Project HOPE is a world leader in the delivery of health care, health education, medical training and humanitarian assistance to the people who need it most. We build partnerships with industry and government, mobilize health professionals, educators and volunteers, and deliver lifesaving resources to tackle dire health crises in more than three dozen countries on five continents.

In the past year, HOPE has introduced new techniques for diagnosing tuberculosis in the remote villages of Malawi, offering a head start in the race to save lives; worked with government and industry in Honduras to vaccinate hundreds of thousands against pneumococcal disease, one of the world’s most intractable killers; implemented successful new strategies for saving the lives of women and children at risk in Cambodia; and forged partnerships with industry to prevent deadly diabetes in South Africa.

Project HOPE has been leading the way to a healthier world since it launched its lifesaving mission in 1958. Today it is engaged in an historic campaign to raise funds and mobilize resources for world health—the HOPE in the Face of Crisis Campaign. And Project HOPE’s leadership team, with experience and public health expertise, is committed to deploying new technologies and innovations to maximize the impact of its programs and missions around the world.
In 1958, Project HOPE led the way with the world’s first peacetime hospital ship, bringing care and health education to people far away from American shores. Today, HOPE is still leading the way.

As one of the first international organizations to address the devastating impact of chronic disease on developing nations, HOPE's nearly three decades of expertise in chronic disease training is expanding with the introduction of online education. By integrating new technologies and mobile communication into our infectious disease programs, we are changing the pace of TB diagnoses and treatment outcomes in the presence of HIV. And we are finding ways to reach busy women in developing countries with health care and health education programs, right at their work places.

But leading-edge health programs mean nothing without results. On a recent trip to South Africa, I met a woman who clearly demonstrated HOPE's impact. Her blood pressure was more than 100 points above normal when she first came to HOPE. With a proper diet, exercise routine and medical intervention, her blood pressure is back to normal. She is now HOPE's number one fan, committed to sharing the benefits of The HOPE Centre with her entire community.

We offer our sincerest appreciation of your commitment to HOPE, which allows us to lead the way to better health for children, women and families around the globe.

John P. Howe, III, M.D.
President and CEO
BRINGING HOPE TO MORE COUNTRIES

Project HOPE’s global reach continues to grow. In our drive to create a healthier world, HOPE is launching new alliances and initiatives in countries where it has never before worked. Since 1958, HOPE has provided health care, training, education and humanitarian aid in more than 100 countries on five continents. Today, in more countries than ever before, people in need are benefitting from HOPE’s expanding efforts.

This year, for the first time, HOPE partnered with the health ministry of Zanzibar, delivering $1.1 million in medical supplies to support the country’s health system. We also expanded our innovative Strategic Medical Resupply Program into Tanzania, Albania, Greece and Bosnia, providing badly needed technology and supplies for hospitals there.

HOPE’s partnerships with the U.S. military brought us to new territories, as well. Our volunteers went to Nepal for the first time, to offer primary care and optometric and pediatric support, as part of Pacific Angel in conjunction with the Air Force. HOPE volunteers also traveled to Benin and Togo in Africa, bringing care and health education alongside U.S. Navy personnel. In all of these new ventures, HOPE demonstrates our continued commitment to providing sustainable health solutions where the need is greatest.

In 2012, Project HOPE staff continued to share their public health programming expertise at important global health conferences and meetings.

Project HOPE staff representing diabetes programs in Mexico, South Africa, India and the United States attended the World Diabetes Congress in Dubai.

FRED GERBER,
Project HOPE’s Director for Special Programs and Operations, gave a lecture at the University of Tokyo on best practices for disaster preparedness and response.

HOPE staff from South Africa attended the inaugural African Diabetes Congress in Tanzania.

HOPE staff from the Ukraine presented their HIV program work at the International AIDS Conference in Washington D.C.

