

Public Disclosure Copy

Form 990

*****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.</td> <td rowspan="4">D Employer identification number 53-0242962</td> </tr> <tr> <td colspan="2">Doing business as PROJECT HOPE, HEALTH AFFAIRS</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1101 CONNECTICUT AVE, NW</td> <td>500</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</td> <td>E Telephone number 844-349-0188</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: RABIH TORBAY SAME AS C ABOVE</td> <td>G Gross receipts \$ 189,539,634.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.PROJECTHOPE.ORG</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 1958</td> <td>M State of legal domicile: DC</td> </tr> </table>	C Name of organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.		D Employer identification number 53-0242962	Doing business as PROJECT HOPE, HEALTH AFFAIRS		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1101 CONNECTICUT AVE, NW	500	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		E Telephone number 844-349-0188	F Name and address of principal officer: RABIH TORBAY SAME AS C ABOVE		G Gross receipts \$ 189,539,634.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: WWW.PROJECTHOPE.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	L Year of formation: 1958		M State of legal domicile: DC
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Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CONDUCT AND SUPPORT PROGRAMS AND ACTIVITIES AIMED AT SOLVING SOME OF THE WORLD'S GREATEST PUBLIC			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	205	
	6 Total number of volunteers (estimate if necessary)	6	19	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	240,560.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		178,953,119.	181,749,433.
	9 Program service revenue (Part VIII, line 2g)		2,809,328.	2,863,579.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		241,634.	1,848,898.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-842.	25,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		182,003,239.	186,487,060.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,064,776.	21,441,980.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		44,443,981.	41,581,538.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		2,058,793.	2,704,965.
	b Total fundraising expenses (Part IX, column (D), line 25)		13,053,057.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,526,468.	116,100,187.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		179,094,018.	181,828,670.
19 Revenue less expenses. Subtract line 18 from line 12		2,909,221.	4,658,390.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		70,080,281.	76,456,457.
	21 Total liabilities (Part X, line 26)		17,380,910.	19,689,781.
22 Net assets or fund balances. Subtract line 21 from line 20		52,699,371.	56,766,676.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <i>Mario Jabbour</i>		Date 09/16/2025	
	MARIO JABBOUR, CHIEF FINANCE & ADMIN OFFICER Type or print name and title			
Paid Preparer Use Only	Preparer's name DAVID LOWENTHAL	Preparer's signature DAVID LOWENTHAL	Date 07/21/25	Check <input type="checkbox"/> if self-employed PTIN P00378651
	Firm's name PLANTE & MORAN, PLLC			Firm's EIN 33-1498605
	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606			Phone no. (312) 207-1040

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

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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 \$ 79,293,030. including grants of \$ 0.) (Revenue \$ 0.)

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 \$ 71,024,281. including grants of \$ 21,400,799.) (Revenue \$ 0.)

GLOBAL HEALTH PROGRAMS: PROJECT HOPE WORKED IN 23 COUNTRIES IN 2024 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 2024, PROJECT HOPE HELPED TRAIN

4c (Code:) (Expenses \$ 10,980,206. including grants of \$ 41,181.) (Revenue \$ 2,623,019.)

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 161,297,517.

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

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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. See instructions</i>	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	

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

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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 noncash 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 155	
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	

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

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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 205		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	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)?	4a	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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	17		

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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	22		
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	21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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
MARIO JABBOUR - 202-753-6762
1220 19TH ST NW, NO. 800, WASHINGTON, DC 20036

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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, box 6 of 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) RABIH TALIH TORBAY PRESIDENT AND CEO	40.00 0.00	X		X				476,465.	0.	26,481.
(2) ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	40.00 0.00			X				400,149.	0.	58,247.
(3) CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	40.00 0.00			X				355,521.	0.	42,090.
(4) CINIRA BALDI VP, CHIEF DEV. & COMM. OFFICER	40.00 0.00			X				314,184.	0.	56,080.
(5) JULIA SOYARS GEN COUNSEL AND CHIEF COMP OFFICER	40.00 0.00			X				283,474.	0.	31,079.
(6) UCHE RALPHOPARA CHIEF HEALTH OFFICER	40.00 0.00			X				244,524.	0.	36,814.
(7) JANE K HIEBERT-WHITE EXECUTIVE PUBLISHER	40.00 0.00					X		228,218.	0.	39,759.
(8) STEVEN VINCENT NERI REGIONAL DIRECTOR, AFRICA	40.00 0.00				X			223,308.	0.	36,151.
(9) DONALD E METZ EXECUTIVE EDITOR	40.00 0.00					X		230,428.	0.	24,446.
(10) LAWRENCE RAYMOND WHEELER MANAGING EDITOR	40.00 0.00					X		193,317.	0.	34,829.
(11) ROBERT S. LOTT SR. DEPUTY EDITOR, SPECIAL CONTENT	40.00 0.00					X		171,592.	0.	46,855.
(12) THERESA RHODES VP, CORPORATE & FOUNDATIONS	40.00 0.00					X		201,601.	0.	13,965.
(13) MARIO JABBOUR CHIEF FINANCE & ADMIN OFFICER	40.00 0.00			X				183,118.	0.	17,528.
(14) SERGEY NIKOLIN VP, FINANCE & CFO	40.00 0.00			X				75,473.	0.	3,346.
(15) THOMAS KENYON MPH FORMER DIRECTOR/CHIEF HEALTH OFFICER	0.00 0.00						X	16,933.	0.	2,299.
(16) REYNOLD W. MOONEY BOARD DIRECTOR - CHAIR	4.00 0.00	X		X				0.	0.	0.
(17) ANNE M. SIMONDS BOARD DIRECTOR - VICE CHAIR	1.00 0.00	X		X				0.	0.	0.

