

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Form header section containing organization name (PARTNERS IN HEALTH), EIN (04-3567502), address (888 COMMONWEALTH AVE, BOSTON, MA 02215), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

Signature block containing declaration text, signature lines for officer and preparer, and preparer information (KPMG LLP).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:  
ATTACHMENT 2

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 47,638,338. including grants of \$ 32,940,192.) (Revenue \$ 0.)  
HAITI EARTHQUAKE RESPONSE SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 16,312,372. including grants of \$ 1,140.) (Revenue \$ 0.)  
RWANDA / INSHUTI MU BUZIMA SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ 6,184,532. including grants of \$ 0.) (Revenue \$ 0.)  
LESOTHO SEE SCHEDULE O

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 3  
(Expenses \$ 16,044,838. including grants of \$ 3,082,873.) (Revenue \$ 0.)

**4e Total program service expenses** ▶ 86,180,080.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, and 11 Section 501(c)(12) organizations.

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 in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (13); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DONELLA RAPIER, 888 COMMONWEALTH AVE, 3RD FL BOSTON, MA 02215 617-998-8880

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
OPHELIA DAHL EXEC DIR/PRES/DIRECTOR	60.00	X		X			93,788.	0.	691.	
DR PAUL FARMER EXECUTIVE VP/DIRECTOR	30.00	X		X			0.	0.	0.	
DR JIM YONG KIM DIRECTOR	1.00	X					0.	0.	0.	
HOWARD HIATT DIRECTOR	2.00	X					0.	0.	0.	
DIANE KANEB DIRECTOR	5.00	X					0.	0.	0.	
BRYAN STEVENSON DIRECTOR	1.00	X					0.	0.	0.	
JACK CONNORS DIRECTOR	1.00	X					0.	0.	0.	
TED PHILIP DIRECTOR	3.00	X					0.	0.	0.	
TODD MCCORMACK DIRECTOR	10.00	X					0.	0.	0.	
ALBERT KANEB DIRECTOR	10.00	X					0.	0.	0.	
GARY GOTTLIEB DIRECTOR	1.00	X					0.	0.	0.	
ROBERT HEINE DIRECTOR	1.00	X					0.	0.	0.	
MARJORIE CRAIG BENTON DIRECTOR	1.00	X					0.	0.	0.	
LESLEY KING DIRECTOR	1.00	X					0.	0.	0.	
DONELLA RAPIER CFO/TREASURER	60.00			X			158,349.	0.	10,014.	
THEODORE CONSTAN CHIEF PROGRAM OFFICER	40.00			X			89,817.	0.	15,947.	



**Part VIII Statement of Revenue**

04-3567502

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,106,330.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	13,424,966.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	136,691,762.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		6,181,020.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			151,223,058.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			414,484.			414,484.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0.			
	<b>5</b> Royalties . . . . .			0.			
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			-308,107.			-308,107.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,106,330.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	ATCH 7					
	<b>b</b> Less: direct expenses . . . . .	192,190.					
	<b>c</b> Net income or (loss) from fundraising events . . . . .	ATCH 8		64,995.	64,995.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
<b>b</b> Less: direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less: cost of goods sold . . . . .	b						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> OTHER INCOME	611430		174,875.	174,875.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			174,875.				
<b>12 Total Revenue.</b> See instructions . . . . .			151,569,305.	239,870.	0.	106,377.	

