🦵	(see instruction	JII5)	
⊃гер	arer's	Firm's name	e (or your	s L						
	Only	ıf self-empl address, an	loyed),	/				EIN Þ		
								Phone no 🕨		
4 -		<u> </u>	de contra							
1av	the IRS	s discuss t	nis retur	n with the preparer show	n above? (s	ee instructions)			- 1	Yes No

Part III Statement of Program Service Accomplishments

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

2	Did the organization unde the prior Form 990 or 99				r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these i	new services on Sc	hedule O			
3	Did the organization ceasservices?	se conducting, or m	nake significa	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these of	changes on Schedu	ıle O			
4		01(c)(4) organızatı	ons and secti	on 4947(a)(1) trusts	e largest program services b are required to report the an service reported	
4a	(Code) (Expenses \$	132,009,451	including grants of \$	0) (Revenue \$	141,207,636)
	strengthen our educational p medical products into an area the attention of the outside w pharmaceuticals, medical sup	rograms and facilities was affected by a natural world has moved on to oplies and equipment -	or medicines an or man-made di other issues We supplied by som	d medical products While saster, our strategy is to pi also support our internation e of the world's leading coi	Project HOPE is not always among rovide long-term access to vital me anal health education programs wit rporations. These products range fi	edicines and supplies, even after h donated product - items like
		 				
4b	(Code) (Expenses \$	31,255,144	including grants of \$	327,157) (Revenue \$	33,226,011)
	Programs range from the tra establishment of highly speci	ining of community hea alized, tertiary care pos gy in which local health	alth promoters in stgraduate medic n professionals ar	areas such as primary care al programs in fields such a e taught how to teach othe	and community health programs in e, reproductive health, and matern as nursing and health professional ers what they have learned in HOP	al and children's health, to the continuing education. We use a
4c	(Code) (Expenses \$	7,305,993	including grants of \$	0) (Revenue \$	3,271,274)
40	HEALTH POLICY - Health Affa appears monthly in print with policy Susan Dentzer, forme authored by leading academ name a few Government po	n additional daily online additional daily online irly head of The Newshics from fields that interplicymakers and health devery article the jour	of health policy Web exclusive r our's health unit, rsect with health industry decision has ever pub	thought and research, is over naterials Published since 1 serves as the journal's Ed policy such as economics, makers from the U S and dished is available online at	vned and published by Project HOI 981, The Washington Post has call itor-in-Chief All papers undergo ex public health, sociology, political so around the globe also write for ar www healthaffairs org All abstrac	PE The peer-reviewed journal ed Health Affairs the bible of health kternal peer review and are cience, medicine and nursing, to id read the journal Health Affairs is
	Other program services	(Describe in Sch	edule O) See	also Additional Data (for Description	
	(Expenses \$	•	luding grants		0) (Revenue \$	0)
4e	Total program service e	xnenses ⊭ ≮	171,161,00	18	•	•
			_, _,,	· -		

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Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance		W	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
	1a 76			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 217			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	CH, HU, KZ, EZ, BK, DR, HO, ID, KG, MI, MZ, MX, RO,			
	If "Yes," enter the name of the foreign country FSF, TI, TX, UP, WA, NU, PE, PL, RS, TH, UZ, EG, GT See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Millwood, VA 22646 (540) 837-2100

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

Se	ection A. Governing Body and Management			
	ector A. Coverning body and Flandgement		Yes	No
1a	Enter the number of voting members of the governing body 1a 28			
ь	Enter the number of voting members that are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		 No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
, .	governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		 No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AL , AR , AZ , CA , CT , FL , GA , H		KS . KY	. LA :
-,	MA, MD, ME, MI, MN, MS, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, V	NH,N	IJ,NM	NY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Deborah R Iwig 255 Carter Hall Lane	e orga	nızatıor	.