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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			
(18) PETER WILDEN, PH.D. BOARD DIRECTOR - VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(19) KEITH T. GHEZZI, M.D. BOARD DIR. - TREASURER-THRU 3/27/24	2.00 0.00	X		X				0.	0.	0.
(20) RAPHAEL MARCELLO BOARD DIR- TREASURER & FINANCE COMM	2.00 0.00	X		X				0.	0.	0.
(21) VIREN MEHTA BOARD DIRECTOR - SECRETARY	1.00 0.00	X		X				0.	0.	0.
(22) CARLY BARON BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) MARIA CLARKE BOARD DIRECTOR - BEG 10/16/24	1.00 0.00	X						0.	0.	0.
(24) ROBERT M. DAVIS BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ELDER GRANGER, M.D. BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) BENJAMIN HIGGINS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,598,305.	0.	469,969.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,598,305.	0.	469,969.

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 **94**

	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,SUITE 103, BERKELEY, CA 94710	DIRECT MAIL & EMAIL FUNDRAISING SVCS	4,314,550.
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE NW,SUITE 505, WASHINGTON	DIGITAL FUNDRAISING SERVICES	1,512,250.
THE MENTOR INITIATIVE , 4TH FLOOR, BURNS HOUSE, HARLANDS ROAD, HAYWARDS HEATH, WEST	HUMANITARIAN SERVICES	1,216,785.
GIVEBRIDGE, INC, 525 WEST MONROE STREET,SUITE 900, CHICAGO , IL 60661	F2F CANVASING	855,126.
JORDAN HEALTH AID SOCIETY INTERNATIONAL 7, BABEL STREET, UM UTHAINA, AMMAN, JORDAN	HUMANITARIAN SERVICES	631,641.

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 **51**

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			
(27) NICOLETTE LOUISSAINT BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) SYRA MADAD BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) BRANDI MARSH BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) LINDA MCGOLDRICK BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(31) DONNA MURPHY BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) MARY ANN PETERS BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) DANIEL D. PHELAN BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(34) LAWRENCE T. PHELAN BOARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) RONALD PIERVINCENZI BOARD DIRECTOR - BEG 6/12/24	1.00 0.00	X						0.	0.	0.
(36) JERRY SOLOMON BOARD DIRECTOR - BEG 10/16/24	1.00 0.00	X						0.	0.	0.
(37) JAMES GEORGE WIEHL, ESQ. BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(38) GAIL R. WILENSKY, PH.D. BOARD DIRECTOR - THRU 7/11/24	1.00 0.00	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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	44,919,345.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	136,830,088.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 79,252,924.					
	h Total. Add lines 1a-1f							181749433.
Program Service Revenue	2 a SUBSCRIPTION REVENUE	Business Code 900099		2,863,579.	2,623,019.	240,560.		
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				2,863,579.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,529,576.			1529576.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(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		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	3,052,574.					
c Gain or (loss)		7c	319,322.					
d Net gain or (loss)								
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 MISCELLANEOUS	Business Code 900099		25,150.			25,150.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				25,150.			
	12 Total revenue. See instructions				186487060.	2,623,019.	240,560.	1874048.

