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.

PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
Doing business as: PROJECT HOPE, HEALTH AFFAIRS
Number and street (or P.O. box if mail is not delivered to street address): 1101 CONNECTICUT AVE, NW
Room/suite: 500
City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036

D Employer identification number: 53-0242962

E Telephone number: (844) 349-0188

G Gross receipts $ 165,530,972

F Name and address of principal officer: RABIH TORBAY
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.PROJECTHOPE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1958

M State of legal domicile: DC

Part I Summary

Activities & Governance

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 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

2 Check this box ☐ 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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	209
6	Total number of volunteers (estimate if necessary)	6	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	171,830
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)	181,749,433	152,382,721
9	Program service revenue (Part VIII, line 2g)	2,863,579	3,195,118
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,848,898	1,860,282
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,150	(167,176)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,487,060	157,270,945

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,441,980	19,238,783
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,581,538	43,225,903
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,704,965	3,979,039
b	Total fundraising expenses (Part IX, column (D), line 25) 17,192,741		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	116,100,187	84,532,526
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	181,828,670	150,976,251
19	Revenue less expenses. Subtract line 18 from line 12	4,658,390	6,294,694

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	76,456,457	85,741,047
21	Total liabilities (Part X, line 26)	19,689,781	21,364,951
22	Net assets or fund balances. Subtract line 21 from line 20	56,766,676	64,376,096

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

Mariojabbour — Signature of officer — 07/25/2026 Date

MARIO JABBOUR, CHIEF FINANCE & ADMIN OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID LOWENTHAL, CPA	DAVID LOWENTHAL, CPA			P00378651

Firm's name: PLANTE & MORAN, PLLC — Firm's EIN: 33-1498605
Firm's address: 10 SOUTH 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

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 HEALTH SYSTEMS; PROVIDING DISASTER AND HUMANITARIAN RELIEF AND FOSTERING AND PROMOTING HEALTH POLICY

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 $ 67,540,670 including grants of $ 19,238,783) (Revenue $)

GLOBAL HEALTH PROGRAMS: PROJECT HOPE WORKED IN 25+ COUNTRIES AND TERRITORIES IN 2025 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 2025, PROJECT HOPE REACHED NEARLY 5 MILLION PEOPLE WORLDWIDE AND REACHED OVER 3.6 MILLION PEOPLE AFFECTED BY DISASTERS AND HUMANITARIAN CRISES. PROJECT HOPE PROVIDED DIRECT MEDICAL SERVICES TO MORE THAN 3.1 MILLION PATIENTS. WE REACHED MORE THAN 1.4 MILLION WOMEN, INFANTS, AND CHILDREN THROUGH PROGRAMS AIMED AT REDUCING

4b (Code:) (Expenses $ 51,392,406 including grants of $) (Revenue $)

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

4c (Code:) (Expenses $ 8,687,686 including grants of $) (Revenue $ 3,023,288)

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 127,620,762

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✔
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? *If "Yes," complete Schedule C, Part II*	4	✔	
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? *If "Yes," complete Schedule C, Part III*	5		✔
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? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✔	
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? *If "Yes," complete Schedule D, Part VI*	11a	✔	
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? *If "Yes," complete Schedule D, Part VII*	11b		✔
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? *If "Yes," complete Schedule D, Part VIII*	11c		✔
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? *If "Yes," complete Schedule D, Part IX*	11d	✔	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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)? *If "Yes," complete Schedule D, Part X*	11f		✔
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✔	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✔
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✔	
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? *If "Yes," complete Schedule F, Parts I and IV*	14b	✔	
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? *If "Yes," complete Schedule F, Parts II and IV*	15	✔	
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? *If "Yes," complete Schedule F, Parts III and IV.*	16		✔
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	✔	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✔	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	✔	

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? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
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? *If "Yes," complete Schedule J*	23	✔	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
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? *If "Yes," complete Schedule L, Part I*	25a		✔
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
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? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	✔	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
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? *If "Yes," complete Schedule R, Part I*	33	✔	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

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	85		
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		✔	

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	209		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		✔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✔	
b	If "Yes," enter the name of the foreign country CH, CO, DR, EG, (CONTINUED ON 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			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
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			✔
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		✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✔
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			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
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			✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	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			✔
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			✔
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			

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 . . 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.	1a	25		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	24		
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			✔
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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			✔
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			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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		✔
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	✔	
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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
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	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	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		✔
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 AK, AL, AR, CA, (CONTINUED ON SCHEDULE O)

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, 1101 CONNECTICUT AVE, NW, 500, WASHINGTON, DC 20036, (202) 753-6762