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	me and Title A verage hours		(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

		_
,063	0	292,7

Page 8

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

Section B. Independent Contractors

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 606789122	Print quarterly journal	387,401
Adams Hussey & Associates 1600 Wilson Boulevard Suite 300 Arlington, VA 22209	Direct Response Marketing Consultants	369,925
Burness Communications 7910 Woodmont Ave Suite 700 Bethesda, MD 20814	Communications and Promotion Marketing	286,812
Public Interest Data Inc 1800 Diagonal Road Suite 400 Alexandria, VA 22314	Fundraising database management	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) \$100,000 in compensation from the organization ►11) who received more than	

Form 99								Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts =	1a	Federated camp	paigns 1a	135,418				
gra	Ь	Membership du		0				
ffs,	c d	Fundraising eve	ents 1c	969,550				
3,0 10,0 10,0 10,0 10,0 10,0 10,0 10,0 1	e e	Government grants		5,275,363				
ion; r	f	All other contribution	ons, gifts, grants, and 1f	182,249,088				
ë ë	g	sımılar amounts no Noncash contri	hutions included in					
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$	56,853,311	.	199 620 410			
० ल	h	Total. Add lines	3 1a-1f	• •	188,629,419			
ne	2a	Subscription Reven	nue	Business Code 511,120	1,774,745	1,774,745	0	0
eve Fe	ь		_		_,	-,,		
- P	С							
Serv	d							
Ē	e _	All other progra						
Program Serwce Revenue	'		ım service revenue		0	0	0	0
	g 3		ome (including dividence		1,774,745			
			aramounts)	. +	947,897	0	0	947,897
	4			· · · ·	0	0	0	0
	5	Royalties	(ı) Real	(II) Personal	o I	0	0	0
	6a	Gross Rents	213,684	0				
	Ь	Less rental expenses	208,345	0				
	С	Rental income or (loss)	5,339	0				
	d	Net rental inco	me or (loss)		5,339	0	0	5,339
	7a	Gross amount from sales of assets other than inventory	(i) Securities 1,068,052	(II) O ther 54,232				
	Ь	Less cost or other basis and sales expenses	803,477	0				
	c d	Gain or (loss)	264,575 s)	54,232	318,807	0	0	318,807
	8a	Gross income f			220,001			
Other Revenue		Ψ	,550 reported on line 1c) e 18					
her	Ь	Less direct ex	a penses b	533,350 367,952				
₹	с		loss) from fundraising e		165,398	165,398	0	0
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a	0				
	b c		penses b	ovities	0	0	0	0
	10a	Gross sales of returns and allo		0				
	ь		oodssold b	. 0				
	С	Net income or (loss) from sales of inve	ntory ► Business Code	0	0	0	0
	11a	Mailing list roya		511,140	301,712	0	0	301,712
	ь							
	c							
	d	All other revenu	ı		55,468	55,468	0	0
	e	iotal. A dd lines	siia-iiu	▶	357,180			
	12	Total revenue.	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.

	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).								
			(B) (C), and ((C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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)								
а	Management	0	0	0	0				
ь	Legal	155,652	109,538	25,140	20,974				
С	Accounting	220,582	49,882	170,700	0				
d	Lobbying	0	0	0	0				
e	Professional fundraising 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	2,211,090	0	04,004	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					
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)	300,301	300,222	30,030	23,103				
а	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	Total functional expenses. Add lines 1 through 24f	181,261,288	171,161,008	3,785,826	6,314,454				
26	Joint costs. Check here F 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	,,	2. 2,202,000	2,, 33,020					

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	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 highest compensated employees. Complete Part II of	from current and former officers, directors, trustees, key employees, and pensated employees Complete Part II of					
		Schedule L			О	5	0	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and				
		Schedule L			О	6	0	
Assets	7	Notes and loans receivable, net			0	7	0	
SS	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 <i>Complete</i> Part VI of Schedule D	10a	10,435,647				
	b	Less accumulated depreciation	10b	5,821,370	4,761,672	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	stments—other securities See Part IV, line 11					
	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	Total assets. Add lines 1 through 15 (must equal line 34)			49,488,936	16	62,661,669	
	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	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.		0	21	0	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lie		persons Complete Part II of Schedule L		•	О	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	Total liabilities. Add lines 17 through 25			19,723,390	26	18,382,088	
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete li	ines 27				
อกเ	27	Unrestricted net assets			-1,239,225	27	4,916,568	
69	28	Temporarily restricted net assets			27,240,007	28	35,598,249	
Z	29	Permanently restricted net assets			3,764,764	29	3,764,764	
표		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	d com	plete				
or		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			29,765,546	33	44,279,581	
_	34	Total liabilities and net assets/fund balances			49,488,936	34	62,661,669	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	2c	Yes	
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 separated 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Name of the organization