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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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	952,144.	952,144.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,181.	41,181.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,448,655.	20,448,655.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,883,265.	1,460,750.	1,278,607.	143,908.
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	29,080,155.	22,865,221.	3,398,784.	2,816,150.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,020,586.	2,017,930.	2,656.	
9 Other employee benefits	5,749,454.	4,465,015.	760,450.	523,989.
10 Payroll taxes	1,848,078.	1,306,613.	314,470.	226,995.
11 Fees for services (nonemployees):				
a Management				
b Legal	290,212.	254,412.	32,665.	3,135.
c Accounting	832,716.	138,751.	693,965.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,704,965.			2,704,965.
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.)	6,724,449.	4,496,088.	790,265.	1,438,096.
12 Advertising and promotion	965,991.	18,560.	1,269.	946,162.
13 Office expenses	4,860,442.	1,474,872.	21,557.	3,364,013.
14 Information technology	1,484,831.	505,276.	897,969.	81,586.
15 Royalties				
16 Occupancy	4,665,878.	4,246,831.	418,560.	487.
17 Travel	5,307,470.	4,976,054.	173,061.	158,355.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,855,127.	2,849,804.	4,823.	500.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,672.		1,242.	31,430.
23 Insurance	536,097.	326,972.	209,125.	
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	70,666,450.	70,666,450.		
b SUPPLIES AND EQUIPMENT	13,498,516.	13,408,030.	88,945.	1,541.
c VALUE-ADDED TAXES	1,368,057.	1,368,057.		
d IT AND FACILITY	0.	1,797,882.	-2,117,568.	319,686.
e All other expenses	2,011,279.	1,211,969.	507,251.	292,059.
25 Total functional expenses. Add lines 1 through 24e	181,828,670.	161,297,517.	7,478,096.	13,053,057.
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	144,741.	1	235,248.
	2 Savings and temporary cash investments	19,375,478.	2	17,399,083.
	3 Pledges and grants receivable, net	7,299,670.	3	14,549,048.
	4 Accounts receivable, net	1,780,011.	4	2,245,603.
	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	3,640,777.	8	3,545,621.
	9 Prepaid expenses and deferred charges	2,213,338.	9	2,541,072.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,108,764.		
	b Less: accumulated depreciation	763,838.	10c	344,926.
	11 Investments - publicly traded securities	35,083,732.	11	35,471,693.
	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	494,899.	15	124,163.
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,080,281.	16	76,456,457.	
Liabilities	17 Accounts payable and accrued expenses	13,274,840.	17	14,276,897.
	18 Grants payable		18	
	19 Deferred revenue	2,867,939.	19	4,754,051.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	1,238,131.	25	658,833.
	26 Total liabilities. Add lines 17 through 25	17,380,910.	26	19,689,781.
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	9,687,918.	27	12,955,210.
	28 Net assets with donor restrictions	43,011,453.	28	43,811,466.
	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	52,699,371.	32	56,766,676.
	33 Total liabilities and net assets/fund balances	70,080,281.	33	76,456,457.

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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 ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	186,487,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,828,670.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,658,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,699,371.
5	Net unrealized gains (losses) on investments	5	496,572.
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	-1,087,657.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,766,676.

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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number
53-0242962

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990) 2024

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	118780303	125242921	172639952	178953119	181749433	777365728
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	118780303	125242921	172639952	178953119	181749433	777365728
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)						194766927
6 Public support. Subtract line 5 from line 4.						582598801

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	118780303	125242921	172639952	178953119	181749433	777365728
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	345,085.	221,982.	359,318.	1118011.	1529576.	3573972.
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.)			7,750.	129,597.	25,150.	162,497.
11 Total support. Add lines 7 through 10						781102197
12 Gross receipts from related activities, etc. (see instructions)					12	13,317,264.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.59 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	75.65 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/>

Schedule A (Form 990) 2024

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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>		

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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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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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)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2024

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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 (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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>		\$ <u>45,506,308.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>37,063,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>27,486,266.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>9,823,223.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>4,955,832.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>3,933,991.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

53-0242962

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PHARMACEUTICALS & MEDICAL SUPPLIES	\$ 45,506,308.	12/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PHARMACEUTICALS & MEDICAL SUPPLIES	\$ 27,486,266.	12/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

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

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN)	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 EINs 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) 2024

PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.**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)		2,400.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		8,765.	
c Total lobbying expenditures (add lines 1a and 1b)		11,165.	
d Other exempt purpose expenditures		181817505.	
e Total exempt purpose expenditures (add lines 1c and 1d)		181828670.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN 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.	
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) 2021	(b) 2022	(c) 2023	(d) 2024	(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			2,410.	11,165.	13,575.
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			410.	2,400.	2,810.

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule D (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

53-0242962 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,442,892.	16,611,085.	11,725,463.	10,883,832.	10,355,093.
b Contributions	650.	2,163.	6,925,650.	540.	1,101.
c Net investment earnings, gains, and losses	881,635.	2,059,405.	-1,811,633.	1,049,923.	767,614.
d Grants or scholarships	228,403.	229,761.	228,395.	208,832.	239,976.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,096,774.	18,442,892.	16,611,085.	11,725,463.	10,883,832.

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

a Board designated or quasi-endowment 43.7970 %

b Permanent endowment 47.7665 %

c Term endowment 8.4360 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		851,829.	506,903.	344,926.
e Other		256,935.	256,935.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				344,926.

