

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
D Employer identification number: 53-0242962
E Telephone number: 844-349-0188
G Gross receipts \$: 132,521,079.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.PROJECTHOPE.ORG
K Form of organization: Corporation
L Year of formation: 1958
M State of legal domicile: DC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). It also includes Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year. Total revenue is 132,366,024 and total expenses are 119,584,846.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: SERGEY NIKOLIN, VP FINANCE AND CFO
Preparer: DAVID LOWENTHAL, PLANTE & MORAN, PLLC
Firm's address: 10 S. RIVERSIDE PLAZA, 9TH FLOOR, CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? See instructions. Yes X No

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO CONDUCT AND SUPPORT PROGRAMS AND ACTIVITIES AIMED AT SOLVING SOME OF THE WORLD'S GREATEST PUBLIC HEALTH CHALLENGES, WITH A SPECIFIC FOCUS ON ENABLING HEALTH WORKERS TO HAVE THE GREATEST POSSIBLE IMPACT ON THE HEALTH OF THE PEOPLE THEY SERVE; STRENGTHENING AND IMPROVING

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 51,089,485. including grants of \$) (Revenue \$)
DISASTERS AND HEALTH CARE: PROJECT HOPE ADDRESSES HEALTH CARE NEEDS BY RESPONDING URGENTLY TO GLOBAL HEALTH EMERGENCIES AND HELPING COMMUNITIES BETTER PREPARE FOR THE NEXT TIME DISASTER STRIKES. WE SUPPORT LOCAL HEALTH SYSTEMS WITH IMMEDIATE AND LONG-TERM RELIEF IN THE WAKE OF DISASTER, OFTEN STAYING BEYOND OUR INITIAL RESPONSE TO HELP COMMUNITIES AS THEY MOVE INTO RECOVERY. AS OUTBREAKS OF DISEASES, CLIMATE CHANGE, AND CONFLICT CONTINUE TO ENDANGER ENTIRE POPULATIONS, PROJECT HOPE PLAYS A PIVOTAL ROLE HELPING COMMUNITIES BECOME MORE RESILIENT TO DISASTERS THAT THREATEN PUBLIC HEALTH. OUR SPECIFIC SOLUTIONS INCLUDE: PROVIDING IMMEDIATE RELIEF TO FILL GAPS IN BASIC NEEDS, PROTECTION AND HEALTH SERVICES, PARTICULARLY IN VULNERABLE OR CRISIS-AFFECTED POPULATIONS; PROVIDING DIRECT HEALTH CARE SERVICES OR

4b (Code:) (Expenses \$ 45,167,953. including grants of \$ 9,351,194.) (Revenue \$)
GLOBAL HEALTH PROGRAM: PROJECT HOPE WORKED IN 29 COUNTRIES IN 2021 TO ADDRESS THE MOST PRESSING HEALTH NEEDS OF VULNERABLE POPULATIONS. WE WORK WITHIN EXISTING HEALTH SYSTEMS TO EMPOWER HEALTH WORKERS AND PROVIDE THE SOLUTIONS COMMUNITIES NEED MOST. WE UTILIZE EVIDENCE-BASED STRATEGIES TO PROVIDE DIRECT HEALTH CARE SERVICES, EQUIPPING CLINICS AND HOSPITALS, AND TRAINING LOCAL HEALTH CARE WORKERS IN THE AREAS OF INFECTIOUS AND NON-COMMUNICABLE DISEASES, PANDEMIC PREPAREDNESS AND RESPONSE, AND MATERNAL, NEONATAL, AND CHILD HEALTH. PROJECT HOPE PARTNERS WITH CORPORATIONS, FOUNDATIONS, UNIVERSITIES, MINISTRIES OF HEALTH, AND LOCAL PUBLIC HEALTH ORGANIZATIONS TO UNDERSTAND THE GREATEST NEEDS FACING LOCAL COMMUNITIES AND DELIVER SOLUTIONS THAT IMPROVE THEIR HEALTH AND WELL-BEING. IN 2021, PROJECT HOPE HELPED TRAIN

4c (Code:) (Expenses \$ 8,751,310. including grants of \$ 49,850.) (Revenue \$ 2,035,134.)
HEALTH POLICY HEALTH AFFAIRS: HEALTH AFFAIRS, THE LEADING JOURNAL OF HEALTH POLICY THOUGHT AND RESEARCH, IS PUBLISHED BY PROJECT HOPE. THE PEER-REVIEWED JOURNAL APPEARS MONTHLY IN PRINT AND ONLINE WITH ADDITIONAL ARTICLES RELEASED ONLINE AHEAD OF PRINT. PUBLISHED SINCE 1981, THE WASHINGTON POST HAS CALLED HEALTH AFFAIRS THE BIBLE OF HEALTH POLICY. HEALTH AFFAIRS PUBLISHES POLICY BRIEFS AND A WIDELY READ BLOG, BOTH OF WHICH ARE AVAILABLE AT NO CHARGE ON OUR WEBSITE. HEALTH AFFAIRS HOSTS A RANGE OF PUBLIC EVENTS AND MEDIA BRIEFINGS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 105,008,748.