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,018,750.	2,018,750.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	34,005,455.	34,005,455.		
4 Benefits paid to or for members . . . . .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	538,637.	175,645.	125,388.	237,604.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	42,875.	42,875.	0.	0.
7 Other salaries and wages . . . . .	14,826,142.	13,191,794.	666,363.	967,985.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	104,175.	66,697.	14,933.	22,545.
9 Other employee benefits . . . . .	1,404,493.	1,247,646.	67,363.	89,484.
10 Payroll taxes . . . . .	1,025,171.	873,358.	60,068.	91,745.
11 Fees for services (non-employees):				
a Management . . . . .	0.	0.	0.	0.
b Legal . . . . .	27,689.	22,871.	4,818.	0.
c Accounting . . . . .	255,673.	135,673.	120,000.	0.
d Lobbying . . . . .	116,576.	116,576.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	61,143.	0.	61,143.	0.
g Other . . . . .	1,819,830.	1,751,562.	20,925.	47,343.
12 Advertising and promotion . . . . .	25,258.	13,121.	10,331.	1,806.
13 Office expenses . . . . .	1,732,787.	1,240,968.	259,311.	232,508.
14 Information technology . . . . .	1,035,561.	785,523.	193,053.	56,985.
15 Royalties . . . . .	0.	0.	0.	0.
16 Occupancy . . . . .	974,982.	752,872.	185,738.	36,372.
17 Travel . . . . .	3,618,945.	3,483,700.	31,962.	103,283.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings . . . .	76,278.	72,202.	2,014.	2,062.
20 Interest . . . . .	0.	0.	0.	0.
21 Payments to affiliates . . . . .	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . .	595,421.	488,699.	106,722.	0.
23 Insurance . . . . .	97,576.	8,968.	88,608.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>FOOD</u> . . . . .	3,279,655.	3,238,089.	11,553.	30,013.
b <u>CONSTRUCTION &amp; RENOVATION</u> . . . . .	3,938,143.	3,937,806.	337.	0.
c <u>PHARMACEUTICALS</u> . . . . .	3,601,047.	3,601,047.	0.	0.
d <u>OPERATIONS</u> . . . . .	3,271,569.	3,212,325.	58,937.	307.
e <u>MEDICAL SUPPLIES</u> . . . . .	3,742,085.	3,742,085.	0.	0.
f All other expenses . . . . .	9,145,422.	7,953,773.	268,610.	923,039.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>91,381,338.</b>	<b>86,180,080.</b>	<b>2,358,177.</b>	<b>2,843,081.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,578,840.	<b>1</b>	3,623,719.
	<b>2</b> Savings and temporary cash investments . . . . .	639,131.	<b>2</b>	852,523.
	<b>3</b> Pledges and grants receivable, net . . . . .	6,483,708.	<b>3</b>	13,399,999.
	<b>4</b> Accounts receivable, net . . . . .	1,072,783.	<b>4</b>	392,236.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	4,078.	<b>5</b>	0.
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	142,335.	<b>9</b>	311,305.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,839,489.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,792,433.	2,725,008.	<b>10c</b> 3,047,056.
	<b>11</b> Investments - publicly traded securities . . . . .	14,524,414.	<b>11</b>	35,743,335.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	1,125,068.	<b>12</b>	35,766,984.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	31,295,365.	<b>16</b>	93,137,157.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,322,724.	<b>17</b>	3,312,064.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	245,753.	<b>25</b>	390,937.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,568,477.	<b>26</b>	3,703,001.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	20,975,905.	<b>27</b>	25,366,480.
	<b>28</b> Temporarily restricted net assets . . . . .	7,725,983.	<b>28</b>	64,042,676.
	<b>29</b> Permanently restricted net assets . . . . .	25,000.	<b>29</b>	25,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	28,726,888.	<b>33</b>	89,434,156.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	31,295,365.	<b>34</b>	93,137,157.	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> PARTNERS IN HEALTH, A NONPROFIT CORPORATION	<b>Employer identification number</b> 04-3567502
--	---

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 92.18%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 76.74%; 16a 33 1/3 % support test - 2009. 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 [X]; 16b 33 1/3 % support test - 2008. 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 - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five 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

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3 % support tests - 2009. 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.

b 33 1/3 % support tests - 2008. 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.

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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2009**

<b>Name of the organization</b> PARTNERS IN HEALTH, A NONPROFIT CORPORATION	<b>Employer identification number</b> 04-3567502
--	---

**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>PARTNERS IN HEALTH, A NONPROFIT CORPORATION</b>	Employer identification number <b>04-3567502</b>
---	---

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution						
1		\$ 8,256,745.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2		\$ 15,000,300.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
_____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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

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

**If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

**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.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	104,918.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	11,658.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	116,576.													
<b>d</b> Other exempt purpose expenditures . . . . .	88,421,681.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	88,538,257.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	0.	217,841.	233,175.	116,575.	567,591.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	0.	196,057.	209,858.	104,918.	510,833.