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 dotted 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	40.0									
PRESIDENT AND CEO	0.0	✔		✔				481,914	0	26,832
(2) CHRIS SKOPEC	40.0									
EXECUTIVE VICE PRESIDENT	0.0			✔				365,145	0	43,559
(3) MARIO JABBOUR	40.0									
CHIEF FINANCE & ADMIN OFFICER	0.0			✔				342,768	0	51,452
(4) JULIA SOYARS	40.0									
GEN COUNSEL AND ASSISTANT CORPORATE SECRETARY	0.0			✔				290,406	0	32,154
(5) UCHE RALPHOPARA	40.0									
CHIEF HEALTH OFFICER	0.0					✔		263,411	0	38,426
(6) PATRICIA MARIE HART	40.0									
CHIEF DEVELOPMENT & COMMUNICATIONS OFFICER	0.0			✔				268,657	0	16,338
(7) JANE K HIEBERT-WHITE	40.0									
EXECUTIVE PUBLISHER	0.0					✔		235,153	0	41,604
(8) DONALD E METZ	40.0									
INTERIM EDITOR-IN-CHIEF, HEALTH AFFAIRS	0.0					✔		242,684	0	25,850
(9) STEVEN VINCENT NERI	40.0									
REGIONAL DIRECTOR, AFRICA	0.0					✔		215,201	0	35,032
(10) LAWRENCE RAYMOND WHEELER	40.0									
MANAGING EDITOR	0.0					✔		199,410	0	30,730
(11) REYNOLD W. MOONEY	4.0									
BOARD DIRECTOR - CHAIR	0.0	✔		✔				0	0	0
(12) ANNE M. SIMONDS	1.0									
BOARD DIRECTOR - VICE CHAIR	0.0	✔		✔				0	0	0
(13) PETER WILDEN, PH.D.	1.0									
BOARD DIRECTOR - VICE CHAIR	0.0	✔		✔				0	0	0
(14) RAPHAEL MARCELLO	2.0									
BOARD DIR- TREASURER & FINANCE COMMITTEE	0.0	✔		✔				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(15) VIREN MEHTA	1.0									
BOARD DIRECTOR - SECRETARY	0.0	✔		✔				0	0	0
(16) CARLY BARON	2.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(17) MARIA CLARKE	1.0									
BOARD DIRECTOR - THRU 12/7/25	0.0	✔						0	0	0
(18) ROBERT M. DAVIS	1.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(19) GERALD M FLYNN	1.0									
BOARD DIRECTOR - BEG 10/15/25	0.0	✔						0	0	0
(20) ELDER GRANGER, M.D.	1.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(21) BENJAMIN HIGGINS	2.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(22) NICOLETTE LOUISSAINT, PHD	1.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(23) SYRA MADAD	1.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(24) BRANDI MARSH	1.0									
BOARD DIRECTOR	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,904,749	0	341,977
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,904,749	0	341,977

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 77

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

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	3,956,992
ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001	DIGITAL FUNDRAISING SERVICES	3,188,750
PRINCIPAL FINANCIAL GROUP, 711 HIGH STREET, DES MOINES, IA 50392	INVESTMENT MANAGEMENT	2,835,302
GIVEBRIDGE, INC, 525 WEST MONROE STREET, SUITE 900, CHICAGO, IL 60661	F2F CANVASING	1,238,072
PAN AMERICAN SANITARY BUREAU, 525 TWENTY-THIRD STREET, N.W., WASHINGTON, DC 20037	DISTRIBUTION, SHIPPING AND LOGISTICS	823,206
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 47		

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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	710,668				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	40,251,162				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	111,420,891				
	g	Noncash contributions included in lines 1a–1f	1g	$ 53,088,984				
	h	**Total.** Add lines 1a–1f			152,382,721			
Program Service Revenue			Business Code					
	2a	SUBSCRIPTION REVENUE	900099		3,195,118	3,023,288	171,830	
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			3,195,118			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,520,018			1,520,018
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	8,307,302				
	b	Less: cost or other basis and sales expenses	7b	7,967,038				
	c	Gain or (loss)	7c	340,264	0			
	d	Net gain or (loss)				340,264			340,264
	8a	Gross income from fundraising events (not including $ 710,668 of contributions reported on line 1c). See Part IV, line 18	8a	56,915				
	b	Less: direct expenses	8b	292,989				
	c	Net income or (loss) from fundraising events			(236,074)			(236,074)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	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			Business Code					
	11a	MISCELLANEOUS	900099		68,898			68,898
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			68,898			
	12	**Total revenue.** See instructions			157,270,945	3,023,288	171,830	1,693,106

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,139,488	2,139,488		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	38,100	38,100		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	17,061,195	17,061,195		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,675,571	1,355,526	1,186,503	133,542
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	30,801,502	23,723,315	4,068,875	3,009,312
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,945,985	1,940,595	5,390	
9	Other employee benefits	6,127,024	4,741,661	825,658	559,705
10	Payroll taxes	1,675,821	1,092,673	335,818	247,330
11	Fees for services (nonemployees):				
a	Management				
b	Legal	163,868	121,478	41,322	1,068
c	Accounting	560,946	129,749	431,197	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	3,979,039			3,979,039
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,233,869	5,341,610	629,884	1,262,375
12	Advertising and promotion	3,245,946	24,523	804	3,220,619
13	Office expenses	5,196,603	1,730,770	33,956	3,431,877
14	Information technology	1,725,551	628,512	969,385	127,654
15	Royalties				
16	Occupancy	5,254,094	4,489,108	764,810	176
17	Travel	2,539,465	2,371,912	118,500	49,053
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,345,889	4,341,511	4,289	89
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,625		1,635	53,990
23	Insurance	713,857	292,288	421,569	
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 11g expenses on Schedule O.)				
a	MEDICAL EQUIPMENT & PHARMACY	44,024,109	44,019,212	4,897	
b	SUPPLIES AND EQUIPMENT	6,706,618	6,638,668	64,238	3,712
c	VALUE-ADDED TAXES	864,408	864,408		
d	IT AND FACILITY	0	3,315,910	(3,862,429)	546,519
e	All other expenses	1,901,678	1,218,550	116,447	566,681
25	**Total functional expenses.** Add lines 1 through 24e	150,976,251	127,620,762	6,162,748	17,192,741
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 ☐ if following SOP 98-2 (ASC 958-720)				

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		235,248	1	40,507
	2	Savings and temporary cash investments		17,399,083	2	14,845,658
	3	Pledges and grants receivable, net		14,549,048	3	15,917,130
	4	Accounts receivable, net		2,245,603	4	1,484,808
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,545,621	8	5,462,662
	9	Prepaid expenses and deferred charges		2,541,072	9	2,046,801
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,144,322			
	b	Less: accumulated depreciation	10b 819,463	344,926	10c	324,859
	11	Investments—publicly traded securities		35,471,693	11	37,775,996
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		124,163	15	7,842,626
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		76,456,457	16	85,741,047
Liabilities	17	Accounts payable and accrued expenses		14,276,897	17	10,167,036
	18	Grants payable			18	
	19	Deferred revenue		4,754,051	19	2,604,080
	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		0	22	0
	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		658,833	25	8,593,835
	26	**Total liabilities.** Add lines 17 through 25		19,689,781	26	21,364,951
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		12,955,210	27	18,104,462
	28	Net assets with donor restrictions		43,811,466	28	46,271,634
		Organizations that do not follow FASB ASC 958, check here ☐ 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		56,766,676	32	64,376,096
	33	Total liabilities and net assets/fund balances		76,456,457	33	85,741,047