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

Inspection

									53-0242962		
	rt I			olic Charity Stat						ructions	
The	organız	zatıon ıs	not a private	e foundation because	ıtıs (Forlır	nes 1 throug	h 11, check o	nly one box)		
1			•	on of churches, or as:				1)(A)(i).			
2		A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	≘ E)				
3	Г	A hospı	tal or a coop	perative hospital serv	vice organiza	tıon descrıb	ed in section :	170(b)(1)(A)(iii).		
4	Γ		al research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	bed in sectio	on 170(b)(1)((A)(iii). Ente	rthe
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	rated by a g	overnmental	unıt describe	— ed in
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A federa	al, state, or l	local government or	governmenta	l unıt descri	bed in section	170(b)(1)(A)(v).		
7	<u>~</u>	describ	ed ın	t normally receives a		part of its si	upport from a	governmenta	al unit or from	n the general	public
_	_			A)(vi) (Complete Pa	-						
8	<u> </u>		•	described in section			•				
9	ı	-		t normally receives	• •				•		-
		•		ties related to its ex	•	-			• •		
			_	ss investment incom				•		() from busin	esses
10	_			anization after June 3							
11	<u> </u>			anızed and operated anızed and						arry out the	nurnosos of
	'	one or r the box	nore publicly	y supported organizations of supported organizations the type of supported by Type II	tions describ irting organiz	ed in sectio ation and co	n 509(a)(1) o	r section 50 11e through	9(a)(2) See		a)(3). Check
e	Γ	otherth	an foundation	x, I certify that the o on managers and oth	-		•	•	•	•	•
f				eceived a written de	termination f	rom the IRS	that it is a Ty	pe I, Type I	I or Type III	supporting o	organization,
g			-	006, has the organız	atıon accept	ed any gıft o	r contribution	from any of	the		
			g persons?	ectly or indirectly co	ntrole outhou	ralono orto	acthor with no	reone docer	had in (ii)		Van Na
				overning body of the	•	·		isons descri	bed III (II)	11g(i)	Yes No
				r of a person describ		_	1011			11g(ii)	
		• •	•	ed entity of a person	• •		ove?			11g(iii)	
h		• •		g information about t							1 1
(i) Name o supporte organizat		e of rted	(iii) Type of organization (iii) (described on EIN lines 1 - 9 above or IRC section (see (iv) Is the organization in col (i) listed in your governing document?		(v) Did you noti organizatio col (i) of y support	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?		
				ınstructions))	Yes	No	Yes	No	Yes	No	

Total

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

	(Complete only if y	ou checked the	box on line 5,	7, or 8 of Part I	.)		
	ection A. Public Support			, , , , , , , , , , , , , , , , , , , 			
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	144,857,786	5 177,539,585	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
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
4	Total. 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	Public Support. Subtract line 5 from line 4						510,862,984
S	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4	144,857,786	1,797,549	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	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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0
11	Total support (Add lines 7 through 10)						828,710,751
12	Gross receipts from related activi	ties, etc (See ins	tructions)	I	l_	12	
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	ion's first, second	d, thırd, fourth, or f	ifth tax year as a		ration,
_S	ection C. Computation of Pu						
14	Public Support Percentage for 20	09 (line 6 column	(f) divided by line	11 column (f))		14	61 646 %
15	Public Support Percentage for 20	08 Schedule A , Pa	art II, line 14			15	57 079 %
b 17a	33 1/3% support test—2009. If the and stop here. The organization quality 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part IV how the organization morganization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization grants and if the organization test is 10% or more, and if the organization grants and if the organization test is 10% or more, and if the organization grants and if the organization test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the organization grants are the support test is 10% or more, and if the	ualifies as a public ne organization dic on qualifies as a p at — 2009. If the org tation meets the " eets the "facts an at — 2008. If the organization meets th	cly supported orgation of the bound of the b	anization ox on line 13 or 16 organization check a box on lin tances" test, chec test The organization check a box on lin umstances" test, c	a, and line 15 is a le 13, 16a, or 16l ck this box and st ation qualifies as the 13, 16a, 16b, other k this box an	33 1/3% or more, b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	check this
18	Explain in Part IV how the organize supported organization Private Foundation If the organization						▶⊏ ▶⊏