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	104
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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HEALTH FOUNDATION, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?	X	
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22		
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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 on Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on 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	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶AL, AK, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
VIREN MEHTA - 844-349-0188
1220 19TH ST NW, NO. 800, WASHINGTON, DC 20036

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	40.00 0.00			X			423,198.	0.	51,478.	
(2) RABIH TALIH TORBAY PRESIDENT AND CEO	40.00 0.00	X		X			427,702.	0.	28,300.	
(3) CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	40.00 0.00			X			284,431.	0.	28,371.	
(4) CINIRA BALDI VP, CHIEF DEV. & COMM. OFFICER	40.00 0.00			X			235,468.	0.	47,042.	
(5) THOMAS KENYON, MPH CHIEF HEALTH OFFICER	40.00 0.00	X		X			263,002.	0.	19,134.	
(6) JANE K HIEBERT-WHITE EXECUTIVE PUBLISHER	40.00 0.00				X		229,816.	0.	47,803.	
(7) JULIA SOYARS GENERAL COUNSEL AND CHIEF COMPLIANCE	40.00 0.00			X			238,095.	0.	26,821.	
(8) DONALD E METZ EXECUTIVE EDITOR	40.00 0.00				X		237,745.	0.	26,140.	
(9) SERGEY NIKOLIN VP, FINANCE & CFO	40.00 0.00			X			197,276.	0.	41,201.	
(10) STEVEN VINCENT NERI REGIONAL DIRECTOR, AFRICA	40.00 0.00				X		192,023.	0.	31,616.	
(11) LAWRENCE RAYMOND WHEELER MANAGING EDITOR	40.00 0.00				X		181,853.	0.	34,277.	
(12) SUZETTE MARIE DURAND SENIOR DIRECTOR, FINANCE	40.00 0.00				X		174,846.	0.	29,586.	
(13) KELLY WHALEN SR, DIRECTOR, DEVELOPMENT	40.00 0.00				X		181,444.	0.	22,831.	
(14) SARAH B DINE SENIOR DEPUTY EDITOR	40.00 0.00					X	189,389.	0.	11,778.	
(15) ROBERT S. LOTT DEPUTY EDITOR	40.00 0.00				X		158,106.	0.	41,886.	
(16) MARGARET KEYSER SAUNDERS DEPUTY EDITOR, GLOBAL HEALTH	40.00 0.00					X	158,109.	0.	36,950.	
(18) THERESA RHODES AVP, CORPORATE & FOUNDATION PARTNERS	40.00 0.00				X		172,509.	0.	11,943.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) NIRANJAN SEEVARTNAM SR. DIRECTOR, GLOBAL IT OPERATIONS	40.00 0.00				X			159,810.	0.	20,426.
(20) ENDALKACHEW MELESE DERESE SENIOR TECHNICAL DIRECTOR	40.00 0.00					X		153,093.	0.	26,165.
(21) VABREN WATTS DIRETOR OF HEALTH EQUITY	40.00 0.00				X			159,199.	0.	18,784.
(22) SUZANNE B DUCAT SR. DIRECTOR, COMMUNICATIONS	40.00 0.00				X			163,027.	0.	11,904.
(23) PATRICIA KURTZ DIRECTOR OF DIGITAL STRATEGY	40.00 0.00				X			160,654.	0.	11,184.
(24) CHRISTINE NEWKIRK SR. DIRECTOR, MARKETING & OPERATIONS	40.00 0.00					X		145,126.	0.	20,589.
(25) LAURA ANNE TOLLEN SENIOR EDITOR	40.00 0.00					X		152,887.	0.	12,006.
(26) KEITH T. GHEZZI, M.D. BOARD DIRECTOR - TREASURER	4.00 0.00	X		X				0.	0.	0.
(27) VIREN MEHTA BOARD DIRECTOR - SECRETARY	2.00 0.00	X		X				0.	0.	0.
1b Subtotal								5,038,808.	0.	658,215.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,038,808.	0.	658,215.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 54

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MAL WARWICK & ASSOCIATES INC, 2550 NINTH STREET, STE 103, BERKELEY, CA 94710	DONOR ACQUISITION	4,379,686.
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE NW, STE 505, WASHINGTON, CAVALIER INTL DBA CAVALIER LOGISTICS, 250 SHEFFIELD STREET, MOUNTAINSIDE, NJ 07092	MARKETING	777,500.
GIVEBRIDGE, INC, 525 WEST MONROE STREET, STE 900, CHICAGO, IL 60661	FREIGHT	637,791.
FORWARDPMX LLC, ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007	FUNDRAISING	612,385.
	DONOR ACQUISITION	585,479.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 22