Schedule D (Form 990) (Rev. 12-2024)

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule D (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	484,771.
(3)	OPERATING LEASE LIABILITY	174,062.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		658,833.

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) (Rev. 12-2024)

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule D (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

53-0242962 Page 4

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	186,455,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	496,572.
b	Donated services and use of facilities	2b	559,446.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,087,657.
e	Add lines 2a through 2d	2e	-31,639.
3	Subtract line 2e from line 1	3	186,487,060.
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	186,487,060.

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	182,388,116.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	559,446.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	559,446.
3	Subtract line 2e from line 1	3	181,828,670.
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	181,828,670.

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 V, LINE 4:

PROJECT HOPE HAS FOUR ENDOWMENTS THAT WERE SET UP TO PROVIDE INCOME FOR PROGRAMMATIC EXPENSES. THERE IS ALSO AN ENDOWMENT THAT HAS NO RESTRICTIONS ON THE INCOME. THE INCOME FROM THIS ENDOWMENT IS USED FOR GENERAL SUPPORT OF THE ORGANIZATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	1,455,605.
FOREIGN CURRENCY GAIN (LOSS)	-456.
LOSS ON CONSOLIDATION	-2,542,806.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,087,657.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE F
(Form 990)**(Rev. December 2024)
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

**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
CENTRAL AMERICA AND THE CARIBBEAN	4	46	PROGRAM SERVICES	EMERGENCY RESPONSE, HUMANITARIAN ASSISTANCE, HEALTH SYSTEMS STRENGTHENING,	5,865,395.
EAST ASIA AND THE PACIFIC	2	5	GRANT MAKING	EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, MENTAL	1,048,345.
EUROPE (INCLUDING ICELAND AND GREENLAND)	2	19	PROGRAM SERVICES	EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH,	7,410,801.
MIDDLE EAST AND NORTH AFRICA	3	153	PROGRAM SERVICES	EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, NONCOMMUNICABLE	5,970,563.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	7	PROGRAM SERVICES	EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, NONCOMMUNICABLE	402,965.
RUSSIA AND NEIGHBORING STATES	9	226	PROGRAM SERVICES	EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD	10,091,351.
SOUTH AMERICA	10	116	PROGRAM SERVICES	HUMANITARIAN ASSISTANCE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, MENTAL	5,294,634.
SUB-SAHARAN AFRICA	15	169	PROGRAM SERVICES	COMMUNICABLE DISEASE - HIV, EMERGENCY RESPONSE - COVID-19, EMERGENCY RESPONSE - EARTHQUAKE,	15,285,191.
3 a Subtotal	46	741			51,369,245.
b Total from continuation sheets to Part I	0	0			20,611,305.
c Totals (add lines 3a and 3b)	46	741			71,980,550.

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

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 CARRIBEAN			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	48,531.
EAST ASIA AND PACIFIC			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	895,574.
EUROPE			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	577,821.
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	1,747,338.
RUSSIA AND NEIGHBORING STATES			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	4,068,743.
SOUTH AMERICA			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	11,122,596.
SUB SAHARA AFRICA			GRANT MAKING	GRANTS TO RECIPIENTS LOCATED IN REGION	2,150,702.
Totals					20,611,305.

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule F (Form 990) (Rev. 12-2024) **HEALTH FOUNDATION, INC.**

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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 CARRIBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	45,040.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	224,425.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	255,409.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	145,734.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	62,105.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	39,358.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	39,071.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	48,518.	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 **200**

Schedule F (Form 990) (Rev. 12-2024)

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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)
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	43,752.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	25,184.	CASH	0.		
		EAST ASIA AND PACIFIC	GRANTS TO RECIPIENTS LOCATED IN REGION	12,018.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	22,451.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	41,805.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	48,910.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	343,185.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	65,470.	CASH	0.		
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN REGION	56,000.	CASH	0.		

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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)
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	267,825.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	23,643.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	54,045.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	122,226.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	118,209.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	289,623.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	11,624.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	80,700.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	631,641.	CASH	0.		