DOROTA KUCHNA,
Project HOPE’s Country Director for Poland presented “Improving Early Detection and Diagnoses of Childhood Cancer in Five Regions of Poland,” as part of the Bristol-Myers Squibb Foundation Symposium at the 17th International Conference of Cancer Nursing in the Czech Republic.
The plight of women working in the teeming factories of developing nations like Cambodia is a growing humanitarian and health crisis. For Judith Moore, Project HOPE’s Senior Advisor for Women’s and Children’s Health, those factories offer an opportunity to reach millions of young, poverty-stricken women and empower them to improve their health and that of their families. That’s the premise behind a new pilot program Moore is helping to launch in Cambodia called HealthWorks. HOPE is partnering with Marks & Spencer, the British retailer, to provide improved workplace-based health care and education for some 12,000 women employed in five Cambodian garment factories. As in many developing countries, women make up a large portion of the workforce in Cambodia. They also suffer from a wide range of dire health problems, including one of the world’s highest rates of maternal death, lack of access to family planning and poor diets resulting in malnutrition and anemia, among other things.

Moore likes to make what she calls the business case for greater access to health promotion and improving access to quality services. “When businesses invest in health, they get a great deal back in increased productivity and less time lost to sick leave,” Moore says. “The benefits of increased care in the workplace are clear for women, and just as clear for the businesses that employ them. If we can make this case, we have the chance to reach more women in the workplace, raise health standards within industries, and sustain health programs for the longterm.”

HOPE is measuring the impact of the project on women’s health and on employee productivity. Moore plans to translate the project’s success in Cambodia into expanded efforts in other developing countries, and to move into other areas of industry, such as agriculture and food production.
HALTING TB’S SPREAD

Project HOPE is helping to reverse the worldwide tuberculosis epidemic with new technologies and preventative education. Tuberculosis is second only to HIV/AIDS as a worldwide killer due to a single infectious agent. And the threat is heightened by the emergence of new drug-resistant strains of tuberculosis. Treating such cases is especially difficult because the mycobacteria at the root of the disease are unaffected by medicines.

HOPE is fighting this crisis in Europe, Asia and Africa with innovative programs funded by USAID. In Ukraine, we are teaming with the Ministry of Health in a five-year program to improve the early detection and treatment of tuberculosis. In Ukraine, 101 out of 100,000 people are infected with tuberculosis, many of them with the most stubborn drug-resistant strains. HOPE is working with the international development company Chemonics to provide training and equipment there to improve the quality and scope of tuberculosis health services.

New technologies offer promise in the fight against TB, HIV/AIDS, and other infectious diseases. In Mozambique, HOPE is using mobile phone technology to stop the spread of HIV/AIDS. The mHealth initiative is part of HOPE’s USAID sponsored Community Care Program and allows patients in home-based care to receive mobile reminders about clinic visits, medications, treatment and prevention tips.

PROJECT HOPE continues to lead the way in TB education and care in the Central Asia Republics with the Quality Health Care Project, designed to improve TB services and integrate those services into the general health system.

With grants from the Global Fund to fight AIDS, Tuberculosis & Malaria

HOPE is relieving the impact of HIV/AIDS by strengthening the coping capabilities of families and communities caring for:

32,900 orphans and vulnerable children in Mozambique.

And in Namibia, HOPE is reaching

19,000 orphans and vulnerable children and 12,000 tuberculosis suspects with a package of services that includes economic strengthening, targeted education and TB treatment.
In our fight to halt the global explosion of diabetes and other chronic diseases, Project HOPE has added a powerful new weapon.

We are taking our pioneering health education efforts online, providing health professionals in India with greater access to the training and expertise that saves and enhances lives.

Since 2007, HOPE’s India Diabetes Educator Project has trained more than 3,000 health professionals, including nurses, nutritionists, and physical therapists, to encourage healthier living and to work with physicians to provide new anti-diabetic drugs and insulin therapy. Now HOPE, along with the Cornerstone OnDemand Foundation, will dramatically extend the program’s reach with a new online diabetes educator course that will train more health professionals and serve even more people at risk for diabetes.

“The world just isn’t training enough people to prevent and treat diabetes,” says Paul Madden, M.Ed., HOPE’s Senior Advisor for Noncommunicable Diseases. “The crisis in India, where over 61.3 million people have diabetes, is alarming. In India, as in other rapidly urbanizing countries, the numbers of people at risk are growing steadily. Our goal is to not just slow down the rate of growth of diabetes, but reverse it.”