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	157,270,945
2	Total expenses (must equal Part IX, column (A), line 25)	2	150,976,251
3	Revenue less expenses. Subtract line 2 from line 1	3	6,294,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,766,676
5	Net unrealized gains (losses) on investments	5	1,351,588
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	(36,862)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,376,096

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	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.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	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.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
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	✔	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(25) LINDA MCGOLDRICK, PHD	2.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(26) DONNA MURPHY	2.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(27) DR. NATALIE PAL	1.0	✓						0	0	0
BOARD DIRECTOR - BEG 10/15/25	0.0									
(28) MARY ANN PETERS	1.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(29) DANIEL D. PHELAN	2.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(30) LAWRENCE T. PHELAN	1.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(31) RONALD PIERVINCENZI, PHD	1.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(32) ADAM H SCHECHTER	1.0	✓						0	0	0
BOARD DIRECTOR - BEG 3/12/25	0.0									
(33) JEROME SOLOMON	1.0	✓						0	0	0
BOARD DIRECTOR	0.0									
(34) JOHN TRAMMEL	1.0	✓						0	0	0
BOARD DIRECTOR - BEG 6/10/25	0.0									
(35) JAMES GEORGE WIEHL, ESQ.	2.0	✓						0	0	0
BOARD DIRECTOR	0.0									

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 must generally 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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,242,921	172,639,952	178,953,119	181,749,433	152,382,721	810,968,146
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	125,242,921	172,639,952	178,953,119	181,749,433	152,382,721	810,968,146
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)						192,844,109
6 **Public support.** Subtract line 5 from line 4						618,124,037

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	125,242,921	172,639,952	178,953,119	181,749,433	152,382,721	810,968,146
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	221,982	359,318	1,118,011	1,529,576	1,520,018	4,748,905
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	7,750	129,597	25,150	125,813	288,310
11 **Total support.** Add lines 7 through 10						816,005,361

12 Gross receipts from related activities, etc. (see instructions) **12** 14,059,134

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 2025 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 75.75 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . **15** 74.59 %

16a **33 1/3% support test—2025.** 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 . . . . . ☑

b **33 1/3% support test—2024.** 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 . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** 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 . . . . . ☐

b **10%-facts-and-circumstances test—2024.** 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 . . . . . ☐

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 . . . . . ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI****.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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? *If "Yes," provide detail in* ***Part VI****.*	9b		
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? *If "Yes," provide detail in* ***Part VI****.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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 *(explain in detail in* ***Part VI****)*:			
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				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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) OTHER INCOME	0	7,750	129,597	25,150	125,813	288,310
Total	0	7,750	129,597	25,150	125,813	288,310

Schedule B (Form 990)
(Rev. January 2025)
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
1		$ 40,051,599	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 26,237,498	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
3		$ 17,194,821	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
4		$ 8,540,048	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 4,500,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Employer identification number: 53-0242962

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PHARMACEUTICALS & MEDICAL SUPPLIES	$ 26,237,498	12/31/2025

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PHARMACEUTICALS & MEDICAL SUPPLIES	$ 17,194,821	12/31/2025

(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 information once. See instructions.) $

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

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

2025

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	Employer identification number (EIN)
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	53-0242962

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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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)	2,925	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	5,345	
c	Total lobbying expenditures (add lines 1a and 1b)	8,270	
d	Other exempt purpose expenditures	150,967,981	
e	Total exempt purpose expenditures (add lines 1c and 1d)	150,976,251	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	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? ☐ Yes ☐ No		

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.

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) 2022	(b) 2023	(c) 2024	(d) 2025	(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	8,270	21,845
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	2,925	5,735

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

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

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

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

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

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

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)
(Rev. January 2025)

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 $

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	19,096,774	18,442,892	16,611,085	11,725,463	10,883,832
b Contributions	415	650	2,163	6,925,650	540
c Net investment earnings, gains, and losses	1,371,427	881,635	2,059,405	(1,811,633)	1,049,923
d Grants or scholarships	260,885	228,403	229,761	228,395	208,832
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,207,731	19,096,774	18,442,892	16,611,085	11,725,463

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

a Board designated or quasi-endowment 41.39 %
b Permanent endowment 45.14 %
c Term endowment 13.47 %

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:

		Yes	No
(i) Unrelated organizations?	3a(i)		✔
(ii) Related organizations?	3a(ii)		✔
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		887,387	562,528	324,859
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))*				324,859

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. *(Column (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. *(Column (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) OPERATING LEASE RIGHT OF USE ASSET	7,842,626
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	7,842,626

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	381,024
(3) OPERATING LEASE LIABILITY	8,212,811
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	8,593,835

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 ☐

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	159,689,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,351,587		
b	Donated services and use of facilities	2b	1,104,091		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	(36,862)		
e	Add lines **2a** through **2d**			2e	2,418,816
3	Subtract line **2e** from line **1**			3	157,270,945
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	0		
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	157,270,945

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	152,080,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,104,091		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	1,104,091
3	Subtract line **2e** from line **1**			3	150,976,251
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	0		
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	150,976,251

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.

SEE STATEMENT

Part XIII

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	

(a) Description	(b) Amount
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	- 113,171
FOREIGN CURRENCY GAIN (LOSS)	76,309

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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.