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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)
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	25,000.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	74,811.	CASH	0.		
		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	43,999.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,714.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,038.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	10,333.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,969.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	26,300.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,157.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	15,109.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	11,241.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,751.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	58,524.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,270.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,051.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	17,239.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	21,596.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	11,528.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	23,160.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,750.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,358.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,826.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,301.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	9,423.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	17,239.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,271.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,209.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,336.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,107.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,246.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,719.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	15,109.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	11,241.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	34,367.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	25,433.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	23,509.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,518.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,396.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	21,612.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	21,444.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	44,175.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	19,025.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	10,100.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,706.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	9,992.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	15,796.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	8,403.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,164.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	10,196.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,969.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	33,957.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	125,830.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	125,618.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	121,367.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	124,623.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	121,808.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	118,158.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,776.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,940.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	10,265.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	618,085.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	28,230.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,759.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,025.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	29,512.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	13,907.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	23,304.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	22,026.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,936.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	17,896.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,710.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,837.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,837.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	13,603.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	13,603.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	11,476.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,710.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,837.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,837.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	16,837.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	13,603.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	13,603.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,466.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,953.	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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,953.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,470.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		

**PROJECT HOPE - THE PEOPLE-TO-PEOPLE
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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	32,163.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	32,163.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	32,163.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	39,575.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	32,163.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	39,575.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	39,575.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	38,455.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	28,369.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	35,570.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	33,559.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,644.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,391.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,193.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,244.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	14,188.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	18,244.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	8,166.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	8,166.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	8,166.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	8,166.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	127,204.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	12,995.	CASH	0.		

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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)
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	7,106.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	5,740.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,329.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	6,245.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	122,984.	CASH	0.		
		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS LOCATED IN REGION	41,297.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	23,836.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	609,011.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	1378588.	CASH	0.		

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Schedule F (Form 990)

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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	82,003.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	20,123.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	80,603.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	17,000.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	21,000.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	79,740.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	8794867.	CASH	0.		
		SOUTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN REGION	11,206.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	30,773.	CASH	0.		

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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 SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	159,799.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	80,684.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	115,962.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	136,171.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	104,699.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	106,892.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	140,721.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	688,313.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	88,709.	CASH	0.		

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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 SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	96,694.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	143,054.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	208,540.	CASH	0.		
		SUB SAHARA AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	47,107.	CASH	0.		

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule F (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

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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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) (Rev. 12-2024)

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 UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS).

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HUMANITARIAN ASSISTANCE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, MENTAL HEALTH, NONCOMMUNICABLE DISEASES

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, MENTAL HEALTH, NONCOMMUNICABLE DISEASES

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, NONCOMMUNICABLE DISEASES

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, NONCOMMUNICABLE DISEASES, NUTRITION, WASH, AND MENTAL HEALTH

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, NONCOMMUNICABLE DISEASES, COMMUNICABLE DISEASES, MENTAL HEALTH

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.

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, NONCOMMUNICABLE DISEASES

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HUMANITARIAN ASSISTANCE, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, MENTAL HEALTH, NONCOMMUNICABLE & COMMUNICABLE DISEASES

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COMMUNICABLE DISEASE - HIV, EMERGENCY RESPONSE - COVID-19, EMERGENCY RESPONSE - EARTHQUAKE, EMERGENCY RESPONSE - HUMANITARIAN RESPONSE, EMERGENCY RESPONSE - OTHER, EMERGENCY RESPONSE - WEATHER, HEALTH SYSTEMS STRENGTHENING, MATERNAL CHILD HEALTH, COMMUNICABLE DISEASE

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] 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? [X] 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.

Table with 6 main columns: (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. Includes rows for MAL WARWICK & ASSOCIATES INC., ANNE LEWIS STRATEGIES, LLC, GIVEBRIDGE, MDS COMMUNICATIONS CORPORATION, GLOBALFACES DIRECT, NORTH CROSS DR, HUNTERSVILLE, THOMPSON, HABIB, DENISON, INC., and a Total row.

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

Schedule G (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

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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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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

Schedule G (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

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- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law 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

(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: GLOBALFACES DIRECT

Part IV	Supplemental Information <i>(continued)</i>
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(I) ADDRESS OF FUNDRAISER: 16905 NORTHCROSS DR, HUNTERSVILLE, NC 28078

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

(I) ADDRESS OF FUNDRAISER:

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
SOUTHEAST ARIZONA AREA HEALTH EDUCATION CENTER - 1171 WEST TARGET RANGE ROAD - NOGALES, AZ 85621	86-0520996	501(C)(3)	9,044.	0.			GLOBAL HEALTH PROGRAM
ARBOR ENVIRONMENTAL, LLC. 955 DEEP VALLEY DR 3534 PALOS VERDES PENINSULA, CA 90274	26-3482697	N/A	374,436.	0.			GLOBAL HEALTH PROGRAM
THE UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	180,130.	0.			GLOBAL HEALTH PROGRAM
ACCESS TO RACIAL AND CULTURAL HEALTH INSTITUTE - 3645 VEAZEY STREET NW - WASHINGTON, DC 20008	52-2241962	501(C)(3)	34,961.	0.			GLOBAL HEALTH PROGRAM
IBNISINA FOUNDATION 9888 BISSONNET ST STE 150M HOUSTON, TX 77099	76-0698464	501(C)(3)	77,665.	0.			GLOBAL HEALTH PROGRAM
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS INC - 1800 DIAGONAL ROAD - ALEXANDRIA, VA 223142840	56-2273242	501(C)(3)	117,608.	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.**

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

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990)

Page 1

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PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule I (Form 990) (Rev. 12-2024)

HEALTH FOUNDATION, INC.