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) REYNOLD W. MOONEY BOARD DIRECTOR - CHAIR	7.00 0.00	X		X				0.	0.	0.
(29) ANNE M. SIMONDS BOARD DIRECTOR - VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(30) CARLY BARON BOARD DIRECTOR - BEG 10/21	2.00 0.00	X						0.	0.	0.
(31) ROBERT M. DAVIS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) DEBORAH DISANZO BOARD DIRECTOR	0.10 0.00	X						0.	0.	0.
(33) BENJAMIN HIGGINS BOARD DIRECTOR - BEG 6/21	1.00 0.00	X						0.	0.	0.
(35) NICOLETTE LOUISSAINT BOARD DIRECTOR - BEG 6/21	1.00 0.00	X						0.	0.	0.
(36) RAPHAEL MARCELLO BOARD DIRECTOR	3.00 0.00	X						0.	0.	0.
(37) LINDA MCGOLDRICK BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(38) DONNA MURPHY BOARD DIRECTOR	6.00 0.00	X						0.	0.	0.
(39) MARY ANN PETERS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(40) DANIEL D. PHELAN BOARD DIRECTOR	3.00 0.00	X						0.	0.	0.
(41) LAWRENCE T. PHELAN BOARD DIRECTOR - BEG 6/21	1.00 0.00	X						0.	0.	0.
(42) DR. CHARLES A. SANDERS BOARD DIRECTOR	0.10 0.00	X						0.	0.	0.
(43) MIRIAM E. SAPIRO BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) STEPHEN H. RUSCKOWSKI BOARD DIRECTOR - THRU 3/21	0.10 0.00	X						0.	0.	0.
(45) CURT M. SELQUIST BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) ADRIAN THOMAS, M.D. BOARD DIRECTOR	0.10 0.00	X						0.	0.	0.
(47) JAMES GEORGE WIEHL, ESQ. BOARD DIRECTOR	4.00 0.00	X						0.	0.	0.
(48) PETER WILDEN, PH.D. BOARD DIRECTOR - VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	33,163,462.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	92,079,459.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 47,475,860.			
	h	Total. Add lines 1a-1f		125242921.			
Program Service Revenue	2 a	SUBSCRIPTION REVENUE	Business Code				
			900099	2,497,587.	2,331,545.	166,042.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		2,497,587.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		221,982.		221,982.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,855,000.			
	b	Less: cost or other basis and sales expenses	7b	130,296.	24,759.		
	c	Gain or (loss)	7c	4,724,704.	-24,759.		
	d	Net gain or (loss)		4,699,945.		4699945.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code				
			900099	-296,411.	-296,411.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		-296,411.				
12	Total revenue. See instructions		132366024.	2,035,134.	166,042.	4921927.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,229,463.	1,229,463.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	49,850.	49,850.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,121,731.	8,121,731.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,881,964.	3,720,285.	1,344,062.	817,617.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,006,178.	17,969,585.	1,667,292.	1,369,301.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	570,986.	479,335.	53,070.	38,581.
9 Other employee benefits	3,295,757.	2,921,187.	224,948.	149,622.
10 Payroll taxes	1,177,540.	845,795.	182,860.	148,885.
11 Fees for services (nonemployees):				
a Management				
b Legal	68,899.	61,802.	7,097.	
c Accounting	299,357.	220,075.	25,272.	54,010.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,013,088.			2,013,088.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,382,683.	3,275,558.	499,492.	607,633.
12 Advertising and promotion	1,204,857.	171,782.	4,122.	1,028,953.
13 Office expenses	4,407,881.	1,026,096.	17,391.	3,364,394.
14 Information technology	1,417,852.	306,239.	466,771.	644,842.
15 Royalties				
16 Occupancy	2,161,810.	1,377,205.	784,605.	
17 Travel	3,061,023.	3,038,486.	8,825.	13,712.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,700,445.	2,667,796.	32,500.	149.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,917.	21,837.	39,899.	50,181.
23 Insurance	448,781.	285,901.	162,880.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL EQUIPMENT & PHA	51,089,485.	51,089,485.		
b SUPPLIES AND EQUIPMENT	3,821,447.	3,715,393.	102,116.	3,938.
c OTHER EXPENSES	421,368.	295,951.	59,786.	65,631.
d BANK/CREDIT CARD FEES	331,237.	233,309.	46,189.	51,739.
e All other expenses	309,247.	1,884,602.	-2,097,128.	521,773.
25 Total functional expenses. Add lines 1 through 24e	119,584,846.	105,008,748.	3,632,049.	10,944,049.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	41,509.	1	28,614.	
	2 Savings and temporary cash investments	10,169,482.	2	14,354,512.	
	3 Pledges and grants receivable, net	5,797,004.	3	8,012,795.	
	4 Accounts receivable, net	903,101.	4	1,324,885.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,769,354.	8	1,155,729.	
	9 Prepaid expenses and deferred charges	1,837,107.	9	1,210,033.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,317,593.			
	b Less: accumulated depreciation	10b 2,061,837.	2,820,453.	10c	255,756.
	11 Investments - publicly traded securities	15,735,520.	11	23,284,231.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,073,530.	16	49,626,555.		
Liabilities	17 Accounts payable and accrued expenses	17,349,973.	17	14,784,911.	
	18 Grants payable		18		
	19 Deferred revenue	5,673,000.	19	3,913,235.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	500,000.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,515,145.	25	632,178.	
	26 Total liabilities. Add lines 17 through 25	27,038,118.	26	19,330,324.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	-8,886,588.	27	1,558,105.	
	28 Net assets with donor restrictions	23,922,000.	28	28,738,126.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	15,035,412.	32	30,296,231.	
	33 Total liabilities and net assets/fund balances	42,073,530.	33	49,626,555.	

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	132,366,024.
2 Total expenses (must equal Part IX, column (A), line 25)	2	119,584,846.
3 Revenue less expenses. Subtract line 2 from line 1	3	12,781,178.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,035,412.
5 Net unrealized gains (losses) on investments	5	-503,903.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	2,983,544.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,296,231.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b		X

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PROJECT HOPE - THE PEOPLE-TO-PEOPLE
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94599750.	85979185.	80166447.	118780303	125242921	504768606
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	94599750.	85979185.	80166447.	118780303	125242921	504768606
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)						158484308
6 Public support. Subtract line 5 from line 4.						346284298

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	94599750.	85979185.	80166447.	118780303	125242921	504768606
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	694,009.	975,891.	600,553.	345,085.	221,982.	2837520.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						507606126
12 Gross receipts from related activities, etc. (see instructions)					12	7,544,641.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	68.22	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	64.38	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Schedule A (Form 990) 2021

53-0242962 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Employer identification number

53-0242962

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>29,417,131.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>22,437,233.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>5,958,388.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>5,308,603.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>5,105,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>2,604,250.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,506,140.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,662,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PHARMACEUTICALS <hr/> <hr/> <hr/>	\$ 29,417,131.	11/30/21
3	EQUIPMENT AND MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 5,958,388.	12/31/21
4	PHARMACEUTICALS <hr/> <hr/> <hr/>	\$ 5,308,603.	09/30/21
7	PHARMACEUTICALS <hr/> <hr/> <hr/>	\$ 2,506,140.	02/28/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	0.	0.												
d	Other exempt purpose expenditures	119936576.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	119936576.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Schedule D (Form 990) 2021

53-0242962 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY OBLIGATIONS	632,178.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	632,178.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	132,798,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-503,903.	
b	Donated services and use of facilities	2b	936,761.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	432,858.	
3	Subtract line 2e from line 1	3	132,366,024.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	132,366,024.	