SCHEDULE F (Form 990)
(Rev. January 2025)

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
(1)	CENTRAL AMERICA AND THE CARIBBEAN	2	12	PROGRAM SERVICES	(SEE STATEMENT)	1,913,654
(2)	EAST ASIA AND THE PACIFIC	3	11	PROGRAM SERVICES	(SEE STATEMENT)	2,363,381
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	23	PROGRAM SERVICES	(SEE STATEMENT)	14,809,299
(4)	MIDDLE EAST AND NORTH AFRICA	3	101	PROGRAM SERVICES	(SEE STATEMENT)	40,656,229
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	1	9	PROGRAM SERVICES	(SEE STATEMENT)	732,524
(6)	RUSSIA AND NEIGHBORING STATES	8	220	PROGRAM SERVICES	(SEE STATEMENT)	13,279,275
(7)	SOUTH AMERICA	9	134	PROGRAM SERVICES	(SEE STATEMENT)	4,372,914
(8)	SUB-SAHARAN AFRICA	11	204	PROGRAM SERVICES	(SEE STATEMENT)	23,659,133
(9)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING	(SEE STATEMENT)	306,105
(10)	EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING	(SEE STATEMENT)	1,017,338
(11)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING	(SEE STATEMENT)	715,609
(12)	RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING	(SEE STATEMENT)	2,086,205
(13)	SOUTH AMERICA	0	0	GRANT MAKING	(SEE STATEMENT)	9,180,600
(14)	SUB-SAHARAN AFRICA	0	0	GRANT MAKING	(SEE STATEMENT)	3,714,946
(15)						
(16)						
(17)						
3a	Subtotal	39	714			118,807,212
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	39	714			118,807,212

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)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS IN THE REGION	32,707	CASH	0	N/A	N/A
(2)			SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	21,000	CASH	0	N/A	N/A
(3)			CENTRAL AMERICA AND THE CARIBBEAN	GRANTS TO RECIPIENTS IN THE REGION	273,398	CASH	0	N/A	N/A
(4)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	537,503	CASH	0	N/A	N/A
(5)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	396,987	CASH	0	N/A	N/A
(6)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	7,497,853	CASH	0	N/A	N/A
(7)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	19,298	CASH	0	N/A	N/A
(8)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	19,000	CASH	0	N/A	N/A
(9)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	393,211	CASH	0	N/A	N/A
(10)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	91,511	CASH	0	N/A	N/A
(11)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	64,711	CASH	0	N/A	N/A
(12)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	44,288	CASH	0	N/A	N/A
(13)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	29,282	CASH	0	N/A	N/A
(14)			SOUTH AMERICA	GRANTS TO RECIPIENTS IN THE REGION	86,956	CASH	0	N/A	N/A
(15)			SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	32,484	CASH	0	N/A	N/A
(16)			(SEE STATEMENT)						

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 156

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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☑ Yes	☐ No

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 II Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(16)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	49,563	CASH	0	N/A	N/A
(17)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	61,593	CASH	0	N/A	N/A
(18)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	99,004	CASH	0	N/A	N/A
(19)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	13,169	CASH	0	N/A	N/A
(20)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	41,943	CASH	0	N/A	N/A
(21)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	159,613	CASH	0	N/A	N/A
(22)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	72,690	CASH	0	N/A	N/A
(23)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	398,050	CASH	0	N/A	N/A
(24)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	106,231	CASH	0	N/A	N/A
(25)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	65,004	CASH	0	N/A	N/A
(26)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	226,800	CASH	0	N/A	N/A
(27)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	1,209,450	CASH	0	N/A	N/A
(28)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	205,895	CASH	0	N/A	N/A
(29)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	15,889	CASH	0	N/A	N/A
(30)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	166,869	CASH	0	N/A	N/A
(31)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	417,559	CASH	0	N/A	N/A
(32)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	15,657	CASH	0	N/A	N/A
(33)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	78,544	CASH	0	N/A	N/A
(34)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	246,155	CASH	0	N/A	N/A
(35)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	147,985	CASH	0	N/A	N/A
(36)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	181,015	CASH	0	N/A	N/A
(37)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	35,829	CASH	0	N/A	N/A
(38)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	118,183	CASH	0	N/A	N/A

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(39)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	11,072	CASH	0	N/A	N/A
(40)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	66,535	CASH	0	N/A	N/A
(41)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	57,015	CASH	0	N/A	N/A
(42)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	52,709	CASH	0	N/A	N/A
(43)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	68,791	CASH	0	N/A	N/A
(44)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	65,526	CASH	0	N/A	N/A
(45)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	74,923	CASH	0	N/A	N/A
(46)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	34,343	CASH	0	N/A	N/A
(47)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	40,000	CASH	0	N/A	N/A
(48)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	19,948	CASH	0	N/A	N/A
(49)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	22,116	CASH	0	N/A	N/A
(50)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	208,627	CASH	0	N/A	N/A
(51)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	20,000	CASH	0	N/A	N/A
(52)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	11,258	CASH	0	N/A	N/A
(53)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	75,015	CASH	0	N/A	N/A
(54)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	75,090	CASH	0	N/A	N/A
(55)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	5,993	CASH	0	N/A	N/A
(56)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	63,609	CASH	0	N/A	N/A
(57)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	29,962	CASH	0	N/A	N/A
(58)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	80,536	CASH	0	N/A	N/A
(59)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	79,672	CASH	0	N/A	N/A
(60)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	80,878	CASH	0	N/A	N/A
(61)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	77,735	CASH	0	N/A	N/A
(62)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	77,627	CASH	0	N/A	N/A