53-0242962

Page 2

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
HONORARIUMS	26	41,181.	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.

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.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

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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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		

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

Schedule J (Form 990) (Rev. 12-2024)

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule J (Form 990) (Rev. 12-2024) HEALTH FOUNDATION, INC.

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) RABIH TALIH TORBAY PRESIDENT AND CEO	(i)	453,974.	22,491.	0.	24,150.	2,331.	502,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN WEIL VP, HEALTH POLICY & EDITOR-IN-CHIEF	(i)	400,149.	0.	0.	24,150.	34,097.	458,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	(i)	338,463.	17,058.	0.	22,769.	19,321.	397,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CINIRA BALDI VP, CHIEF DEV. & COMM. OFFICER	(i)	298,876.	15,308.	0.	22,185.	33,895.	370,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIA SOYARS GEN COUNSEL AND CHIEF COMP OFFICER	(i)	269,959.	13,515.	0.	19,942.	11,137.	314,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) UCHE RALPHOPARA CHIEF HEALTH OFFICER	(i)	241,524.	3,000.	0.	17,376.	19,438.	281,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANE K HIEBERT-WHITE EXECUTIVE PUBLISHER	(i)	228,218.	0.	0.	16,364.	23,395.	267,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN VINCENT NERI REGIONAL DIRECTOR, AFRICA	(i)	186,600.	2,500.	34,208.	13,441.	22,710.	259,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DONALD E METZ EXECUTIVE EDITOR	(i)	230,428.	0.	0.	16,218.	8,228.	254,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAWRENCE RAYMOND WHEELER MANAGING EDITOR	(i)	193,317.	0.	0.	11,434.	23,395.	228,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERT S. LOTT SR. DEPUTY EDITOR, SPECIAL CONTENT	(i)	171,592.	0.	0.	12,758.	34,097.	218,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THERESA RHODES VP, CORPORATE & FOUNDATIONS	(i)	199,601.	2,000.	0.	13,965.	0.	215,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARIO JABBOUR CHIEF FINANCE & ADMIN OFFICER	(i)	183,118.	0.	0.	1,896.	15,632.	200,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) THOMAS KENYON MPH FORMER DIRECTOR/CHIEF HEALTH OFFICER	(i)	16,933.	0.	0.	2,299.	0.	19,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

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, REGIONAL DIRECTOR, AFRICA, RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF \$20,950.

PART I, LINE 4A:

DURING 2024, THE VP FINANCE & CFO, SERGEY NIKOLIN, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$21,250.

PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, CERTAIN OFFICERS, KEY EMPLOYEES OR HIGHEST COMPENSATED EMPLOYEES RECEIVED A BONUS BASED ON PERFORMANCE AND THE FINANCIAL RESULTS OF THE ORGANIZATION. THIS BONUS WAS APPROVED BY THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

Employer identification number
53-0242962

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	45	79,252,924.	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 on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization 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

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

Schedule M (Form 990) 2024

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, LINE 32B:

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 2024, OUR DISASTER RESPONSE AND HUMANITARIAN ASSISTANCE
ACTIVITIES REACHED OVER 4.1 MILLION PEOPLE, INCLUDING DIRECT MEDICAL
SERVICES FOR 2.9 MILLION PEOPLE AFFECTED BY DISASTERS OR HUMANITARIAN
CRISES. WE ALSO DONATED \$79.2 MILLION IN EQUIPMENT, MEDICINES, AND
MEDICAL SUPPLIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
APPROXIMATELY 34,000 HEALTH CARE WORKERS AND REACHED OVER 4.1 MILLION
PEOPLE THROUGH ALL PROGRAMS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
CHINA, COLOMBIA, DOMINICAN REPUBLIC, EGYPT,
ETHIOPIA, HAITI, INDONESIA, MACEDONIA,
MEXICO, NAMIBIA, NIGERIA, SIERRA LEONE,
VENEZUELA, ZAMBIA, PUERTO RICO, POLAND,
UKRAINE

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

1. 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,NM
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 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	1,455,605.
FOREIGN CURRENCY GAIN (LOSS)	-456.
LOSS ON DECONSOLIDATION	-2,542,806.
TOTAL TO FORM 990, PART XI, LINE 9	-1,087,657.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**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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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) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

[illegible]

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule R (Form 990) (Rev. 1-2025)

HEALTH FOUNDATION, INC.