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

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

1	Total expenses and losses per audited financial statements		1	120,521,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	936,761.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	936,761.	
3	Subtract line 2e from line 1	3	119,584,846.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	119,584,846.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE.

PART V, LINE 4

PROJECT HOPE HAS FOUR ENDOWMENTS THAT WERE SET UP TO PROVIDE INCOME FOR

Part XIII Supplemental Information *(continued)*

PROGRAMMATIC EXPENSES. THERE IS ALSO AN ENDOWMENT THAT HAS NO RESTRICTIONS
ON THE INCOME. THE INCOME FROM THIS ENDOWMENT IS USED FOR GENERAL SUPPORT
OF THE ORGANIZATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Employer identification number
53-0242962

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	1	4	PROGRAM SERVICES	HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	23,358,965.
SUB-SAHARAN AFRICA	20	1103	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, COMMUNICABLE DISEASE, HEALTH SYSTEMS	17,451,349.
RUSSIA AND NEIGHBORING STATES	1	2	PROGRAM SERVICES	HUMANITARIAN AID, COMMUNICABLE DISEASE	8,929,475.
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	3	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HEALTH SYSTEMS STRENGTHENING	7,877,384.
SOUTH AMERICA	8	99	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE.	5,036,621.
SUB-SAHARAN AFRICA	20	1103	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	3,167,395.
EAST ASIA AND THE PACIFIC	4	24	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE, COMMUNICABLE DISEASE	2,243,851.
SOUTH ASIA	0	4	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	2,161,657.
3 a Subtotal	55	2342			70,226,697.
b Total from continuation sheets to Part I	22	286			5,316,931.
c Totals (add lines 3a and 3b)	77	2628			75,543,628.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule F (Form 990)

53-0242962

Page 1

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	3	74	PROGRAM SERVICES	MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	1,883,503.
EAST ASIA AND THE PACIFIC	4	24	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	1,018,227.
SOUTH AMERICA	8	99	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	836,857.
SOUTH ASIA	0	4	PROGRAM SERVICES	MATERNAL CHILD HEALTH, NON-COMMUNICABLE DISEASE	660,240.
CENTRAL AMERICA AND THE CARIBBEAN	3	74	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	330,960.
NORTH AMERICA	1	2	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	338,472.
NORTH AMERICA	1	2	PROGRAM SERVICES	HUMANITARIAN AID, NONCOMMUNICABLE DISEASE	97,846.
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	3	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	83,830.
MIDDLE EAST AND NORTH AFRICA	1	4	GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	66,996.
Totals	22	286			5,316,931.

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	14,716.	CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	5,312.	CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	272,533.	CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	15,507.	CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	8,154.	CASH	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	12,720.	CASH	0.		
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	427,398.	CASH	0.		
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	47,952.	CASH	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **40**

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule F (Form 990)

53-0242962

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	308,744.	CASH	0.		
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	30,490.	CASH	0.		
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	73,203.	CASH	0.		
		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	130,440.	CASH	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GRANTS TO RECIPIENTS LOCATED IN REGION	44,501.	CASH	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GRANTS TO RECIPIENTS LOCATED IN REGION	39,329.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	22,000.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	22,000.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	20,000.	CASH	0.		

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule F (Form 990)

53-0242962

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	307,630.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	17,469.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	5,117.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	45,000.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	28,506.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	63,555.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	17,907.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	11,030.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	17,478.	CASH	0.		

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule F (Form 990)

53-0242962

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	619,570.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	7,788.	CASH	0.		
		SOUTH ASIA	GRANTS TO RECIPIENTS LOCATED IN REGION	582,884.	CASH	0.		
		SOUTH ASIA	GRANTS TO RECIPIENTS LOCATED IN REGION	914,515.	CASH	0.		
		SOUTH ASIA	GRANTS TO RECIPIENTS LOCATED IN REGION	411,280.	CASH	0.		
		SOUTH ASIA	GRANTS TO RECIPIENTS LOCATED IN REGION	252,978.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	8,000.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	1100391.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	274,984.	CASH	0.		

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule F (Form 990)

53-0242962

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	553,401.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	794,808.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	400,711.	CASH	0.		
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	35,100.	CASH	0.		
		NORTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	30,842.	CASH	0.		

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROJECT HOPE MAINTAINS VARIOUS POLICIES TO ENSURE FINANCIAL ACCOUNTABILITY IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS FOR THE NOT-FOR-PROFIT ORGANIZATIONS, DONORS RULES AND REGULATION AND HOST COUNTRY LAWS. THESE POLICIES ARE DESIGNED AS AN OVERALL SET OF GUIDELINES FOR ACCOUNTING PROCEDURES. IT IS ALSO USED AS A TOOL FOR INTERNAL CONTROL AND AUDIT PURPOSES. THE OVERALL FINANCIAL CONTROL GOAL IS TO ENSURE THAT ADEQUATE STANDARDS OF INTEGRITY, ACCOUNTABILITY, AND TRANSPARENCY ARE BEING PRACTICED.