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(63)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	77,783	CASH	0	N/A	N/A
(64)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	79,465	CASH	0	N/A	N/A
(65)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	25,933	CASH	0	N/A	N/A
(66)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	28,067	CASH	0	N/A	N/A
(67)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	28,067	CASH	0	N/A	N/A
(68)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	25,933	CASH	0	N/A	N/A
(69)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	48,712	CASH	0	N/A	N/A
(70)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,329	CASH	0	N/A	N/A
(71)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(72)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(73)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(74)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(75)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(76)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,070	CASH	0	N/A	N/A
(77)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(78)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(79)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(80)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(81)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,632	CASH	0	N/A	N/A
(82)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,329	CASH	0	N/A	N/A
(83)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	8,809	CASH	0	N/A	N/A
(84)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,691	CASH	0	N/A	N/A
(85)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A
(86)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(87)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,740	CASH	0	N/A	N/A
(88)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,329	CASH	0	N/A	N/A
(89)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,691	CASH	0	N/A	N/A
(90)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,691	CASH	0	N/A	N/A
(91)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,691	CASH	0	N/A	N/A
(92)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A
(93)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A
(94)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,307	CASH	0	N/A	N/A
(95)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A
(96)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	15,102	CASH	0	N/A	N/A
(97)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	8,246	CASH	0	N/A	N/A
(98)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	7,681	CASH	0	N/A	N/A
(99)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,979	CASH	0	N/A	N/A
(100)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,251	CASH	0	N/A	N/A
(101)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(102)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(103)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(104)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(105)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(106)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(107)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(108)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(109)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(110)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(111)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(112)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(113)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(114)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,739	CASH	0	N/A	N/A
(115)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,386	CASH	0	N/A	N/A
(116)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(117)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(118)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	22,243	CASH	0	N/A	N/A
(119)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	20,693	CASH	0	N/A	N/A
(120)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,190	CASH	0	N/A	N/A
(121)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	20,693	CASH	0	N/A	N/A
(122)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,190	CASH	0	N/A	N/A
(123)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	20,693	CASH	0	N/A	N/A
(124)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,739	CASH	0	N/A	N/A
(125)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,739	CASH	0	N/A	N/A
(126)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,739	CASH	0	N/A	N/A
(127)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,740	CASH	0	N/A	N/A
(128)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	9,023	CASH	0	N/A	N/A
(129)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	6,015	CASH	0	N/A	N/A
(130)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	51,858	CASH	0	N/A	N/A
(131)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	33,885	CASH	0	N/A	N/A
(132)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	13,063	CASH	0	N/A	N/A
(133)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,940	CASH	0	N/A	N/A
(134)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	12,880	CASH	0	N/A	N/A

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(135)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	17,123	CASH	0	N/A	N/A
(136)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	13,970	CASH	0	N/A	N/A
(137)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	11,573	CASH	0	N/A	N/A
(138)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,940	CASH	0	N/A	N/A
(139)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	14,228	CASH	0	N/A	N/A
(140)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	16,035	CASH	0	N/A	N/A
(141)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	14,228	CASH	0	N/A	N/A
(142)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,653	CASH	0	N/A	N/A
(143)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	18,060	CASH	0	N/A	N/A
(144)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	7,308	CASH	0	N/A	N/A
(145)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	6,835	CASH	0	N/A	N/A
(146)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	24,309	CASH	0	N/A	N/A
(147)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	14,545	CASH	0	N/A	N/A
(148)		RUSSIA AND NEIGHBORING STATES	GRANTS TO RECIPIENTS IN THE REGION	7,270	CASH	0	N/A	N/A
(149)		EAST ASIA AND THE PACIFIC	GRANTS TO RECIPIENTS IN THE REGION	21,325	CASH	0	N/A	N/A
(150)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	67,456	CASH	0	N/A	N/A
(151)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	12,331	CASH	0	N/A	N/A
(152)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	13,891	CASH	0	N/A	N/A
(153)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	86,395	CASH	0	N/A	N/A
(154)		MIDDLE EAST AND NORTH AFRICA	GRANTS TO RECIPIENTS IN THE REGION	50,000	CASH	0	N/A	N/A
(155)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GRANTS TO RECIPIENTS IN THE REGION	44,070	CASH	0	N/A	N/A
(156)		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS IN THE REGION	25,000	CASH	0	N/A	N/A

SCHEDULE G (Form 990)
(Rev. January 2025)
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** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1	MAL WARWICK & ASSOCIATES INC., 2550 NINTH STREET SUITE 103, BERKELEY, CA 94710	(SEE STATEMENT)		✔	5,570,956	857,671	4,713,285
2	ANNE LEWIS STRATEGIES, LLC, 650 MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001	DIGITAL FUNDRAISING		✔	5,193,303	549,254	4,644,049
3	MDS COMMUNICATIONS, 545 W. JUANITA AVENUE, MESA, AZ 85210	TELEFUNDRAISING		✔	736,142	479,376	256,766
4	GIVEBRIDGE, 525 WEST MONROE ST, SUITE 900, CHICAGO, IL 60661	F2F FUNDRAISING		✔	893,706	1,527,084	(633,378)
5	GLOBAL FACES DIRECT, 16905 NORTHCROSS DR., HUNTERSVILLE, NC 28078	F2F FUNDRAISING		✔	394,596	565,654	(171,058)
6							
7							
8							
9							
10							
Total					12,788,703	3,979,039	8,809,664

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, AR, CA, CO, CT, DE, DC, 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

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 DRIVERS OF HOPE GOLF EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	767,583			767,583
	2 Less: Contributions	710,668			710,668
	3 Gross income (line 1 minus line 2)	56,915	0	0	56,915
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	95,275			95,275
	7 Food and beverages	47,202			47,202
	8 Entertainment				0
	9 Other direct expenses	150,512			150,512
	10 Direct expense summary. Add lines 4 through 9 in column (d)				292,989
	11 Net income summary. Subtract line 10 from line 3, column (d)				(236,074)

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

_____

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 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.

SEE NEXT PAGE

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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	DIRECT MAIL AND EMAIL FUNDRAISING
SCHEDULE G, PART I, LINE 2B(V) - EXPLANATION FOR PAYMENTS TO FUNDRAISER	IN ADDITION TO THE AMOUNTS REPORTED ON PART I, LINE 2B, COLUMN (V), THE ORGANIZATION PAID $2,734,867 TO MAL WARWICK & ASSOCIATES AND $40,637 TO MDS COMMUNICATIONS FOR DIRECT MAILING EXPENSES INCLUDING PRINTING, PAPER, ENVELOPES AND POSTAGE, AS PART OF AN AGREEMENT FOR DIRECT MAIL AND DIGITAL EMAIL SERVICES.