The India Diabetes Educator Project shares lifesaving information about the significant health benefits of adopting more active lifestyles and better nutrition. It was the first project of its kind to be endorsed by the International Diabetes Federation. HOPE has long been a leader in the battle against noncommunicable diseases. Its efforts against diabetes began in 1998 with the launch of the Diabetes Education Program in China. Since then, similar programs in Mexico, India, South Africa, Nicaragua and New Mexico have reached communities with large numbers of people affected by the disease. The programs build specialized skills among health care providers; encourage community involvement to establish healthy lifestyles; and link rural facilities to larger hospitals and networks to increase access to quality care.
PROTECING PATIENTS FROM HARM Every day in hospitals and clinics around the world, patients suffer from the results of preventable errors related to their treatment and medication. Protecting patients from these missteps is the goal of a HOPE initiative in the Czech Republic called Nil Nocere: Saving Patients From Harm. Launched in 2009 in partnership with Johnson & Johnson, the program trains health professionals at 16 hospitals in strategies for improving patient safety. The premise behind the program is that identifying, reporting and learning from errors will improve the quality of care and create a medical culture centered on patient safety.

One measure of the program’s success is the documented increase in reported “adverse events,” as harmful errors are called. Such reports are not a sign that care is deteriorating, but rather that caregivers are better prepared to report harmful errors and take steps to eliminate them. For participants in the program, this is evidence of a growing commitment to patient safety.

“I am convinced that the quality of patient care can be increased,” says Dr. Martin Kotrc, a physician in Prague who participated in the program. “[The program] dealt with the key problem related to patient care in the Czech health system.”

Nil Nocere is one example of HOPE’s worldwide efforts to improve health systems. In Iraq, China, Haiti and other nations, HOPE is not only equipping facilities, but providing the educational resources and expertise to make them national training centers for physicians, nurses and administrators.

In Poland, HOPE is Improving the Life of Children with Cancer through training.

Pediatric Cancer health care professionals that will work to improve quality of care, treatment outcomes and support to young cancer patients and their families.

In China, HOPE’s Shanghai Children’s Medical Center Patient Safety Program trains health professionals in sedation management, fall prevention, medication errors, and peri-operative and critical care practices.

Improving Quality of Life of Children with Cancer in Basrah Children’s Hospital | Poland | Improving Quality of Life of Children with Cancer in Wuhan | Medical Education Refor
LEADING EFFORTS IN Humanitarian Assistance and Disaster Relief

Project HOPE Annual Report | 15

Pilot Program | Beijing | Respond to Earthquake Victims | Haiti | Rehabilitation | Bosnia | Children’s Hospital

PROVIDING SOLUTIONS THAT LAST

More than a year after the waters of the March 2011 Pacific tsunami began to recede from the devastated coastal towns of Japan, Project HOPE continues to help rebuild that country’s health system.

Working with medical technology company Medtronic, HOPE is rebuilding Yamada General Hospital, which had been destroyed by eight feet of rushing seawater. The new hospital will meet the critical needs of Yamada’s 20,000 people—many of them elderly patients in need of medical care disrupted by the tsunami.

Project HOPE’s humanitarian aid has always focused on long-term, sustainable results. Long after the world’s attention shifts away from disaster zones and crisis points, HOPE continues to provide lasting benefits for people in need of care.

In Haiti, we are improving medical care for people with disabilities caused by the 2010 earthquake with a comprehensive project funded by USAID that includes training for caregivers and donations of critically needed supplies. In Honduras and Nicaragua, HOPE and Merck are vaccinating vulnerable populations against pneumococcal infections, a major cause of pneumonia. And we are continuing our tradition of partnering with the U.S. military which has sent nearly 1,200 volunteers to 37 different countries to provide care and health education to more than 806,000 people since 2005.

HOPE’s humanitarian assistance projects provide ongoing and effective care for the people who need it most.

 Snapshot
Humanitarian Aid

Project HOPE continues to respond to the January 2010 earthquake in Haiti with a three-year program that will develop and strengthen rehabilitation centers and improve the capacity of the Haitian health care system.

Project HOPE is providing quality comprehensive rehabilitation services in the Sichuan Province of China by training local physicians and creating standard rehabilitation training and rehabilitation service guidelines, as well as national accreditation mechanisms.