PROJECT HOPE ESTABLISHES BUDGETS FOR FIELD ACTIVITIES BASED ON PROGRAM DESIGNS, WORK PLANS AND AGREEMENTS WITH PROGRAM SPONSORS. FUNDS ARE TRANSFERRED FROM PROJECT HOPE HEADQUARTERS TO FIELD OFFICES IN ORDER TO FUND FIELD ACTIVITIES BASED ON THE APPROVED BUDGETS. EXPENDITURES AND PROGRAM ACTIVITIES ARE MONITORED AND EVALUATED AGAINST BUDGETS. APPROPRIATE AND TIMELY ADJUSTMENTS ARE MADE TO BRING ACTUAL ACTIVITIES AND EXPENDITURES IN LINE WITH BUDGETS. PROJECT HOPE, IS SUBJECTED TO THE UNIFORM GUIDANCE SUBPART F AUDIT WHICH IS A WAY TO DETERMINE THAT PROJECT HOPE HAS MET THE AUDIT REQUIREMENTS AND IS IN COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS.

NON-US ORGANIZATIONS RECEIVING FUNDING FROM FEDERAL AWARDS ARE SUBJECT TO UNIFORM GUIDANCE SUBPART F AUDIT. FOR NON-USG SUB AWARDS, AUDIT REQUIREMENTS ARE DETERMINED BASED ON DONOR REQUIREMENTS. PROJECT HOPE REQUIRES EACH ORGANIZATION AN AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE TO COMPLY WITH AUDIT REQUIREMENT. NON-US AWARD RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO PROVIDE PROJECT HOPE WITH A DATA

Part V Supplemental Information

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

UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS).

PART I, LINE 3, COLUMN (E)

REGION: EAST ASIA AND THE PACIFIC (E) SPECIFIC TYPES OF SERVICES IN

REGION: MATERNAL CHILD HEALTH, HUMANITARIAN AID, NONCOMMUNICABLE

DISEASE, COMMUNICABLE DISEASE, HEALTH SYSTEMS STRENGTHENING.

REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION:

MATERNAL CHILD HEALTH,

HUMANITARIAN AID, COMMUNICABLE DISEASE, HEALTH SYSTEMS STRENGTHENING

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK & ASSOCIATES INC. - 2550 NINTH STREET SUITE	CONSULTANTS FOR DIRECT MARKETING		X	6,049,019.	600,516.	5,448,503.
ANNE LEWIS STRATEGIES, LLC - 650 MASSACHUSETTS AVE NW,	DIGITAL FUNDRAISING		X	392,936.	158,862.	234,074.
GIVEBRIDGE - 525 WEST MONROE ST, SUITE 900, CHICAGO, IL	F2F CANVASING		X	280,947.	604,885.	-323,938.
MDS COMMUNICATIONS CORPORATION - 545 W. JUANITA	TELEMARKETING		X	174,565.	163,267.	11,298.
THOMPSON, HABIB, DENNISON, INC. - 55 OLD BEDFORD ROAD,	CONSULTANTS FOR DIRECT MARKETING		X	0.	112,200.	-112,200.
Total				6,897,467.	1,639,730.	5,257,737.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, CA, CO, CT, DE, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MT, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TX, UT, VA, WA, WV, WI, NY, AR, MA, TN, DC**

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a 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

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 of the third party:

Name

Name Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MAL WARWICK & ASSOCIATES INC.

(I) ADDRESS OF FUNDRAISER: 2550 NINTH STREET SUITE 103, BERKELEY, CA 94710

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES, LLC

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GIVEBRIDGE

(I) ADDRESS OF FUNDRAISER:

525 WEST MONROE ST, SUITE 900, CHICAGO, IL 60661

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS CORPORATION

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, AZ 85210

(I) NAME OF FUNDRAISER: THOMPSON, HABIB, DENNISON, INC.

(I) ADDRESS OF FUNDRAISER:

55 OLD BEDFORD ROAD, SUITE 201, LINCOLN, MA 01773

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILD FUND INTERNATIONAL USA (CFINTL) - 2821 EMERYWOOD PARKWAY - RICHMOND, VA 23294	54-0536100	501 (C) (3)	806,152.	0.			GLOBAL HEALTH PROGRAM
IBN SINA FOUNDATION (IBN) 11226 SOUTH WILCREST DRIVE HOUSTON, TX 77099	76-0698464	501 (C) (3)	118,669.	0.			GLOBAL HEALTH PROGRAM
BROWN UNIVERSITY, WATSON INSTITUTE FOR INTERNATIONAL AND PUBLIC AFFAIRS - 69 BROWN STREET - PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	87,342.	0.			GLOBAL HEALTH PROGRAM
SAN JOSE CLINIC (SJC) 2615 FANNIN STREET HOUSTON, TX 77002	76-0373703	501 (C) (3)	70,700.	0.			GLOBAL HEALTH PROGRAM
NEW YORK CITY HEALTH & HOSPITALS CORPORATION (NYCHHC) - 50 WATER STREET - NEW YORK, NY 10004	13-2655001	MUNICIPAL HEALTHCARE	50,000.	0.			GLOBAL HEALTH PROGRAM
HEALTH AND EDUCATION FOR ALL (HAEFA) - 311 BEDFORD STREET - LEXINGTON, MA 02420	46-2997707	501 (C) (3)	41,166.	0.			GLOBAL HEALTH PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Schedule I (Form 990)