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
(1) NORTHERN ARIZONA UNIVERSITY FOUNDATION 501 E BUTLER AVE, FLAGSTAFF, AZ 86011	86-0193726	501 (C) (3)	8,324	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(2) (SEE STATEMENT)	81-5286030	501 (C) (3)	64,394	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(3) (SEE STATEMENT)	74-2953076	501 (C) (3)	415,464	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(4) (SEE STATEMENT)	56-2273242	501 (C) (3)	40,761	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(5) COMMUNITY HEALTH NFP 2611 W CHICAGO AVE, CHICAGO, IL 60622	36-3831793	501 (C) (3)	49,741	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(6) (SEE STATEMENT)	46-1374353	501 (C) (3)	203,216	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(7) (SEE STATEMENT)	82-3588604	501 (C) (3)	185,625	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(8) NEW LIFE CENTERS OF CHICAGOLAND, NFP 4101 W 51ST ST, CHICAGO, IL 60631	20-2380358	501 (C) (3)	283,902	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(9) (SEE STATEMENT)	46-0711361	501 (C) (3)	74,030	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(10) SAMARITAN HEALTH CENTER INC POO BOX 51339, DURHAM, NC 27717	26-3770762	501 (C) (3)	74,033	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(11) (SEE STATEMENT)	76-0698464	501 (C) (3)	81,000	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	HONORARIUMS	25	38,100	0		
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVE, LOS ANGELES, CA 90040	95-2810095	501 (C) (3)	293,344	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(13) A THOUSAND JOYS, INC 1270 S. ALFRED ST#351839, LOS ANGELES, CA 90035	20-5204911	501 (C) (3)	36,480	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(14) FRIENDS OF THE CHILDREN - LOS ANGELES 672 LA FAYETTE PARK PL, LOS ANGELES, CA 90057	82-3166229	501 (C) (3)	108,601	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(15) ST. JEANNE DE LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVE ORANGE, LOS ANGELES, CA 92866	95-3499011	501 (C) (3)	25,549	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(16) THE PASADENA VILLAGE 236 W. MOUNTAIN ST. #113, PASADENA, CA 91103	45-3773041	501 (C) (3)	9,991	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(17) BORICUAS DE CORAZON, INC 848 GREENBELT CIR, BRANDON, FL 33510	82-4761709	501 (C) (3)	55,001	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(18) GOOD SAMARITAN CLINIC, BURKE 500 E. PARKER ROAD, MORGANTON, NC 28655	56-1939030	501 (C) (3)	33,663	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(19) CAPACITY PATH 260 1ST AVENUE S. SUITE 200 BOX 42, ST. PETERSBURG, FL 33701	84-1899058	501 (C) (3)	50,304	0	N/A	N/A	GLOBAL HEALTH PROGRAM
(20) REFUGEE AND MIGRANT WOMEN'S INITIATIVE, INC 13408 YOUNGDALE PL, RIVERVIEW, FL 33579	82-1837961	501 (C) (3)	46,065	0	N/A	N/A	GLOBAL HEALTH PROGRAM

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY INFORMATION NOW 7411 JOHN SMITH DR STE 1100, SAN ANTONIO, TX 78229
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE HEALTH COLLABORATIVE 2300 W COMMERCE ST STE 301, SAN ANTONIO, TX 78207-3819
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS INC 1800 DIAGONAL ROAD, ALEXANDRIA, VA 22314-2840
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ILLINOIS COMMUNITY FOR DISPLACED IMMIGRANTS 303 E WACKER DRIVE SUITE 2108, CHICAGO, IL 60601
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FIGUEROA WU FAMILY FOUNDATION/MOBILE MIGRANTS HEALTH TEAM 2124 S ASHLAND AVE, CHICAGO, IL 60608
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NEIGHBORHEALTH, CENTER INC 2605 BLUE RIDGE ROAD, SUITE 240, RALEIGH, NC 27607
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	IBN SINA FOUNDATION 11226 SOUTH WILCREST LANE, HOUSTON, TX 77099

SCHEDULE J (Form 990)
(Rev. January 2025)
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

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b	✔	
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?	2	✔	
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. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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?	5a		✔
b	Any related organization?	5b		✔
	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?	6a		✔
b	Any related organization?	6b		✔
	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	7	✔	
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	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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)	449,665	30,000	2,249	24,500	2,332	508,746	0
		(ii)	0	0	0	0	0	0	0
2	CHRIS SKOPEC EXECUTIVE VICE PRESIDENT	(i)	345,145	20,000	0	23,163	20,396	408,704	0
		(ii)	0	0	0	0	0	0	0
3	MARIO JABBOUR CHIEF FINANCE & ADMIN OFFICER	(i)	322,768	20,000	0	24,500	26,952	394,220	0
		(ii)	0	0	0	0	0	0	0
4	JULIA SOYARS GEN COUNSEL AND ASSISTANT CORPORATE SECRETARY	(i)	270,406	20,000	0	20,394	11,760	322,560	0
		(ii)	0	0	0	0	0	0	0
5	UCHE RALPHOPARA CHIEF HEALTH OFFICER	(i)	248,411	15,000	0	17,913	20,513	301,837	0
		(ii)	0	0	0	0	0	0	0
6	PATRICIA MARIE HART CHIEF DEVELOPMENT & COMMUNICATIONS OFFICER	(i)	253,657	15,000	0	16,338	0	284,995	0
		(ii)	0	0	0	0	0	0	0
7	JANE K HIEBERT-WHITE EXECUTIVE PUBLISHER	(i)	235,153	0	0	16,893	24,711	276,757	0
		(ii)	0	0	0	0	0	0	0
8	DONALD E METZ INTERIM EDITOR-IN-CHIEF, HEALTH AFFAIRS	(i)	242,684	0	0	17,079	8,771	268,534	0
		(ii)	0	0	0	0	0	0	0
9	STEVEN VINCENT NERI REGIONAL DIRECTOR, AFRICA	(i)	188,586	4,000	22,615	13,486	21,546	250,233	0
		(ii)	0	0	0	0	0	0	0
10	LAWRENCE RAYMOND WHEELER MANAGING EDITOR	(i)	199,410	0	0	6,019	24,711	230,140	0
		(ii)	0	0	0	0	0	0	0
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	STEVEN VINCENT NERI, REGIONAL DIRECTOR, AFRICA, RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF $10,048.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

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	✔	685	53,088,984	MARKET VALUE
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	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		✔
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?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
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.			