In partnership with the U.S. State Department, Project HOPE is helping to alleviate the severe shortage of basic pharmaceuticals in Kyrgyzstan by providing medicines and medical supplies valued at $10 million.
LEADING BY DELIVERING Gifts-In-Kind

Programs, TB Control | Honduras | PNEUMOVAX® Vaccination and Education | Kosovo | Medical Resupply

DONATING MEDICINES AND SUPPLIES THAT SAVE LIVES

Earlier this year, when the former Soviet republic of Tajikistan exhausted its supply of insulin for patients with diabetes, Project HOPE stepped up. HOPE worked with Eli Lilly and Company to deliver insulin valued at $2 million. HOPE’s intervention ensured that several thousand diabetic patients in Tajikistan would continue to receive the help they needed to treat their disease.

HOPE’s work in Tajikistan is just one example of its success in teaming with corporate and governmental partners to provide critically needed medicines and supplies around the world.

Medical donations from HOPE’s Strategic Medical Resupply Program are producing cost savings for local health systems, allowing them to reinvest their savings into medical technology and supplies to save even more lives. In Macedonia, HOPE assembled donations from more than 20 global pharmaceutical and medical supply companies to help supply critical medicines and equipment to 40 hospitals and clinics. The success of a similar HOPE program in Kosovo is now leading to expanded efforts in Albania, Bosnia and Greece. And new partnerships with health ministries in Tanzania and Zanzibar have already delivered medicines and supplies worth $1 million to those countries.

Last year, in collaboration with our corporate partners, HOPE delivered a record $173 million of medicines and medical supplies to help provide better health care and save more lives around the world.

Project HOPE was a founding member of the Partnership for Quality Medical Donations (PQMD) an organization committed to raising medical donation standards, when it was formed in 1999.

Today, HOPE continues to provide leadership, with HOPE’s Director of GIK, Pat Bacuros, serving as the vice chair of PQMD and chairman elect for 2013.

Snapshot
Meeting Critical Needs
BRINGING HOPE TO THE WORLD

One day in the summer of 2012, Cherri Dobson, a critical care nurse from Brentwood, California, found herself traveling by speedboat to Tamoro Island, a remote outpost off the coast of Nigeria. Dobson and Dr. Keith Williams, both Project HOPE volunteers, were on their way to provide medical care for islanders at a clinic set up in a small schoolhouse on the island.

The volunteers saw nearly 400 patients in a single day and worked with local physicians to ensure continued care for conditions ranging from high blood pressure to diabetes. Their work was part of the Africa Partnership Station 2012, one of HOPE’s annual volunteer missions in partnership with the U.S. Navy. Since the partnership began in 2005, nearly 1,200 HOPE volunteers have participated in 29 humanitarian and health education missions with the Navy and U.S. Air Force. They have cared for more than 806,000 people, provided health training and education for another 221,000 people and delivered $33 million in donated medicines and supplies.

HOPE was founded on the efforts of volunteers aboard a hospital ship bringing care and education to people around the world. The partnership with the Navy represents a return to those roots, only now HOPE works not only at sea but in land-based projects, too. HOPE medical volunteers are also at work in Haiti, Japan, China, Liberia, Ghana and Cameroon.

Non-medical volunteers also help strengthen HOPE’s global health programs. Four Pfizer Global Health Fellows shared their expertise strengthening HOPE chronic disease programs in India and China. And volunteers from Merck and the GlaxoSmithKline Pulse program offered their professional expertise at HOPE headquarters while other non-medical volunteers worked in Tajikistan, Dominican Republic and other places around the globe.

In 2012, those served by Project HOPE programs benefited from the expertise of

510 volunteers
5,204 volunteer days
1.7 M of donated services

Snapshot Volunteers
A SUSTAINED COMMITMENT FOR
A HEALTHIER WORLD

Chronic illnesses such as diabetes, cancer and heart disease are devastating the developing world. The World Health Organization reports 80 percent of premature deaths in developing nations are attributed to chronic diseases.

Eli Lilly and Company and Project HOPE refuse to stand idly by and let chronic illnesses rob the developing world of its potential. That is why Lilly supports a unique clinic in Zandspruit, South Africa, called the HOPE Centre.