53-0242962

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL MILAGRO CLINIC (MILAGRO) 901 E. VERMONT AVE MCALLEN, TX 78503	52-1974611	501 (C) (3)	38,828.	0.			GLOBAL HEALTH PROGRAM
ART OF HOPE 7983 E CHESHIRE RD ORANGE, CA 92867	81-2553473	501 (C) (3)	9,106.	0.			GLOBAL HEALTH PROGRAM
MEDGLOBAL INC. 10604 SOUTHWEST HIGHWAY STE. 107 CHICAGO RIDGE, IL 60415	82-2517347	501 (C) (3)	7,500.	0.			GLOBAL HEALTH PROGRAM

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule I (Form 990) 2021

53-0242962

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HONORARIUM- HEALTH POLICY BRIEF	8	12,000.	0.		
HONORARIUM- HPB REVIEWERS	19	9,500.	0.		
HONORARIUM- STIPEND FOR SUPPLIES	2	6,000.	0.		
HONORARIUM- ADVISOR FOR BORDERS & IMMIGRATION	1	5,000.	0.		
HONORARIUM- FELLOWSHIP STIPEND	1	4,500.	0.		

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

PART I, LINE 2:

PROJECT HOPE MAINTAINS VARIOUS POLICIES TO ENSURE FINANCIAL ACCOUNTABILITY
IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND 2.CFR.200.
THESE POLICIES ARE DESIGNED AS AN OVERALL SET OF GUIDELINES FOR ACCOUNTING
AND COMPLIANCE PROCEDURES. IT IS ALSO USED AS A TOOL FOR INTERNAL CONTROL
AND AUDIT PURPOSES. THE OVERALL FINANCIAL CONTROL GOAL IS TO ENSURE THAT
ADEQUATE STANDARDS OF INTEGRITY, ACCOUNTABILITY, AND TRANSPARENCY ARE BEING
PRACTICED.

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

Schedule I (Form 990)

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Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HONORARIUM - ADVISER ON PERINATAL HEALTH	1.	4,500.	0.		
HONORARIUM- AGING & HEALTH ADVISOR	1.	3,750.	0.		
HONORARIUM- PRACTICE OF MEDICINE ADVISOR	1.	2,500.	0.		
HONORARIUM- SPEAKERS FOR HEALTH AFFAIRS	3.	2,100.	0.		

Schedule I (Form 990)

Part IV Supplemental Information

HOPE ESTABLISHES BUDGETS FOR ACTIVITIES BASED ON PROGRAM DESIGNS, WORK
PLANS AND AGREEMENTS WITH PROGRAM SPONSORS. FUNDS ARE TRANSFERRED FROM
PROJECT HOPE HEADQUARTERS TO GRANTEE BASED ON THE APPROVED BUDGETS.
EXPENDITURES AND PROGRAM ACTIVITIES ARE MONITORED AND EVALUATED AGAINST
BUDGETS. APPROPRIATE AND TIMELY ADJUSTMENTS ARE MADE TO BRING ACTUAL
ACTIVITIES AND EXPENDITURES IN LINE WITH BUDGETS. PROJECT HOPE IS SUBJECTED
TO THE UNIFORM GUIDANCE SUBPART F AUDIT WHICH IS A WAY TO DETERMINE THAT
PROJECT HOPE HAS MET THE AUDIT REQUIREMENTS AND IS IN COMPLIANCE WITH
FEDERAL LAWS AND REGULATIONS.

NON-US ORGANIZATIONS RECEIVING FUNDING FROM FEDERAL AWARDS ARE SUBJECT TO
UNIFORM GUIDANCE SUBPART F AUDIT. FOR NON-USG SUB AWARDS, AUDIT
REQUIREMENTS ARE DETERMINED BASED ON DONOR REQUIREMENTS. PROJECT HOPE
REQUIRES EACH ORGANIZATION AN AUDIT CERTIFICATION AND FINANCIAL STATUS
QUESTIONNAIRE TO COMPLY WITH AUDIT REQUIREMENT. NON-US AWARD RECIPIENT
ORGANIZATIONS ARE ALSO REQUIRED TO PROVIDE PROJECT HOPE WITH A DATA
UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Schedule J (Form 990) 2021

53-0242962

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	(i)	417,798.	0.	5,400.	20,300.	31,178.	474,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RABIH TALIH TORBAY PRESIDENT AND CEO	(i)	427,702.	0.	0.	26,000.	2,300.	456,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	(i)	284,431.	0.	0.	18,454.	9,917.	312,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CINIRA BALDI VP, CHIEF DEV. & COMM. OFFICER	(i)	235,468.	0.	0.	17,090.	29,952.	282,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS KENYON, MPH CHIEF HEALTH OFFICER	(i)	263,002.	0.	0.	17,919.	1,215.	282,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANE K HIEBERT-WHITE EXECUTIVE PUBLISHER	(i)	229,816.	0.	0.	16,625.	31,178.	277,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIA SOYARS GENERAL COUNSEL AND CHIEF COMPLIANCE	(i)	238,095.	0.	0.	16,645.	10,176.	264,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DONALD E METZ EXECUTIVE EDITOR	(i)	236,245.	1,500.	0.	15,964.	10,176.	263,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SERGEY NIKOLIN VP, FINANCE & CFO	(i)	197,276.	0.	0.	10,103.	31,098.	238,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEVEN VINCENT NERI REGIONAL DIRECTOR, AFRICA	(i)	160,643.	0.	31,380.	11,034.	20,582.	223,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LAWRENCE RAYMOND WHEELER MANAGING EDITOR	(i)	181,853.	0.	0.	12,899.	21,378.	216,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUZETTE MARIE DURAND SENIOR DIRECTOR, FINANCE	(i)	173,846.	1,000.	0.	10,920.	18,666.	204,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KELLY WHALEN SR, DIRECTOR, DEVELOPMENT	(i)	181,444.	0.	0.	12,655.	10,176.	204,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SARAH B DINE SENIOR DEPUTY EDITOR	(i)	187,889.	1,500.	0.	11,778.	0.	201,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ROBERT S. LOTT DEPUTY EDITOR	(i)	158,106.	0.	0.	11,748.	30,138.	199,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MARGARET KEYSER SAUNDERS DEPUTY EDITOR, GLOBAL HEALTH	(i)	158,109.	0.	0.	11,518.	25,432.	195,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