Schedule C (Form 990 or 990-EZ) 2009

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Horizontal dashed lines for supplemental information input.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Year, rows 2a, 2b, 2c, 2d. 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring... Yes No. 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No. 9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items: a Revenues included in 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 are a 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 programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue is 151,569,305. Total expenses are 91,381,338. Excess or deficit for the year is 60,187,967.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue per audited statements is 152,527,117. Total revenue per return is 151,569,305.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses per audited statements is 91,876,541. Total expenses per return is 91,381,338.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information** (continued)

FORM 990, SCH D, PART XI, LINE 8; PART XII L 2D; PART XIII, L 2D & PART X

RECONCILIATION OF NET ASSETS, REVENUE AND EXPENSES AND FIN 48

SCH D - RECONCILIATION OF NET ASSETS, REVENUE AND EXPENSES

RECONCILIATION OF NET ASSETS

PART XI, LINE 8

FOREIGN CURRENCY TRANSLATION ADJUSTMENTS	(\$56,690)
--	------------

RECONCILIATION OF REVENUE

PART XII, LINE 2D

FUNDRAISING EVENT DIRECT EXPENSES	\$127,195
-----------------------------------	-----------

AUCTION ITEMS NOT RECORDED IN REVENUE	(45,550)
---------------------------------------	----------

NET ADJUSTMENT	81,645
----------------	--------

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

FUNDRAISING EVENT DIRECT EXPENSES	\$ 127,195
-----------------------------------	------------

AUCTION ITEMS NOT RECORDED IN REVENUE	(45,550)
---------------------------------------	----------

NET ADJUSTMENT	81,645
----------------	--------

SCH D, PART X - FIN 48

ACCOUNTING FOR INCOME TAX UNCERTAINTIES

PIH IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM INCOME TAXES UNDER IRC SECTION

**Part XIV** Supplemental Information *(continued)*

---

501 (A) . PIH HAS DETERMINED THAT IT HAS NOT TAKEN MATERIAL UNCERTAIN TAX  
POSITIONS AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN  
RECORDED IN ITS AUDITED FINANCIAL STATEMENT.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENT. AMERICA/CARIBBEAN	HEALTHCARE	32,940,192.	WIRE TRANSFE			
			RUSSIA	HEALTHCARE	520,909.	WIRE TRANSFE			
			RUSSIA	HEALTHCARE	137,081.	WIRE TRANSFE			
			RUSSIA	HEALTHCARE	255,885.	WIRE TRANSFE			
			NORTH AMERICA	HEALTHCARE	85,660.	WIRE TRANSFE			
			SOUTH AMERICA	HEALTHCARE	23,761.	CHECK			
			CENT. AMERICA/CARIBBEAN	HEALTHCARE	14,030.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	ROAD EXPANSI	26,797.	CASH/CHECK			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 9

3 Enter total number of other organizations or entities ..... 0



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F PART IV

MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES.

PARTNERS IN HEALTH MAKES GRANTS ONLY TO ORGANIZATIONS IT KNOWS WELL AND

WITH WHOM IT WORKS CLOSELY IN PARTNERSHIP TOWARD THE COMMON MISSION OF

BREAKING THE CYCLE OF POVERTY AND DISEASE. FOR EACH MAJOR GRANT, PIH

PROGRAM STAFF REVIEW BUDGETS AND WORK PLANS FOR WORK TO BE PERFORMED IN

ADVANCE AND ALSO REVIEW AND DISCUSS OUTCOMES EITHER ANNUALLY OR ONCE THE

WORK HAS BEEN COMPLETED.



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1 RIALTO, (b) Event #2 BENEFIT CONCERT, (c) Other Events 2, (d) Total events. Rows include Revenue (Gross receipts, Less: Charitable contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Direct expense summary, Net gaming income summary).

Form 990 Part III questions 9-12 regarding gaming activities. Includes questions about state licensing, revoked licenses, nonmembers, and grantor/beneficiary status. Includes Yes/No columns.

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

**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? . . . . . **17a**

**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 ▶ \$

	Yes	No
<b>13</b>		
<b>14</b>		
<b>15 a</b>		
<b>15 b</b>		
<b>15 c</b>		
<b>16</b>		
<b>17 a</b>		
<b>17 b</b>		



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCH I, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS IN THE US

PARTNERS IN HEALTH MAKES GRANTS ONLY TO ORGANIZATIONS IT KNOWS WELL AND

WITH WHOM IT WORKS CLOSELY IN PARTNERSHIP TOWARD THE COMMON MISSION OF

BREAKING THE CYCLE OF POVERTY AND DISEASE. FOR EACH MAJOR GRANT, PIH

PROGRAM STAFF REVIEW BUDGETS FOR WORK TO BE PERFORMED IN ADVANCE AND ALSO

REVIEW AND DISCUSS OUTCOMES EITHER ANNUALLY OR ONCE THE WORK HAS BEEN

COMPLETED.