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	DRUGS AND MEDICAL SUPPLIES - NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990)

(Rev. January 2025)

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

Return Reference - Identifier	Explanation
FORM 990 PART I LINE 1 -	SYSTEMS; PROVIDING DISASTER AND HUMANITARIAN RELIEF AND FOSTERING AND PROMOTING HEALTH POLICY RESEARCH AND THOUGHT-LEADERSHIP.
FORM 990 PART III LINE 1 -	RESEARCH AND THOUGHT-LEADERSHIP.
FORM 990 PART III LINE 4A -	MORTALITY AND IMPROVING SURVIVAL (REPRODUCTIVE, MATERNAL, NEONATAL, AND CHILD HEALTH SERVICES). PROJECT HOPE SCREENED OR TESTED MORE THAN 1.1 MILLION INDIVIDUALS FOR TB, HIV, DIABETES, HYPERTENSION, AND OTHER DISEASES. PROJECT HOPE REACHED OVER 37,000 PEOPLE LIVING WITH HIV. WE TRAINED MORE THAN 34,000 HEALTH WORKERS TO ENHANCE QUALITY OF CARE AND DONATED $53.1 MILLION IN ESSENTIAL EQUIPMENT, MEDICINES, AND MEDICAL SUPPLIES.
FORM 990 PART III LINE 4B -	DURING 2025, OUR DISASTER RESPONSE AND HUMANITARIAN ASSISTANCE ACTIVITIES REACHED OVER 5 MILLION PEOPLE, INCLUDING DIRECT MEDICAL SERVICES FOR 4 MILLION PEOPLE AFFECTED DISASTER & HUMANITARIAN CRISES. WE ALSO DONATED OVER $51.39 MILLION IN EQUIPMENT, MEDICINES, AND MEDICAL SUPPLIES.
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	ET, HA, ID, MK, MX, WA, NI, PL, RQ, SL, UP, VE, ZA
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	PROJECT HOPE'S MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OF THE BOARD APPROVES THE OVERALL COMPENSATION PHILOSOPHY FOR THE ORGANIZATION INCLUDING THE RELATION OF BASE SALARIES AND TOTAL COMPENSATION TO MARKET AND THE COMPONENTS OF TOTAL COMPENSATION. ADDITIONALLY, IT APPROVES AND MONITORS THE ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE GOALS FOR THE CHIEF 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

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

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	PROJECT HOPE'S MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OF THE BOARD APPROVES THE OVERALL COMPENSATION PHILOSOPHY FOR THE ORGANIZATION INCLUDING THE RELATION OF BASE SALARIES AND TOTAL COMPENSATION TO MARKET AND THE COMPONENTS OF TOTAL COMPENSATION. ADDITIONALLY, IT APPROVES AND MONITORS THE ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE GOALS FOR THE CHIEF 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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	(b) Amount
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	- 113,171
FOREIGN CURRENCY GAIN (LOSS)	76,309
TOTAL	**- 36,862**

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

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
(1) HEALTH AFFAIRS PUBLISHING, LLC (41-2625120) 1101 CONNECTICUT AVENUE, SUITE 500, WASHINGTON, DC 20036	RESEARCH	DC	0	0	PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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	(i) Section 512(b)(13) controlled entity? No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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		✔
b	Gift, grant, or capital contribution to related organization(s)	1b	✔	
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p	✔	
q	Reimbursement paid by related organization(s) for expenses	1q	✔	
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

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.	R	7,409,268	US DOLLARS AND LOCAL CURRENCY CONVERTED
(2)	PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION NIGERIA LTD./GTE	R	646,043	US DOLLARS AND LOCAL CURRENCY CONVERTED
(3)	PROJECT HOPE MEXICO A.C.	R	396,956	US DOLLARS AND LOCAL CURRENCY CONVERTED
(4)	FUNDACJA PROJECT HOPE POLSKA	R	1,707,514	US DOLLARS AND LOCAL CURRENCY CONVERTED
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(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
(1) PROJECT HOPE MEXICO A.C 12 DE OCTUBRE 137 COL, ESCANDO SECCIN II DP, CIUDAD DE MEXICO, 011800, MX	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	MEXICO			PROJECT HOPE-THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	✓	
(2) PROJECT HOPE - THE PEOPLE TO PEOPLE HEALTH FOUNDATION NIGERIA LTD/GTE, SUITE 32, SILLA ZEKA PLAZA 29, ADEBAYO ADEDJI CRESENT, UTAKO ABJUA, NI	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	NIGERIA			PROJECT HOPE-THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	✓	
(3) PROYECTO ESPERANZA A.C. AV. FRANCISCO DE MIRANDA ENTRE AV. 1Y A, Y ANDRES BE, CARCAS, VE	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	VENEZUELA			PROJECT HOPE-THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	✓	
(4) FUNDACJA PROJECT HOPE POLSKA STAROWILNA 13 STR, WOJ MALOPOLSKIE, KRAKOW, 31-038, PL	NON PROFIT, TAX EXEMPT, HEALTH ORGANIZATION	POLAND			PROJECT HOPE-THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	✓	
(5) PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION (NAMIBIA) INC. 49 BURG STREET, TRINITY STONE BUILDING, LUXURY HILL, WINDHOEK, LUXURY HILLS, 9000, WA	NON PROFIT, TAX EXEMPT, HELATH ORGANIZATION	NAMIBIA			PROJECT HOPE THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION	✓	

PUBLIC DISCLOSURE COPY

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2025

Department of the Treasury
Internal Revenue Service

For calendar year 2025 or other tax year beginning _____, 2025 and ending _____, 20_____

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 ☐ Check box if address changed.