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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 ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012004711

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization DIECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC	·	Emplo	yer identification	on numbe	er
			53-02	242962		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds o	r Accounts. (Complet	e if the
		(a) Donor advised funds	(b) Funds and oth	eraccou	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		nor advis	e d	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben			purpose	⊏ v	_ N.
	conferring impermissible private benefit	Sub-	L. F	000 P 114	Yes	No No
-6	rt II Conservation Easements. Complete		to Form	990, Part IV,	iine 7.	
L	Purpose(s) of conservation easements held by the or	<u> </u>			1	_
	Preservation of land for public use (e g , recreating Protection of natural habitat	on or pleasure) Preservation of a Preservation of a				a
	Preservation of open space	, reservation or a	certified	mstoric structu		
			_			
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the forr	n of a con	servation		
	casement on the last day of the tax year			Held at the Er	nd of the	Year
а	Total number of conservation easements		2a	noid de the Ei	14 01 1110	
ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) ac	• •	2d			
,				organization du	ring	
•	Number of conservation easements modified, transfe the taxable year ►	rred, released, extinguished, or terminat	ed by the	organization du	iiiig	
	the taxable year F					
1	Number of states where property subject to conserva	ition easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	·	ndling of v	iolations, and	☐ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easer	ments dur	ng the year 🛌		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts during t	the year 🟲 \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia				
ar	t III Organizations Maintaining Collectio Complete If the organization answered "		or Oth	er Similar As	ssets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	rch ın furt			? ,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		0
	(ii) Assets included in Form 990, Part X			► \$	1,92	23,064
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financi			
а	Revenues included in Form 990, Part VIII, line 1			► \$		0
Ь	Assets included in Form 990, Part X			► \$		0

Par	Organizations Maintaining Co	ollections of Art	, Histo	orical Tre	easu	res, or O	<u>the</u>	r Similar As	set	S (col	<u>าtınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	following th	nat ar	e a significa	nt u	se of its collec	tıon		
а	Public exhibition		d	┌ Loan o	rexcl	nange progra	ams				
ь	Scholarly research		e	▽ Other	Confe	erence Cent	er				
c	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how t	they further	the o	rganızatıon'	sex	empt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than		,						⊢ γ	es	√ No
Pai	t IV Escrow and Custodial Arrang					answered	1 "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		•	•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions c	or other asse	ets r	not	┌ ¥	es	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followin	g table		_					
						-	_	Ar	noun	<u> </u>	
C _ı	Beginning balance						1c				
d	Additions during the year					 	1d				
e	Distributions during the year					<u> </u>	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						⊢ Υ	es	∏ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		ered "Yes Prior Year				<u>t IV, line 10.</u> Three Years Back	(a) F	Four Ve	ars Back
la	Beginning of year balance	4,011,386	(0)	3,939,516		VO TEATS DACK	(4)	Tillee Tears back	(e)	our re	als back
ь	Contributions	0		13,004							
c	Investment earnings or losses	-25,429		58,866							
d	Grants or scholarships	0		0							
e	Other expenditures for facilities	0		0							
_	and programs	0		0			+				
f	Administrative expenses	3,985,957		4,011,386			+				
g	End of year balance			4,011,300	<u> </u>				<u> </u>		
2	Provide the estimated percentage of the year	0.0/	as								
а	Board designated or quasi-endowment	0 % %									
Ь	Permanent endowment - 94 % %)									
c	Term endowment ► 6 % %						_				
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation th	at are held	and a	dministered	tor	the	Γ	Yes	No No
	(i) unrelated organizations							3a	-		No
	(ii) related organizations							3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization							3	b		
1	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Building	s, and Equipme	nt. Se	e Form 99	0, Pa	rt X, line	10.				
	Description of investment			(a) Cost or o basis (investin		(b)Cost or ot basis (othe		(c) Accumulated depreciation	1 (d) Boo	ok value
1a	Land		. [0	602,	888				602,888
b	Buildings		. [0	4,919,	182	1,839,9	33	3	3,079,249
c	Leasehold improvements		. [0	115,	402	83,9	75		31,427
d	Equipment		.		0	4,123,	060	3,239,8	21		883,239
е	Other		.		0	675,	115	657,6	41		17,474