**SCHEDULE J  
(Form 990)**

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONELLA RAPIER	(i)	158,349.	0.	0.	4,612.	5,402.	168,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCH J, PART I

COMPENSATION INFORMATION

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

PIH PROVIDES HOUSING IN SOME CIRCUMSTANCES FOR CERTAIN STAFF MEMBERS

WORKING IN REMOTE AREAS AND OCCASIONALLY FOR THEIR FAMILIES AS A

CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF PIH. DR. PAUL FARMER, AN

OFFICER AND DIRECTOR OF PIH, HIS WIFE, DIDI BERTRAND, AN EMPLOYEE OF PIH

RWANDA, AND THEIR THREE CHILDREN, HAVE A HOME IN KIGALI, THE CAPITAL CITY

OF RWANDA, THE COSTS OF WHICH THEY PAY THEMSELVES. WHEN MEMBERS OF THE

FARMER FAMILY ARE IN RWINKWAVU, WHERE PIH'S MAIN FACILITIES ARE LOCATED,

PIH PROVIDES THE USE OF A HOUSE FOR THE FAMILY AS A CONDITION OF

EMPLOYMENT TO BETTER SERVE PIH'S NEED FOR THEIR SERVICES IN RWINKWAVU. A

MEANINGFUL VALUATION OF THE HOUSING PROVIDED BY PIH IS NOT REALLY

POSSIBLE DUE TO ITS LOCATION AND THE ABSENCE OF COMPARABILITY DATA.

DISCRETIONARY SPENDING ACCOUNT:

DR. PAUL FARMER, A FOUNDER, OFFICER AND DIRECTOR, WHO RECEIVES NO

COMPENSATION FROM PIH, TRAVELS EXTENSIVELY TO REMOTE LOCATIONS ON BEHALF

**Part III Supplemental Information**

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

OF PIH TO ADVISE ON CLINICAL STRATEGY AND HEALTHCARE OPERATIONS. HE ALSO

DOES A FAIR AMOUNT OF TRAVEL FOR FUNDRAISING PURPOSES. TO FACILITATE

THESE EFFORTS WHERE TRANSACTION RECEIPTS ARE OFTEN NOT AVAILABLE OR ARE

FOR SMALL AMOUNTS (E.G., TAXI FARE) WHERE A RECEIPT WOULD NOT BE REQUIRED

FOR REIMBURSEMENT, PIH HAS PROVIDED DR. FARMER WITH AN ATM CARD FOR

PERIODIC CASH WITHDRAWALS FOR BUSINESS PURPOSES EACH MONTH. THE

EXECUTIVE DIRECTOR, WHO IS VERY FAMILIAR WITH DR. FARMER'S TRAVEL, HIS

BUSINESS OBLIGATIONS AND THE NATURE OF HIS EXPENSES, REVIEWS AND APPROVES

A SUMMARY OF THE CASH WITHDRAWALS EACH MONTH. THE TOTAL SPENDING FROM

THIS ACCOUNT TOTALED \$2,446 FOR FISCAL YEAR 2010.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

<b>Name of the organization</b> PARTNERS IN HEALTH, A NONPROFIT CORPORATION	<b>Employer identification number</b> 04-3567502
--	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

**Total** . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DIDI BERTRAND	PAUL FARMER'S SPOUSE	42,875.	COMPENSATION FOR SERVICES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

**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.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization: **PARTNERS IN HEALTH, A NONPROFIT CORPORATION**  
Employer identification number: **04-3567502**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 . . . . .	X	167	1,778,622.	FAIR MARKET VALUE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	170	4,356,898.	FAIR MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AUCTION ITEMS ) . . . . .	X	9	45,500.	FAIR MARKET VALUE
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 IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