Schedule J (Form 990) 2021

53-0242962

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) THERESA RHODES AVP, CORPORATE & FOUNDATION PARTNERS	(i)	172,509.	0.	0.	11,943.	0.	184,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) NIRANJAN SEEVARATNAM SR. DIRECTOR, GLOBAL IT OPERATIONS	(i)	159,810.	0.	0.	10,509.	9,917.	180,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ENDALKACHEW MELESE DERESE SENIOR TECHNICAL DIRECTOR	(i)	113,327.	1,000.	38,766.	8,003.	18,162.	179,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) VABREN WATTS DIRETOR OF HEALTH EQUITY	(i)	159,199.	0.	0.	8,867.	9,917.	177,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) SUZANNE B DUCAT SR. DIRECTOR, COMMUNICATIONS	(i)	163,027.	0.	0.	11,291.	613.	174,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PATRICIA KURTZ DIRETOR OF DIGITAL STRATEGY	(i)	160,654.	0.	0.	11,184.	0.	171,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) CHRISTINE NEWKIRK SR. DIRECTOR, MARKETING & OPERATIONS	(i)	145,126.	0.	0.	10,413.	10,176.	165,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) LAURA ANNE TOLLEN SENIOR EDITOR	(i)	152,887.	0.	0.	10,648.	1,358.	164,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

STEVEN VINCENT NERI RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$20,950.

ENDALKACHEW MELESE DERESE RECEIVED HOUSING ALLOWANCE IN THE AMOUNT OF
\$22,080.

PART I, LINE 7:

PERFORMANCE BASED BONUSES WERE PAID DURING 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	11	47,475,860.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS COLUMN REPRESENTS THE NUMBER OF SEPARATE CONTRIBUTIONS RECEIVED DURING THE FILING YEAR.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number	53-0242962
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH CHALLENGES, WITH A SPECIFIC FOCUS ON ENABLING HEALTH WORKERS TO
HAVE THE GREATEST POSSIBLE IMPACT ON THE HEALTH OF THE PEOPLE THEY
SERVE; STRENGTHENING AND IMPROVING HEALTH SYSTEMS; PROVIDING DISASTER
AND HUMANITARIAN RELIEF AND FOSTERING AND PROMOTING HEALTH POLICY
RESEARCH AND THOUGHT-LEADERSHIP.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SYSTEMS; PROVIDING DISASTER AND HUMANITARIAN RELIEF AND
FOSTERING AND PROMOTING HEALTH POLICY RESEARCH AND THOUGHT-LEADERSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCESS TO SUCH SERVICES; TRAINING FIRST RESPONDERS; EQUIPPING AND
STAFFING CLINICS AND HOSPITALS, DEPLOYING VOLUNTEER MEDICAL
PROFESSIONALS, PROVIDING ESSENTIAL MEDICINES AND SUPPLIES; AND
STRENGTHENING COUNTRY CAPACITY TO PREVENT, PREPARE FOR AND RESPOND TO
EMERGING THREATS. DURING 2021, OUR DISASTER RESPONSE AND HUMANITARIAN
ASSISTANCE ACTIVITIES REACHED OVER 267,000 PEOPLE, INCLUDING DIRECT
MEDICAL SERVICES FOR 190,000 PEOPLE AFFECTED BY DISASTERS OR
HUMANITARIAN CRISES. WE DEPLOYED 795 VOLUNTEERS TO PROVIDE FRONTLINE
SUPPORT DURING DISASTERS AND HUMANITARIAN CRISES. WE ALSO DONATED \$51
MILLION IN EQUIPMENT, MEDICINES, AND MEDICAL SUPPLIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

APPROXIMATELY 151,000 HEALTH CARE WORKERS AND REACHED OVER 3,000,000
PEOPLE THROUGH ALL PROGRAMS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number	53-0242962
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BAHAMAS, CHINA, COLOMBIA, DOMINICAN REPUBLIC,

EGYPT, ECUADOR, ETHIOPIA, HAITI,

HONDURAS, INDONESIA, KAZAKHSTAN, MACEDONIA,

MEXICO, NAMIBIA, NIGERIA, SIERRA LEONE,

UGANDA, VENEZUELA, ZAMBIA

FORM 990, PART VI, SECTION B, LINE 11B:

AN OUTSIDE FIRM PROVIDES GUIDANCE AND PREPARES THE TAX EXEMPT RETURN FOR THE ORGANIZATION. ONCE A DRAFT IS REVIEWED/APPROVED BY THE FIRM, A COPY OF THE 990 IS SHARED WITH THE AUDIT COMMITTEE. ONCE THE AUDIT COMMITTEE SIGNS OFF ON COMPLETED DRAFT, IT IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING.