The HOPE Centre helps more than 200,000 low-income residents who are at risk or who suffer from chronic diseases, especially diabetes and high blood pressure. At the Centre, people are screened and diagnosed. They also receive information to prevent these diseases, as well as in the unfortunate case of having one of the diseases, learn how to manage it.

Lilly and HOPE are long-time partners in the fight against chronic diseases. In 1998, Lilly and HOPE, along with two other corporate partners, began an aggressive education program in China to train health professionals and teach patients how to better manage diabetes. As a result, more than 200,000 health professionals and patients have been trained and educated.

This model proved so successful, Lilly and HOPE recently implemented it in India to train 5,000 master trainers in diabetes prevention and disease management. These trainers, in turn, will train thousands more health professionals who will provide better care for those at risk or who are combatting chronic diseases.

Chronic diseases are not the only health challenges Lilly and HOPE have tackled over the years. In fact, Lilly supported the initial voyage of the SS HOPE, and for more than 53 years has been HOPE’s partner in providing Health Opportunities for People Everywhere.
DEPLOYING TECHNOLOGY AGAINST A WORLDWIDE THREAT

Often the people who most urgently need rapid diagnosis and treatment live nowhere near the high-tech facilities that could help them. Project HOPE is introducing a new diagnostic test in Malawi that speeds the diagnosis of deadly tuberculosis, especially in remote areas. The new technology, called GeneXpert®, can identify the Mycobacterium that causes TB in just 100 minutes, without the need for high-level laboratories. The technology makes a vitally important test more accessible to the people that need it most. The World Health Organization has endorsed the technology, declaring it a major milestone for global TB diagnosis.

The GeneXpert® system is made by California-based molecular diagnostics company Cepheid. HOPE has been using the GeneXpert® tests in Malawi since 2011, deploying them in rural districts that account for nearly one-fifth of that nation’s TB cases.

In Central Asia, Project HOPE is introducing GeneXpert® technology to not only improve case detection and rapid identification of Multi-Drug Resistant TB but also as a catalyst for improved care at a clinical level.

Simple Solutions
Project HOPE continues to share its innovative Parenting Map

a low-literacy data collection tool that provides a quick but comprehensive snapshot of each child’s “well-being” in the household.

In 2012, Sandy Dalebout, Director of Monitoring and Evaluation, presented HOPE’s Parenting Map and its successful use in Orphan and Vulnerable Children programming at Duke University and again at the CORE Group Spring Meeting.
LEADING THE HEALTH POLICY DEBATE WITH Health Affairs

The journal was cited in Congressional testimony

16x this year. It was quoted in news media outlets ranging from the New York Times to the Washington Post to CNN. And more readers than ever reached Health Affairs through digital media. With more than

102M page views, Health Affairs' website readership has increased over

50% over last year. Traffic on the Health Affairs' blog increased 130 percent, to 42 million page views.

INFORMING AN INFLUENTIAL AUDIENCE

When Chief Justice John Roberts of the United States Supreme Court delivered his landmark decision on the Affordable Care Act in June, one of the expert sources he cited was an article published in Health Affairs, the peer-reviewed health policy journal published by Project HOPE.

That came as no surprise to the lawmakers, journalists and health professionals who have come to rely on Health Affairs as a trusted, nonpartisan source of scholarship and analysis of matters pertaining to health and health care. Amid the debate over health care reform—before and after the law's enactment—Health Affairs published a wide array of articles on many aspects of the reform, from the effects of expanding insurance coverage on children's health, to the likely impact of the controversial individual mandate on health insurance.

The journal also sponsored a number of special events and discussion forums, expanding on its role as a trusted convener in the realm of health policy. In the wake of the Supreme Court decision, legal and health policy experts offered analyses and commentaries through the Health Affairs' blog. And just three weeks after the ruling, Health Affairs hosted a conference of national health policy experts at Washington's National Press Club called “After the Supreme Court: Moving Ahead To Implement the Affordable Care Act, Improve Health and Health Care and Lower Costs.”