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

SCH M, LINE 20

PIH TRACKS THE DRUG AND MEDICAL SUPPLIES DONATED BY DONOR. DURING FY10

PIH RECEIVED CONTRIBUTIONS FROM 170 INDIVIDUAL DONORS AND CORPORATIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

ATTACHMENT 1

FORM 990, PART III, LINE 4A

HAITI EARTHQUAKE RESPONSE

WHEN A DEVASTATING EARTHQUAKE STRUCK HAITI, ZANMI LASANTE WAS UNIQUELY POSITIONED BOTH TO PROVIDE EMERGENCY CARE AND TO HELP DEVELOP AND IMPLEMENT PLANS FOR LONG-TERM RECONSTRUCTION. ZL PROVIDED LIFE-SAVING CARE TO THOUSANDS OF INJURED PEOPLE, OPENED CLINICS TO SERVE MORE THAN 100,000 PEOPLE IN FOUR SPONTANEOUS SETTLEMENT CAMPS, AND LAUNCHED A \$125-MILLION PLAN TO HELP REBUILD HAITI'S PUBLIC HEALTH AND HEALTH EDUCATION SYSTEMS.

HIGHLIGHTS OF THE YEAR:

" PROVIDED EMERGENCY CARE FOR EARTHQUAKE VICTIMS: IN THE FIRST HOURS AFTER THE EARTHQUAKE, ZANMI LASANTE TOOK IMMEDIATE ACTION TO PROVIDE EMERGENCY MEDICAL CARE TO EARTHQUAKE VICTIMS BOTH IN PORT-AU-PRINCE AND AT OUR FACILITIES IN THE CENTRAL PLATEAU AND LOWER ARTIBONITE. ZL MEDICAL AND ENGINEERING STAFF ARRIVED AT THE BADLY DAMAGED GENERAL HOSPITAL IN PORT-AU-PRINCE JUST AFTER THE QUAKE, WHERE THEY HELPED RESTORE ELECTRICITY, DEPLOYED VOLUNTEER SURGICAL TEAMS AND URGENTLY NEEDED SUPPLIES, AND WORKED WITH PARTNERS TO GET TWELVE OPERATING ROOMS UP AND RUNNING AROUND THE CLOCK. AS THOUSANDS OF INJURED PEOPLE FLED THE RUINED CAPITAL, ZL OPENED UP NEW EMERGENCY WARDS AND BROUGHT IN VOLUNTEER ORTHOPEDIC TEAMS TO HELP PERFORM EMERGENCY SURGERIES AT FOUR OF OUR LARGEST FACILITIES IN CENTRAL HAITI. IN THE FIRST FOUR WEEKS AFTER THE EARTHQUAKE, THESE FACILITIES DELIVERED LIFE-SAVING MEDICAL CARE TO 2,961

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

PATIENTS WITH EARTHQUAKE-RELATED INJURIES.

" PROVIDED COMPREHENSIVE PRIMARY CARE FOR DISPLACED COMMUNITIES: JUST TWO WEEKS AFTER THE EARTHQUAKE, ZL SET UP HEALTH CLINICS TO SERVE OVER 100,000 DISPLACED PEOPLE LIVING IN FOUR SPONTANEOUS SETTLEMENT CAMPS AROUND PORT-AU-PRINCE. ZL'S CLINICS PROVIDE COMPREHENSIVE PRIMARY HEALTH CARE AND SOCIAL SUPPORT SERVICES - INCLUDING MATERNAL AND CHILD HEALTH, REPRODUCTIVE CARE, HIV AND TB TESTING, MENTAL HEALTH CARE, AND MALNUTRITION TREATMENT - TO ROUGHLY 10,000 PEOPLE EACH WEEK. EACH CLINIC IS STAFFED BY A TEAM OF HAITIAN PHYSICIANS, NURSES, PSYCHOLOGISTS, PHARMACISTS, AND LAB TECHNICIANS. ZL ALSO TRAINED AND HIRED LOCAL RESIDENTS TO SERVE AS COMMUNITY HEALTH WORKERS AT EACH LOCATION, IMPROVING OUTREACH INTO THE SETTLEMENTS AND PROVIDING JOBS AND INCOME.