4,614,277

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12)
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives	1,160,303	F
Closely-held equity interests	0	
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,160,303	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
	4 E	
Part IX Other Assets. See Form 990, Part X, lin		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value 1,427,583
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript		
Part IX Other Assets. See Form 990, Part X, lin (a) Descript Loan Program Assets	tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descript	tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descript Loan Program Assets	5.)	1,427,583
Part IX Other Assets. See Form 990, Part X, lin (a) Descript Loan Program Assets Total. (Column (b) should equal Form 990, Part X, col.(B) line 19	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program Obligations	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	1,427,583
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Loan Program O bligations	5.)	1,427,583

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	192,198,785
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	181,261,288
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,937,497
4	Net unrealized gains (losses) on investments	4	1,355,681
5	Donated services and use of facilities	5	2,293,128
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	2,220,858
9	Total adjustments (net) Add lines 4 - 8	9	5,869,667
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	16,807,164
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	196,297,602
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,522,520
3	Subtract line 2e from line 1	3	192,775,082
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-576,297
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	192,198,785
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	181,783,566
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	72,270
3	Subtract line 2e from line 1	3	181,711,296
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-450,008
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	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,

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	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.
SchD_P05_S00_L04	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.
SchD_P10_S00_L00	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 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
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Pension related changes other than net periodic pension cost
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Foreign currency loss
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Rental Expenses Conference Center
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Pension related changes other than net periodic pension cost
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Rental Expenses Conference Center (\$208,345), Foreign Currency Loss \$126,289, Special Event Expenses (\$367,952)

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As Filed Data -

DLN: 93493012004711

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

53-0242962

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

"Yes" to Form 9			de the officed States	. Complete il tile organ	iization answered
				the amount of the grants lection criteria used to a	
		-			. Ves No
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsıd	e the
3 Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	7	53	Program Services	Women's and Children's Health, Infectious Disease	70,480,561
East Asia and the Pacific	6	37	Program Services	Chronic Disease, Health System Strengthening, Women's and Children's Health	6,641,164
Europe (including Iceland and Greenland)	2	5	Program Services	Chronic Disease, Health System Strengthening, Women's and Children's Health, Infectious Disease	6,580,353
Middle East and North Africa	1	2	Program Services	Health System Strenthening	24,784,854
North America (including Canada and Mexico, but not the United States)	1	8	Program Services	Chronic Disease	113,011
Russia and the newly ndependent States	9	72	Program Services	Infectious Disease	41,051,825
South America	1	9	Program Services	Women's and Children's Health	222,202
South Asia	1	10	Program Services	Chronic Disease, Health System Strengthening, Women's and Children's Health, Infectious Disease	646,871
Sub-Saharan Africa	7	96	Program Services	Infectious Disease	3,168,055
Totals ▶	35	292			153,688,896

	Use Sch	nedule F-1 (For	<u>m 990) if additional</u>	space is needed.		·			·
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and the Caribbean	To fund a Village Health Bank program in Honduras		small cash payments after wiring fund to Project HOPE field office			
			South America	To fund a Village Health Bank program in Peru	31,716	small cash payments after wiring funds to Project HOPE field office			
			Sub-Saharan Africa	MCA, Mozambique Christian Assembly in Mozambique	19,507	2 cash disbursements			
2				sted above that are ree or counsel has pro					0
3	Enter total nu	ımber of other	organizations or er	itities					2 F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

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

000 001044	10 1 1 (101111 330) 11 0	adicional opace	10 HOGGGG				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Fellowships	East Asia and the Pacific	79	203,982	Fellowships			
Fellowship	Europe (including Iceland and Greenland)	1	6,025				
-							

Schedule F (Form 990) 2009

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

As Filed Data -

DLN: 93493012004711

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Open to Public	•
Inspection	

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

Employer identification number

53-0242962

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

e 🔽 Solicitation of non-government grants

b 🔽 Internet and e-mail solicitations

F Solicitation of government grants

Phone solicitations

- d 🔽 In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

	_	
Yes	, j	No

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

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No						
A dams 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		
Total			•	5,276,248	393,802	4,882,446		