53-0242962

Page 2

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

PROJECT HOPE - THE PEOPLE-TO-PEOPLE

Schedule R (Form 990) (Rev. 1-2025) **HEALTH FOUNDATION, INC.**

53-0242962 Page **3**

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. AV. PROJECT HOPE- THE PEOPLE-TO-PEOPLE HEALTH	R	7,256,003.	US DOLLARS AND LOCAL CURRENCY CON
(2) FOUNDATION NIGERIA LTD./GTE	R	656,821.	US DOLLARS AND LOCAL CURRENCY CON
(3) PROJECT HOPE MEXICO A.C.	R	290,446.	US DOLLARS AND LOCAL CURRENCY CON
(4) FUNDACJA PROJECT HOPE POLSKA	R	145,266.	US DOLLARS AND LOCAL CURRENCY CON
(5)			
(6)			

Schedule R (Form 990) (Rev. 1-2025)

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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

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1101 CONNECTICUT AVE, NW, 500 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 C Book value of all assets at end of year 76,462,973.	D Employer identification number 53-0242962 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of MARIO JABBOUR Telephone number 202-753-6762			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ 19,283. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	540000	\$ 132,324.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Marigabbour</i>	Date 09/16/2025	Title CHIEF FINANCE & ADMIN OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	DAVID LOWENTHAL	DAVID LOWENTHAL	07/21/25	PTIN P00378651
	Firm's name	Firm's EIN		
	PLANTE & MORAN, PLLC	33-1498605		
	Firm's address	Phone no.		
	10 S. RIVERSIDE PLAZA, 9TH FLOOR	(312) 207-1040		
	CHICAGO, IL 60606			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Form **990-T** (2024)

FORM 990-T		PRE-2018 NET OPERATING LOSS DEDUCTION		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	21,657.	2,374.	19,283.	19,283.
NOL CARRYOVER AVAILABLE THIS YEAR			19,283.	19,283.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 2
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NAME OF COUNTRY

- CHINA
- COLOMBIA
- DOMINICAN REPUBLIC
- EGYPT
- ETHIOPIA
- HAITI
- INDONESIA
- MACEDONIA
- MEXICO
- NAMIBIA
- NIGERIA
- SIERRA LEONE
- VENEZUELA
- ZAMBIA
- PUERTO RICO
- POLAND
- UKRAINE

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	B Employer identification number 53-0242962
C Unrelated business activity code (see instructions) 540000	D Sequence: 1 of 1

E Describe the unrelated trade or business
ADVERTISING INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales _____			
b	Less returns and allowances _____	1c		
c	Balance _____			
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10	240,560.	397,350.
11	Advertising income (Part IX)	11		-156,790.
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	240,560.	397,350.
				-156,790.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	
15 Total deductions. Add lines 1 through 14		15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-156,790.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-156,790.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: <u>WEBSITE ADVER</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	240,560.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	397,350.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	-156,790.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

Schedule A (Form 990-T) 2024

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

[illegible]

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1	0.
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Part XI	Supplemental Information (see instructions)
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990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	7,158.	0.	7,158.	7,158.
12/31/20	14,362.	0.	14,362.	14,362.
12/31/21	11,468.	0.	11,468.	11,468.
12/31/22	36,019.	0.	36,019.	36,019.
12/31/23	63,317.	0.	63,317.	63,317.
NOL CARRYOVER AVAILABLE THIS YEAR			132,324.	132,324.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME			STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PERSONNEL CONTRACTORS		326,907.	
CONFERENCE TRAVEL		92.	
ONLINE CONTENT HOSTING		1,706.	
ALLOCATED EXPENSES		68,645.	
- SUBTOTAL -	1		397,350.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			397,350.

**U.S. Shareholder Calculation of Global Intangible
Low-Taxed Income (GILTI)**

OMB No. 1545-0123

Attachment
Sequence No. **992**

Go to www.irs.gov/Form8992 for instructions and the latest information.

Name of person filing this return

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

A Identifying number

53-0242962

Name of U.S. shareholder

B Identifying number

Part I Net Controlled Foreign Corporation (CFC) Tested Income

1	Sum of Pro Rata Share of Net Tested Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (e). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.		1	
2	Sum of Pro Rata Share of Net Tested Loss If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (f). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.		2	(10,539,871.)
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here		3	-10,539,871.