" STRENGTHENED SPECIALIZED CLINICAL SERVICES TO MEET THE NEEDS OF EARTHQUAKE SURVIVORS: MANY OF THE MORE THAN 300,000 PEOPLE WOUNDED BY THE EARTHQUAKE SUFFERED CRUSH WOUNDS, COMPOUND FRACTURES, SPINAL INJURIES AND OTHER SEVERE INJURIES THAT WILL REQUIRE ONGOING AND SPECIALIZED REHABILITATION. TENS OF THOUSANDS MORE WERE SCARRED EMOTIONALLY BY THE LOSS OF FAMILY MEMBERS AND FRIENDS, HOMES AND LIVELIHOODS. TO MEET THEIR NEEDS, ZL MORE THAN DOUBLED THE SIZE OF OUR REHABILITATIVE MEDICINE AND MENTAL HEALTH TEAMS. BY THE END OF JUNE, THE PHYSICAL THERAPY TEAM HAD DISTRIBUTED 400 WHEELCHAIRS AND WAS PROVIDING CARE TO 50 PEOPLE WITH AMPUTATIONS. THE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TEAM HAD OFFERED MORE THAN 4,200 SUPPORT SERVICES IN SPONTANEOUS SETTLEMENTS, INCLUDING PSYCHO-EDUCATION, COUNSELING, AND INDIVIDUAL AND GROUP THERAPY.

" BROKE GROUND FOR A NEW NATIONAL TEACHING HOSPITAL: IN PARTNERSHIP

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

WITH THE HAITIAN MINISTRY OF HEALTH, PIH/ZL IS BUILDING A WORLD-CLASS, 320-BED TEACHING HOSPITAL IN MIREBALAIS. THE NEW HOSPITAL WILL TRAIN THE NEXT GENERATION OF HAITIAN DOCTORS, NURSES, AND LAB TECHNICIANS, EQUIPPING THEM TO TAKE ON THE CHALLENGES OF REBUILDING AND STRENGTHENING THE HAITIAN HEALTH CARE SYSTEM. WHEN ITS DOORS OPEN IN LATE 2011, THE MIREBALAIS HOSPITAL WILL BE HAITI'S LARGEST PUBLIC HOSPITAL OUTSIDE PORT-AU-PRINCE. IT WILL HOUSE CLINICAL FACILITIES NOT CURRENTLY AVAILABLE IN HAITI, INCLUDING AN INTENSIVE CARE UNIT AND SIX OPERATING ROOMS, AND WILL CONTRIBUTE TO THE NATIONAL GOAL OF DECENTRALIZING SERVICES, INCLUDING BOTH CLINICAL CARE AND EDUCATION FOR HEALTH PROFESSIONALS.

BY THE NUMBERS:

" 2,961 EARTHQUAKE VICTIMS RECEIVED EMERGENCY CARE AT ZL HOSPITALS DURING THE FIRST MONTH

" 146,940 PATIENT VISITS AT ZL CLINICS IN FOUR SPONTANEOUS SETTLEMENTS

" 733 VOLUNTEERS SENT TO HAITI, INCLUDING 312 NURSES AND 239 PHYSICIANS

" 1.5 MILLION POUNDS OF SUPPLIES MOVED TO HAITI

" 30,000 CHILDREN UNDER 5 EXAMINED AND TREATED AT CLINICS IN SETTLEMENTS

" 12,000 WOMEN SEEN AT SANTE FANM (WOMEN'S HEALTH) TENTS IN SETTLEMENT CLINICS

" 4,247 PSYCHOSOCIAL AND MENTAL HEALTH SERVICES DELIVERED IN

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

SETTLEMENT CLINICS

- " 500 DISPLACED CHILDREN ENROLLED IN ZL-SUPPORTED SCHOOLS
- " 1,000 VULNERABLE FAMILIES TRAINED IN INNOVATIVE FARMING TECHNIQUES

HAITI/ZANMI LASANTE

ALTHOUGH THE EARTHQUAKE OVERSHADOWED EVERYTHING ELSE THAT HAPPENED IN HAITI THIS YEAR, ZANMI LASANTE REGISTERED MANY OTHER NOTABLE ACHIEVEMENTS BOTH BEFORE AND AFTER JANUARY 12, EXPANDING AND IMPROVING SERVICES AND STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE.