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot		
			Project HOPE 2010	Other Events	0	(Add col	(a) thr I (c))	ough
			Spring Gala (event type)	(event type)	(total number)		(-)/	
ΨŒ	1	Gross receipts	1,546,150	30,250			1,576	5,400
Revenue	2	Less Charitable contributions	1,043,050	30,250			1,073	3,30
ш.	3	Gross income (line 1 minus line 2)	503,100	0			503	3,10
	4	Cash prizes	C	0				ı
m	5	Non-cash prizes	C	0				(
Expenses	6	Rent/facility costs	16,000	0			16	5,000
ă ă	7	Food and beverages	95,016	42,937			137	7,95
Direct	8	Entertainment	4,000	0			4	1,000
Ξ	9	Other direct expenses .	205,177	4,823			210	0,00
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		367	7,95
	11	Net income summary Combine li	nes 3, column d, and line	10		,	135	5,14
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pai	rt IV, line 19, or repo	orted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
ĕ								
	1	Gross revenue						
ဟ		Gross revenue						
sesuec	2	Cash prizes						
t Expenses	2	Cash prizes						
Orrect Expenses	2 3 4	Cash prizes Non-cash prizes Rent/facility costs						
Direct Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	T Vac %	T vos %	∇ y o c			
Direct Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs	Г Yes%_ Г No	Г Yes	Г Yes <u>%</u> По			
Direct Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	□ No	□ No				
Direct Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No S 2 through 5 in column (d)	Γ No ▶			
Direct Expenses	2 3 4 5 6	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com	No s 2 through 5 in column (d)	No ▶		Yes	No
<u>9</u>	2 3 4 5 6 7 8	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, ai	No d)	No ▶		Yes	No
Dreat O	2 3 4 5 6 7 8 Ent Is t	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com	No s 2 through 5 in column (bine lines 1, column d, ai	No d)	No ▶	· 9a	Yes	No
⊡ සම්බ 9 a	2 3 4 5 6 7 8 Ent Is t	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, ai	No d)	No ▶	· 9a	Yes	No
ОН БЭНО	2 3 4 5 6 7 8 Ent Is t If "	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, an ation operates gaming ac gaming activities in each	No d)	Γ No ▶	· 9a	Yes	No
⊡ සමාධ 9 a	2 3 4 5 6 6 7 8 Ent Is t If "	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, an ation operates gaming ac gaming activities in eac	No d)	Γ No ▶		Yes	No
9 a b	2 3 4 5 6 6 7 8 Ent Is t If "	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, an ation operates gaming ac gaming activities in eac	No d)	Γ No ▶		Yes	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493012004711

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC

Employer identification number

53-0242962

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive				V	
	omcers, directors, trustees, and the GLO/Executive	Песк	or, regarding the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	ᅜ	Written employment contract			
	✓ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-be	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		Νο
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			l <u>.</u> .
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
John P Howe III MD	(I) (II)	524,674 0	25,000 0	0	68,948 0	10,860 0	629,482 0	(
Susan Dentzer	(I) (II)	263,181 0	25,104 0	0	17,150 0	14,607 0	320,042 0	(
Anthony T Burchard	(I) (II)	199,860 0	0 0	0	6,351 0	7,238 0	213,449 0	(
Deborah R Iwig	(I) (II)	215,150 0	0	0	32,641 0	3,234 0	251,025 0	(
Stuart L Myers	(I) (II)	211,504 0	0 0	0	34,714 0	3,278 0	249,496 0	
M Mırıam Wardak	(I) (II)	203,883 0	6,250 0	0	11,992 0	2,169 0	224,294 0	
Frederick E Gerber II	(1) (11)	175,210 0	0	0	23,834 0	6,296 0	205,340 0	
Rand F Walton	(I) (II)	165,907 0	0 0	0	5,121 0	13,969 0	184,997 0	
Kendra E Davenport	(I) (II)	166,268 0	0 0	0	4,924 0	1,387 0	172,579 0	
Jane Hiebert-White	(I) (II)	130,693 0	7,500 0	0	13,946 0	13,724 0	165,863 0	
Brian Allen	(I) (II)	146,879 0	0	0	10,393 0	6,267 0		