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. ALL STAFF ARE REQUIRED TO SIGN A DETAILED CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND ARE REQUIRED TO DISCLOSE ANY NEW POTENTIAL CONFLICT OF INTEREST DURING THE YEAR. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ALSO REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

PROJECT HOPE'S MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OF THE BOARD APPROVES THE OVERALL COMPENSATION PHILOSOPHY FOR THE ORGANIZATION INCLUDING THE RELATION OF BASE SALARIES AND TOTAL COMPENSATION TO MARKET AND THE COMPONENTS OF TOTAL COMPENSATION. ADDITIONALLY, IT APPROVES AND MONITORS THE ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE GOALS FOR THE CHIEF

Name of the organization	PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number	53-0242962
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EXECUTIVE OFFICER. ANNUALLY, THE SAID COMMITTEE REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER AND RECOMMENDS ANY COMPENSATION CHANGES. AT THE SAME FREQUENCY, THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OVERSEES ALL ASPECTS OF COMPENSATION PROVIDED TO OTHER EXECUTIVES TO ENSURE COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS OF THE INTERNAL REVENUE CODE. THE COMMITTEE FURTHER PREPARES REGULAR REPORTS DISCLOSING COMMITTEE ACTIONS AND RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS IN PERFORMING THEIR DUTIES RELATED TO THE DETERMINATION OF OFFICER COMPENSATION, THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE RELIES ON SUPPORT FROM AN INDEPENDENT EXTERNAL COMPENSATION CONSULTANT WHO HAS BEEN ENGAGED BY THE COMMITTEE. OVERALL, THE COMMITTEE FOLLOWS STANDARD PROTOCOLS AND INTERMEDIATE SANCTIONS GUIDELINES, WHICH INCLUDE THE THREE PROCEDURAL REQUIREMENTS FOR EARNING THE PRESUMPTION OF REASONABLENESS:

1. OFFICER'S 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 IS PROVIDED WITH COMPARABLE DATA TO ENSURE THAT COMPENSATION IS REASONABLE BASED ON THE POSITION, QUALIFICATIONS AND COMPARABLE COMPENSATION DATA
3. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION ADEQUATELY AND CONTEMPORANEOUSLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CODE OF ETHICS POLICY, AND

Name of the organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	Employer identification number 53-0242962
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FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	2,983,544.
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FORM 990, PART XII, LINE 3B:

THE REQUIRED SINGLE AND FINANCIAL STATEMENT AUDITS UNDER UNIFORMED
GUIDANCE HAVE NOT YET BEEN COMPLETED FOR THE CALENDAR YEAR ENDING
DECEMBER 31, 2021, BUT ARE BOTH IN PROCESS OF BEING COMPLETED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PROJECT HOPE MEXICO A.C 12 DE OCTUBRE 137 COL ESCANDO SECCIN II DP, CIUDAD DE MEXICO,	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	MEXICO			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	X	
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION (NAMIBIA) INC., 49 BURG STREET, TRINITY STONE BUILDING, LUXURY HILL,	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	NAMIBIA			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	X	
PROJECT HOPE - THE PEOPLE TO PEOPLE HEALTH FOUNDATION NIGERIA LTD/GTE, SUITE 32, SILLA ZEKA PLAZA 29, ADEBAYO ADEDJI CRESENT, UTAKO	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	NIGERIA			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	X	
PROYECTO ESPERANZA A.C. AV. FRANCISCO DE MIRANDA ENTRE AV. 1 Y ANDRES BE, CARCAS, VENEZUELA	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	VENEZUELA			PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROYECTO ESPERANZA A.C. PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH	R	4,615,000.	US DOLLARS AND LOCAL CURRENCY CON
(2) FOUNDATION (NAMBIA) INC. PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH	R	4,561,944.	US DOLLARS AND LOCAL CURRENCY CON
(3) FOUNDATION (NAMBIA) INC.	S	1,366,715.	US DOLLARS AND LOCAL CURRENCY CON
(4) YAYASAN PROJECT HOPE JL PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH	R	944,800.	US DOLLARS AND LOCAL CURRENCY CON
(5) FOUNDATION NIGERIA LTD./GTE	R	156,687.	US DOLLARS AND LOCAL CURRENCY CON
(6) PROJECT HOPE MEXICO A.C.	R	96,000.	US DOLLARS AND LOCAL CURRENCY CON

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

PROJECT HOPE MEXICO A.C

12 DE OCTUBRE 137 COL

ESCANDO SECCIN II DP, CIUDAD DE MEXICO, MEXICO 011800

NAME AND ADDRESS OF RELATED ORGANIZATION:

PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION

(NAMIBIA) INC.

49 BURG STREET, TRINITY STONE BUILDING, LUXURY HILL

WINDHOEK, LUXURY HILLS, NAMIBIA 9000

NAME AND ADDRESS OF RELATED ORGANIZATION:

PROJECT HOPE - THE PEOPLE TO PEOPLE HEALTH FOUNDATION

NIGERIA LTD/GTE

SUITE 32, SILLA ZEKA PLAZA 29

ADEBAYO ADEDJI CRESENT, UTAKO ABJUA, NIGERIA

NAME AND ADDRESS OF RELATED ORGANIZATION:

YAYASAN PROJECT HOPE JL

TEBET UTARA II, NO. 9A

JAKARTA SELATAN DKI, JAKARTA, INDONESIA 12810

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION

NIGERIA LTD./GTE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SUITE 32, SILLA ZEKA PLAZA 29 ADEBAYO ADEDEJI CRESCENT
UTAKO ABJUA, NIGERIA

NAME AND ADDRESS OF RELATED ORGANIZATION:

PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION
(NAMIBIA) INC.
49 BURG STREET, TRINITY STONE BUILDING, LUXURY HILLS
WINDHOEK, NAMIBIA 9000