As it does each year, Health Affairs published 12 timely issues, including thematic issues that probed deeply into topics of interest to the health policy world. This year, the journal's January 2012 issue explored the potential utility and cost effectiveness of instituting a nationwide diabetes prevention strategy. The April issue on cancer focused on the value, or lack thereof, of many cancer treatments, including high-cost new therapies. The July issue on the President's Emergency Plan for AIDS Relief, was timed to coincide with the World AIDS Conference and helped shape discussions there. Health Affairs also published issues on the future of the health care safety net in August and on payment reform in September.

The journal continues to develop new ways to reach a growing and influential audience. Its blog provides immediate coverage of emerging health news and trends. Its online health policy briefs offer policymakers timely analysis of the most relevant health topics. And its new iPad® edition allows busy readers to access all of the journal's content in an easy-to-use and attractive format online. More than ever, Health Affairs is an indispensable resource for the health policy world—and for justices of the Supreme Court.

U.S. Surgeon General Regina Benjamin keynoted Health Affairs' January 2012 issue briefing about the nation's growing diabetes crisis.
Just a year since it was launched, the historic HOPE in the Face of Crisis campaign is already making a dramatic impact on the lives of people in need. From South Africa to Cambodia, from Indonesia to Haiti, the campaign is extending Project HOPE’s lifesaving reach.

Begun in 2011, the campaign aims to raise $94 million by the end of 2013 to muster more resources and expertise in the fight against the world’s most dire health crises. The campaign is at the heart of HOPE’s bold, long-term plan to bring health care and health education to those who need it most. Already it has begun to produce powerful results.

In India, one of the hot points of the world diabetes explosion, the campaign will help HOPE bring its pioneering Diabetes Educator Program to thousands more health professionals through an innovative new online iteration.

In Cambodia, the campaign is forging new partnerships with industry to bring critically needed health care and education to a booming population of women at work in that country’s factories.

Around the world, the campaign is bolstering HOPE’s volunteer corps, providing more opportunities to serve—not just for doctors and nurses, but for professionals from a diverse range of fields.

“We have always tried to go where the need is greatest and where we can have the greatest impact,” says Cary Kimble, HOPE’s Director of Development. “This campaign is all about leveraging our expertise to make the impact even greater.”

That’s one reason why so many are following HOPE’s lead and supporting the campaign. Charity Navigator, the premier charity watchdog, gives HOPE its highest, four-star rating because HOPE “exceeds industry standards and outperforms most charities in its cause.”

As of June 30, 2012, HOPE has raised nearly $45 Million toward the $94.3 Million Campaign goal.
**Management Report**

Continued focused resource management made this a successful year for Project HOPE and the people we serve. In fiscal year 2012, revenues totaled over $220 million in cash contributions, donated medicines and medical supplies, volunteer support and grant awards. Project HOPE continued to maximize the programmatic impact of its spending by continuing to ensure that more than 92 percent of total expenses were directed to our health education, humanitarian assistance and health policy efforts.

As we continue to tightly manage our resources, we are also enhancing HOPE’s abilities to expand the reach of our programs to provide for the health needs of people around the world and remain a viable, sustainable and valued organization.

HOPE’s management prepared and is responsible for the integrity of the financial statements, as well as all other financial information presented in this report. We understand that financial stewardship is important to our donors and it continues to be our highest priority.

Thank you for your continued support.

*Donald M. Hill | Vice President and Chief Financial Officer*

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**Letter from the Audit Committee Chair**

The Audit Committee assists the Project HOPE Board of Directors to fulfill its fiduciary responsibilities. The Committee is composed of seven independent members who meet three times a year as part of regularly scheduled board meetings.

The Committee has the responsibility to initiate an external audit of Project HOPE’s financial records. In addition, the Committee holds discussions with Project HOPE’s management, internal auditor and independent auditors to review matters pertaining to risk assessment, internal control processes and financial reporting, as well as the nature, extent and results of their work.

The Committee meets independently, without the presence of management, with the external auditing firm, McGladrey & Pullen LLP, to discuss the audit of Project HOPE’s financial statements and also meets independently, without the presence of Project HOPE’s management, internal auditor and independent auditors to review matters pertaining to risk assessment, internal control processes and financial reporting, as well as the nature, extent and results of their work.

The results of each committee meeting are reported to the Board of Directors.