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
SchJ_P01_S00_L01a	1	Discretionary Spending Account - The executive officers at Project HOPE receive a monthly auto allowance Housing Allowance or Residence - Employees working overseas are provided housing or an allowance to pay for local housing

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

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

Employer identification number

Cache Number of Contributions Revenue reported on Form 990, Part VIII, line revenues Part VIII, line Part VI						53-0242962			
Check of applicable Number of Contributions Revenues reported on Form 99.0, Part VIII, line Incomplete Incomplete	Pa	rt I Types of Property							
2 Art—Fractional interests . X			Check		Revenues reported on Form 990, Part VIII, line	Method of d	- etermı	nıng	
3 Art—Fractional interests . X 850 Fair Market Value 4 Books and publications . X 850 Fair Market Value 5 Clotching and household goods	1	Art—Works of art							
4 Books and publications . X	2	Art—Historical treasures .							
5 Clothing and household goods 6 Cars and other vehicles	3	Art—Fractional interests							
Goods Cars and other vehicles	4	Books and publications	Х		860	Fair Market Value			
## Boats and planes	5	_							
8 Intellectual property .	6	Cars and other vehicles							
9 Securities—Publicity traded X 16 224,453 Fair Market Value 0 Securities—Closely held stock	7	Boats and planes							
Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures Qualified conservation contribution—Other Qualified conservation contribution—Other	8	Intellectual property							
1 Securities—Partnership, LLC, or trust interests	9	Securities—Publicly traded .	X	16	224,453	Fair Market Value			
or trust interests	0	Securities—Closely held stock $\ .$							
33 Qualified conservation contribution—Historics structures	.1	• • • • • • • • • • • • • • • • • • • •							
contribution—Historic structures	2	Securities—Miscellaneous							
4 Qualified conservation contribution—Other	.3	contribution—Historic							
5 Real estate—Commercial	4	Q ualified conservation							
7 Real estate—Other	5								
8 Collectibles	6	Real estate—Commercial							
8 Collectibles	7	Real estate—Other							
O Drugs and medical supplies . X 60 156,511,884 Average Wholesale from Redbook Taxidermy									
1 Taxidermy	9	Food inventory	Х	1	249,861	Fair Market Value			
1 Taxidermy			Х	60	156,511,884	Average Wholesale	from F	Redboo	k
3 Scientific specimens									
A Archeological artifacts	2	Historical artifacts							
So Other ► (Supplies) X 10 90,706 Fair Market Value Cother ► (3	Scientific specimens							
6 Other ►(4	Archeological artifacts							
7 Other ►(5	Other ► (Supplies)	Х	10	90,706	Fair Market Value			
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	6	O ther ▶()							
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	7	O ther ▶()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	8	O ther ▶ ()							
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?	9					29			0
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?								Yes	No
for exempt purposes for the entire holding period?	0a								
b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 20 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 31 Yes 32					on, and which is not require	d to be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,							30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		· -					24	V 5 -	
contributions?	1	Does the organization have a gif	tacceptano	ce policy that requires the	review of any non-standard	contributions?	31	res	<u> </u>
b If "Yes," describe in Part II 3 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	2a		e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
	Ь	If "Yes," describe in Part II							
docariba in Dart II	3	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

DLN: 93493012004711

SCHEDULE 0

(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.

2009

Open to Public Inspection

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

Employer identification number

53-0242962

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	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.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	At the time of hire, all staff are notified of Project HOPE's Conflict of Interest policy and have the obligation to disclose any perceived or real area of potential or actual conflict of interest. At least annually, all staff must acknow ledge 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.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Project HOPE's Management Development and Compensation Committee of the Board establishes the overall compensation philosophy for the organization including the relation of base salaries and total compensation to market and the components of total compensation Additionally, it establishes the organizational and individual performance goals for the Chief Executive Officer Annually, the said Committee reviews the performance of the Chief Executive Officer and recommends any compensation changes. At the same frequency, the Management Development and Compensation Committee oversees all aspects of compensation provided to other executives to ensure compliance with the intermediate sanctions provisions of the Internal Revenue Code. The Committee further prepares regular reports disclosing committee actions and recommendations to the full Board of Directors in performing their duties related to the determination of officer compensation, the Management Development and Compensation Committee relies on support from an independent external compensation consultant who has been engaged by the Committee Overall, the Committee follows standard protocols and intermediate sanctions guidelines which includes the three procedural requirements for earning the presumption of reasonableness. 1 Compensation actions are approved in advance by the Management Development and Compensation committee members, none of whom have a conflict of interest with respect to the proposed actions. 2 The board or committee obtains or relies upon appropriate data as to the comparability of the compensation or fair market value of the consideration and 3. The committee documents the basis for its determination adequately and contemporaneously.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Project HOPE's governing documents and conflict of interest policy are available upon request. The annual report is available on Project HOPE's wiebsite www projecthope org. The financials are also available upone request.