Name of organization (☐ Check box if name changed and see instructions.)
PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.

D Employer identification number
53-0242962

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Number and street. If a P.O. box, see instructions.
1101 CONNECTICUT AVE, NW

Room or suite no.
500

City or town
WASHINGTON

State or province
DC

Country

ZIP or foreign postal code
20036

C Book value of all assets at end of year 85,741,047

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ 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 . . . . . ☐

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? ☐ Yes ☑ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) 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	0
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	0
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	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	0
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: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
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	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
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	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0
b	Net section 1062 tax liability due this year from Form 1062			5b	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
k	Net tax liability deferred on sale of farmland. Enter amount from Form 1062	6k	0		
7	**Total payments and section 1062 net tax liability deferred.** Add lines 6a through 6k			7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	0
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 0 **Refunded**			11	0
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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

		Yes	No
1	At any time during the 2025 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 CH, CO, DR, EG, ET, HA, ID, MK, MX, NI, PL, RQ, SL, UP, VE, WA, ZA	✔	
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.		✔
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	$ 289,114
	$
	$
	$

6a	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.

Mariojabbour — Signature of officer | Date | CHIEF FINANCE & ADMIN OFFICER — Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Enter preparer's name: DAVID LOWENTHAL, CPA	Preparer's signature: DAVID LOWENTHAL, CPA	Date	Check ☐ if self-employed; PTIN: P00378651
Firm's name: PLANTE & MORAN, PLLC			Firm's EIN: 33-1498605
Firm's address: 10 SOUTH RIVERSIDE PLAZA 9TH FLOOR, CHICAGO, IL 60606			Phone no.: (312) 207-1040

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).

OMB No. 1545-0047

2025

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): 54000

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
1a	Gross receipts or sales: 0				
b	Less returns and allowances: 0 c Balance	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	171,830	376,835	(205,005)
11	Advertising income (Part IX)	11	0	0	0
12	Other income (see instructions; attach statement)	12	0		0
13	**Total.** Combine lines 3 through 12	13	171,830	376,835	(205,005)

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	0
2	Salaries and wages			2	0
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	0
6	Taxes and licenses			6	0
7	Depreciation (attach Form 4562). See instructions	7	0		
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9	Depletion			9	0
10	Contributions to deferred compensation plans			10	0
11	Employee benefit programs			11	0
12	Excess exempt expenses (Part VIII)			12	0
13	Excess readership costs (Part IX)			13	0
14	Other deductions (attach statement)			14	0
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	(205,005)
17	Deduction for net operating loss. See instructions			17	0
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	(205,005)

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **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 ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
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

		A	B	C	D
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 ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
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

		A	B	C	D
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: 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	6. Deductions directly connected with income in column 5
(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 columns 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: WEBSITE ADVERTISING		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	171,830
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	376,835
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	(205,005)
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
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

Part IX Advertising Income

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				
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

Part XI Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	MARIO JABBOUR, 1101 CONNECTICUT AVE, NW, 500, WASHINGTON, DC 20036

Form 990T Part I, Line 6 — Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	21,657		2,374	0	19,283	
Totals	**21,657**	**0**	**2,374**	**0**	**19,283**	

Form 990T Part I, Line 8 — Specific deduction

Local Unit Name	Local Unit Gross UBI	Allowable Specific Deduction
	1,000	1,000
	Totals	**1,000**

Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2019	7,158				7,158
2020	14,362				14,362
2021	11,468				11,468
2022	36,019				36,019
2023	63,317				63,317
2024	156,790				156,790
Totals	**289,114**	**0**	**0**	**0**	**289,114**

Schedule A - Part VIII — Exploited Exempt Activity Income, Other Than Advertising Income

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) WEBSITE ADVERTISING	171,830	376,835	(205,005)			0

Form **8992**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0123

Attachment Sequence No. **992**

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	65,804.
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	(2,359,698.)
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here	3	-2,293,894.

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)

508241 04-01-25

SCHEDULE A (Form 8992)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0123

Attachment Sequence No. **992A**

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	PHNIGERIA
PROJECT HOPE MEXICO A.C.	PHMEXICO
PROYECTO ESPERANZA A.C.	PHVENEZPHVENEZUELAUELA
FUNDACJA PROJECT HOPE POLSKA	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.	(661,438.)	0.	(661,438.)		( )				
	0.	(368,494.)	0.	(368,494.)		( )				
	65,804.	0.	65,804.	0.		( )				
	0.	(1,329,766.)	0.	(1,329,766.)		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
1. Totals (see instructions)	65,804.	(2,359,698.)	65,804.	(2,359,698.)		( )				

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)

Progress | RightSignature

SIGNATURE CERTIFICATE

REFERENCE NUMBER
958EEF53-0DCB-475E-AE47-4B3E2F97E5C9

TRANSACTION DETAILS	DOCUMENT DETAILS
Reference Number 958EEF53-0DCB-475E-AE47-4B3E2F97E5C9	**Document Name** PUBLIC DISCLOSURE-2025 PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC
Transaction Type Signature Request	**Filename** PUBLIC_DISCLOSURE-2025_PROJECT_HOPE_-_THE_PEOPLE-TO-PEOPLE_HEALTH_FOUNDATION_INC.pdf
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Signed Checksum ca59be4537ca2cc77ae53aab6716e090dafead307c330463b23801580275de10	
Signer Sequencing Disabled	
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eIDAS Authentication Disabled	

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Mario Jabbour	**Status** signed	**Viewed At** 07/24/2026 05:30:45 PM EDT
Email mjabbour@projecthope.org	**Multi-factor Digital Fingerprint Checksum** 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	**Identity Authenticated At** 07/24/2026 05:31:28 PM EDT
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