*George B. Abercrombie | Chairman*

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**Financial Summary**

For the Years Ended June 30, 2012, 2011 and 2010 (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
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<tbody>
<tr>
<td><strong>Revenue and Support</strong></td>
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<td></td>
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<tr>
<td>Individual giving</td>
<td>$11,515</td>
<td>$17,338</td>
<td>$13,111</td>
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<tr>
<td>Foundations and corporations</td>
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<td>Corporate gifts-in-kind</td>
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<tr>
<td>Governments</td>
<td>9,415</td>
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<tr>
<td>Subscription revenue</td>
<td>2,380</td>
<td>2,083</td>
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<tr>
<td>Other revenue</td>
<td>3,470</td>
<td>4,212</td>
<td>3,101</td>
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<td><strong>Total revenue and support</strong></td>
<td>220,298</td>
<td>206,847</td>
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<table>
<thead>
<tr>
<th><strong>Expenses and Changes in Net Assets</strong></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health education and assistant programs</td>
<td>214,961</td>
<td>185,250</td>
<td>166,022</td>
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<td>Health policy programs</td>
<td>7,895</td>
<td>7,915</td>
<td>7,306</td>
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<td><strong>Total program services</strong></td>
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<td>193,165</td>
<td>173,328</td>
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<td>Supporting Service</td>
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<td>Fundraising</td>
<td>8,073</td>
<td>8,610</td>
<td>6,682</td>
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<td>Management and general</td>
<td>4,080</td>
<td>4,022</td>
<td>3,994</td>
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<td><strong>Total supporting services</strong></td>
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<td>12,632</td>
<td>10,676</td>
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<td><strong>Total expenses</strong></td>
<td>235,009</td>
<td>205,797</td>
<td>184,004</td>
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<td>Changes in unrestricted net assets from operations</td>
<td>120</td>
<td>68</td>
<td>2,448</td>
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<tr>
<td><strong>Changes in restricted net assets from operations</strong></td>
<td>(14,831)</td>
<td>982</td>
<td>8,351</td>
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<td>Non-operating changes in net assets</td>
<td></td>
<td></td>
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<tr>
<td>Net gain (loss) on investments</td>
<td>(887)</td>
<td>1,670</td>
<td>1,495</td>
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<tr>
<td>Pension liability adjustment**</td>
<td>(6,992)</td>
<td>3,448</td>
<td>2,221</td>
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<td>Change in net assets</td>
<td>(22,590)</td>
<td>6,168</td>
<td>14,515</td>
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<td>Net assets, beginning of fiscal year</td>
<td>50,448</td>
<td>44,280</td>
<td>29,765</td>
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<tr>
<td>Net assets, end of fiscal year</td>
<td>$27,858</td>
<td>$50,448</td>
<td>$44,280</td>
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*The change in restricted net assets for 2012 reflects the in-kind donations received during 2011 which were not distributed until 2012.

**The pension liability loss is due to a decline in interest rates and market values.

Project HOPE’s complete audited financial statements with an unqualified opinion by McGladrey & Pullen LLP are available on request.

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**FY 2012 Revenue**

- Corporate Gifts-In-Kind: 79%
- Individuals: 5%
- Foundations & Corporations: 9%
- Governments: 4%
- Other: 3%

**FY 2012 Expenses**

- Humanitarian Assistance (including Volunteer Support): 81%
- Health Education: 11%
- Health Affairs: 3%
- Support Services: 5%
Co-founder and President of HOPE Associates, Inc.

Joseph E. Robert was a fighter. A dedicated boxing enthusiast, he fought tirelessly for children’s health and other philanthropic causes. When he learned that Project HOPE was developing the Basrah Children’s Hospital to meet the needs of childhood cancer patients in Iraq, he became one of the leading contributors to the project. He also generously supported HOPE’s partnership with the U.S. Navy, making it possible for volunteers to deliver health education and humanitarian assistance to hundreds of thousands of children in 37 different countries. Robert died last year, at 59, of brain cancer. As a result of his selfless efforts, many children around the world continue to receive the medical care they need.
In 1963, while still an anesthesiology resident at the University of Oregon Medical School, Dr. Joanne Jene contacted HOPE to volunteer. She participated in her first mission to Ecuador in 1964, and volunteered numerous more times in Guayaquil, Ceylon Sri Lanka, Brazil, Grenada and China.