Part II Calculation of Global Intangible Low-Taxed Income (GILTI)

1	Net CFC Tested Income. Enter amount from Part I, line 3		1	
2	Deemed Tangible Income Return (DTIR) If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Schedule A (Form 8992), line 1, column (g), by 10% (0.10). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.		2	
3a	Sum of Pro Rata Share of Tested Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (j). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank.	3a		
b	Sum of Pro Rata Share of Tested Interest Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (i). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.	3b		
c	Specified Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter -0-. If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder		3c	
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-		4	
5	GILTI. Subtract line 4 from line 1. If zero or less, enter -0-		5	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8992** (Rev. 12-2022)

Schedule of Controlled Foreign Corporation (CFC) Information To Compute
Global Intangible Low-Taxed Income (GILTI)

OMB No. 1545-0123

Attachment
Sequence No. **992A**

Go to www.irs.gov/Form 8992 for instructions and the latest information.

Name of person filing this schedule
PROJECT HOPE - THE PEOPLE-TO-PEOPLE
HEALTH FOUNDATION, INC.

A Identifying number

53-0242962

Name of U.S. shareholder

B Identifying number

(a)
Name of CFC

(b)
EIN or
Reference ID

PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATIO
PROJECT HOPE MEXICO A.C.
PROYECTO ESPERANZA A.C.
FUNDACJA PROJECT HOPE POLSKA

PHNIGERIA
PHMEXICO
PHVENEZPHVENEZUELAUELA
PHPOLAND

Calculations for Net Tested Income
(see instructions)

**GILTI Allocated to
Tested Income CFCs**
(see instructions)

	(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
	0.	(647,264)	0.	(647,264)		()				
	0.	(299,986)	0.	(299,986)		()				
	0.	(8,365,072)	0.	(8,365,072)		()				
	0.	(1,227,549)	0.	(1,227,549)		()				
	()	()		()		()				
	()	()		()		()				
	()	()		()		()				
	()	()		()		()				
	()	()		()		()				
	()	()		()		()				
1. Totals (see instructions)	0.	(10,539,871)	0.	(10,539,871)		()				

Totals on line 1 should include the totals from any continuation sheets.

LHA For Paperwork Reduction Act Notice, see Instructions for Form 8992.

Schedule A (Form 8992) (Rev. 12-2022)

Change of Address or Responsible Party — Business

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.
▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here ☒

Check **all** boxes this change affects.

- 1 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☒ Business location

4a Business name PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION INC	4b Employer identification number 53-0242962
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5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

1220 19TH ST NW STE 800 WASHINGTON, DC 20036	Foreign province/county	Foreign postal code
Foreign country name		

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

1101 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	Foreign province/county	Foreign postal code
Foreign country name		

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

1101 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	Foreign province/county	Foreign postal code
Foreign country name		

8 New responsible party's name

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶

Sign Here

Signature of owner, officer, or representative

Title


Date

Where To File

Send this form to the address shown here that applies to you.

IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Kansas City, MO 64999
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023

SIGNATURE CERTIFICATE



REFERENCE NUMBER

18460DB4-4F73-42EA-8D77-4ABCED44C6E0

TRANSACTION DETAILS

Reference Number
18460DB4-4F73-42EA-8D77-4ABCED44C6E0

Transaction Type
Signature Request

Sent At
09/16/2025 05:23 PM EDT

Executed At
09/16/2025 07:30 PM EDT

Identity Method
email

Distribution Method
email

Signed Checksum
8f7431b1b5aa0c19c63875766cafd1fe12a580459ef087262778936255f9d7e8

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
Public Disclosure Copy 990

Filename
Public_Disclosure_Copy_990.pdf



Pages
92 pages

Content Type
application/pdf

File Size
2.36 MB

Original Checksum
ba2f310454a5e9f84e40d9f85c388135caaa763270fdd674e8c36776604f3821

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Mario Jabbour	Status signed	Viewed At 09/16/2025 07:29 PM EDT
Email mjabbour@projecthope.org	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 09/16/2025 07:30 PM EDT
Components 4	IP Address 50.79.9.109	Signed At 09/16/2025 07:30 PM EDT
	Device Microsoft Edge via Windows	
	Typed Signature 	
	Signature Reference ID A56AD959	
	Typed Signature 	
	Signature Reference ID B809F082	

AUDITS

TIMESTAMP	AUDIT
09/16/2025 05:23 PM EDT	Huixian Holt (hholt@projecthope.org) created document 'Public_Disclosure_Copy_990.pdf' on Chrome via Windows from 96.231.64.116.
09/16/2025 05:23 PM EDT	Mario Jabbour (mjabbour@projecthope.org) was emailed a link to sign.
09/16/2025 07:29 PM EDT	Mario Jabbour (mjabbour@projecthope.org) viewed the document on Microsoft Edge via Windows from 50.79.9.109.
09/16/2025 07:30 PM EDT	Mario Jabbour (mjabbour@projecthope.org) authenticated via email on Microsoft Edge via Windows from 50.79.9.109.
09/16/2025 07:30 PM EDT	Mario Jabbour (mjabbour@projecthope.org) signed the document on Microsoft Edge via Windows from 50.79.9.109.