Additional Data

Software ID: Software Version:

EIN: 53-0242962

Name: PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH

0)

FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 590,420 including grants of \$ 0) (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 US Navy, sends medical volunteers on board ships around the world to provide medical care, health education, vaccinations and humanitarian assistance Since partnering with the US 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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mr George B Abercombie Board Director	3	X						0	0	0
Mr William F Brandt Jr Board Director - Treasurer	3	Х						0	0	0
Mr Arno Bohn Board Director	3	X						0	0	0
Mr R Kerry Clark Board Director	3	Х						0	0	0
Mr Richard T Clark Board Director	3	X						0	0	0
Mrs Edward N Cole Board Director	3	X						0	0	0
John D Fowler Board Director	3	Х						0	0	0
Mr John W Galiardo Board Director - Vice Chairman	3	Х						0	0	0
Mr Jack M Gill Board Director	3	X						0	0	0
Mr Robert A Ingram Board Dırector	3	X						0	0	0
Mrs Nancy A Larson Board Dırector	3	Х						0	0	0
Mr Gerhard N Mayr Board Dırector	3	Х						0	0	0
J Mıchael McQ uade PhD Board Dırector	3	Х						0	0	0
Mr Vıren Mehta Board Dırector	3	X						0	0	0
Mr Walter G Montgomery Board Dırector	3	X						0	0	0
Ms Phebe Novakovic Board Director	3	Х						0	0	0
Mr Dayton Ogden Board Dırector - Secretary	3	X						0	0	0
Mr Steven B Pfeiffer Esq Board Director	3	Χ						0	0	0
Mr James E Preston Board Director	3	Х						0	0	0
Mr Stephen H Rusckowskı Board Director	3	Х						0	0	0
Dr Charles A Sanders Board Director - Chairman	3	Х						0	0	0
Mr Curt M Selquist Board Director	3	Х						0	0	0
Marshall Smith Board Director	3	Х						0	0	0
Louis W Sullivan MD Board Director	3	Х						0	0	0
Mr Henrı A Termeer Board Dırector	3	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		tion ()			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	organization (W- 文字 2/1099-MISC)		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
Ms Karen Welke Board Director	3	X						0	O	0	
Mr Bradley A J Wilson Board Director	3	Х						0	C	0	
John P Howe III MD President & CEO	40			Х				549,674	C	77,325	
Susan Dentzer Vice President for Health Policy	40			X				288,285	O	29,711	
Anthony T Burchard Vice President Development and Communications	40			Х				199,860	C	11,111	
A bul Hashem Vice President New Business Development	40			Х				0	C	0	
Deborah R Iwig Vice President and Chief Financial Officer	40			Х				215,150	C	33,454	
Stuart L Myers Senior Vice President	40			Х				211,504	O	35,946	
M Miriam Wardak Vice President and Chief HR Officer	40			X				210,133	O	12,115	
Frederick E Gerber II Country Director, Iraq/Special Projects	40					Х		175,210	C	28,718	
Rand F Walton Director Communications	40					X		165,907	C	17,682	
Kendra E Davenport Director, Corporate Giving	40					Х		166,268	C	4,924	
Jane Hiebert-White Executive Publisher	40					Х		138,193	C	26,431	
Brian Allen Director of Internal Audit	40					X		146,879	C	15,325	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
Medical Equipment and Pharmaceuticals	146,077,335	146,077,335	0	0		
Honorariums	164,214	164,214	0	0		
Subcontracts	117,324	117,324	0	0		
Training	2,024,742	2,022,500	2,242	0		
Printing and Artwork	1,704,138	738,547	0	965,591		