“There were so many wonderful challenges and opportunities on these missions, like meeting and working with counterparts,” she says. “The hands-on teaching and health care was a wonderful challenge.”

But Jene’s support of HOPE did not stop with volunteering. She has been actively involved in the alumni association since 1982 including serving as its president. “It’s encouraging to see the younger HOPES get involved,” she says.

She also made a gift to HOPE through her will. “I want to give back to an organization that has been so important to me,” she says. “As health care changes, I want to make sure that people in HOPE are there providing Health opportunities for People Everywhere.”
IN 2012, HOPE LED THE WAY WITH OUR LIFESAVING PROGRAMS, humanitarian efforts and volunteer outreach impacting the most vulnerable people around the world.

Our work includes educating health professionals and community health workers, strengthening health systems, fighting diseases such as TB, HIV/AIDS, diabetes, obesity, heart disease and cancer; providing humanitarian assistance through donated medicines, vaccines and supplies and volunteer medical help and health policy.

WHERE WE WORK

2012 Global Health Programs
Albania
Bosnia & Herzegovina
Cambodia
China
Czech Republic
Dominican Republic
Egypt
Greece
Guatemala
Haiti
Honduras
India
Indonesia
Iraq
Japan
Kazakhstan
Kosovo
Kyrgyzstan
Macedonia
Malawi
Mexico
Mozambique
Namibia
Nicaragua
Peru
Poland
Romania
South Africa
Taiwan
Tajikistan
Turkmenistan
Ukraine
United States
Uzbekistan
Zanzibar

2012 Volunteer Programs
Benin
Cambodia
Cameroon
China
Dominican Republic
Ghana
Haiti
India
Indonesia
Japan
Liberia

Snapshot
Volunteer Programs with U.S. Military

In 2012, through HOPE’s ongoing partnerships with the U.S. Navy and the U.S. Air Force, 142 medical volunteers participated in four separate missions to 14 countries. The HOPE volunteers provided medical care to more than 63,000 patients, performed 758 surgeries and offered health education to more than 18,600 local health professionals, students and patients.
**Leaning Others to HOPE**

TAYLOR VAUGHN MAY ONLY BE 11-YEARS OLD, BUT SHE IS ALREADY LEADING THE WAY WHEN IT COMES TO ONLINE FUNDRAISING.

In 2010, Taylor quickly mobilized her friends and family to raise nearly $1,500 online to support HOPE’s relief efforts in Japan. Now the 7th grader is at it again. Taylor is using HOPE’s brand new Do It Yourself Fundraising tool to support children’s health, especially the children at Shanghai Children’s Medical Center.

“It only takes like a few clicks and a few minutes and it’s very easy to set up a website,” says Taylor. “I personalized my page to tell about the children at Shanghai Children’s Medical Center, then added my contact list and sent out one email to all of them.”

Taylor’s compassion for other children continues to drive her efforts. “I really feel for the kids that have to go through so much trauma when they are so young. I want to help any way I can,” she says. “Setting up a fundraising page is easy to do, and it can help you raise a lot of money to help others.”

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**Taking the Lead**

**HOW YOU CAN GET INVOLVED WITH PROJECT HOPE**

The goal of building a healthier world is realized one person at a time. Project HOPE’s programs are innovative and our expertise deep; but to be truly effective, we depend on your involvement. When you volunteer your time and effort; when you raise funds; when you pledge gifts, your help extends HOPE’s global reach and increases our lifesaving impact.

The world needs solutions to its most critical health problems. You can help us deliver them. With your help, we can expand our fight against disease and disaster, and improve health care for the world’s most vulnerable people.

To learn more about how you can support Project HOPE’s work around the world and get involved:

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Create Your Own Do It Yourself Fundraising Page

http://donate.projecthope.org/hope_face_crisis

SCAN HERE TO

- Donate
- Find Out About Volunteer Opportunities
- Join Our Alumni Association
- Create Your Own Do It Yourself Fundraising Page
- Join Us On Social Media
- Explore Planned Giving

Or visit us at www.projecthope.org/get-involved or call us at 800-544-HOPE (4673).