HIGHLIGHTS OF THE YEAR:

- " TOOK ACTION TO PREVENT AND TREAT CERVICAL CANCER: ZL PARTNERED WITH THE MINISTRY OF HEALTH (MOH) TO PILOT THE COUNTRY'S FIRST VACCINATION PROJECT FOR HUMAN PAPILLOMAVIRUS - THE PRIMARY CAUSE OF CERVICAL CANCER, WHICH IS ONE OF THE LEADING CAUSES OF FEMALE DEATHS IN HAITI. DESPITE DISRUPTION FROM THE EARTHQUAKE, THOUSANDS OF GIRLS RECEIVED EACH OF THE THREE DOSES REQUIRED FOR THE VACCINE TO BE EFFECTIVE. ZL IS ALSO INCORPORATING CERVICAL CANCER SCREENINGS INTO ROUTINE CHECKUPS, ENSURING THAT CASES CAN BE DIAGNOSED AND TREATED AT AN EARLY STAGE. AND ZL ESTABLISHED A PARTNERSHIP WITH THE ONCOLOGICAL TREATMENT CENTER IN THE DOMINICAN REPUBLIC, ALLOWING PATIENTS WITH ADVANCED CERVICAL CANCER ACCESS TO TREATMENT NOT AVAILABLE IN HAITI.
- " EXPANDED ACCESS TO HIV/AIDS ANTIRETROVIRAL THERAPY (ART)

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

MEDICATIONS: ZL EXPANDED SERVICES TO 800 HIV-POSITIVE PATIENTS AT A MINISTRY OF HEALTH HEALTH CENTER IN VERRETTES, A TOWN TWO HOURS NORTH OF PORT-AU-PRINCE. WITH THIS EXPANSION, ZL IS NOW PROVIDING ART TO OVER 5,600 PATIENTS ACROSS OUR CATCHMENT AREA AND MONITORING AN ADDITIONAL 16,374, AN INCREASE OF ALMOST 20 PERCENT.

" IMPROVED SURGICAL CAPACITY AND MATERNAL HEALTH INFRASTRUCTURE: ZL OPENED A NEW OPERATING ROOM AT THE HOSPITAL IN PETITE RIVIÈRE DE L'ARTIBONITE, ALLOWING STAFF TO PERFORM NEEDED GYNECOLOGICAL SURGERIES. ADDITIONALLY, THE SANTE FANM (WOMEN'S HEALTH) CLINIC IN LASCAHOBAS RENOVATED ITS FACILITIES, ADDING A FULL OPERATING SUITE WITH SIX RECOVERY BEDS. THIS RENOVATION ALLOWED NINETY-TWO CAESAREAN SECTIONS TO BE PERFORMED FOR WOMEN WITH HIGH-RISK PREGNANCIES. INFRASTRUCTURE PROJECTS LIKE THESE IMPROVE MATERNAL HEALTH CARE AND OFFER QUALITY MEDICAL OPTIONS TO HAITI'S POOREST WOMEN.

" IMPROVED INFRASTRUCTURE TO INCREASE ACCESS TO CARE: ZL COMPLETED TWO MAJOR INFRASTRUCTURE PROJECTS IN 2010 THAT WILL MAKE THE HEALTH CENTER IN BOUCAN CARRÉ MORE ACCESSIBLE AND MORE SUSTAINABLE. WITH HELP FROM DIGICEL (THE LARGEST TELECOMMUNICATIONS PROVIDER IN THE CARIBBEAN), HAITI'S MINISTRY OF PUBLIC WORKS, THE UN, AND THE BOUCAN CARRÉ COMMUNITY, A BRIDGE WAS FINALLY CONSTRUCTED ACROSS THE FONLANFÈ (HELL'S DEEP), A RIVER THAT FLOODED FREQUENTLY, MAKING IT IMPOSSIBLE FOR PATIENTS TO GET MEDICAL CARE IN AN EMERGENCY. THE HEALTH CENTER IN BOUCAN CARRÉ ALSO HAS A NEW AND RELIABLE SOURCE OF ELECTRICITY, THANKS TO A SOLAR-POWER SYSTEM PROVIDED BY A PARTNERSHIP WITH GOOD ENERGIES AND THE SOLAR ELECTRIC LIGHT FUND (SELF). IN THE FIRST MONTH AFTER IT WAS INSTALLED, THE HOSPITAL

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

REDUCED ITS USE OF DIESEL FUEL FROM 11 BARRELS TO FOUR.

" TRAINED AND EQUIPPED FARMERS TO IMPROVE PRODUCTION AND FOOD SECURITY: TO MEET THE IMMEDIATE NEEDS AFTER THE EARTHQUAKE, ZANMI AGRIKOL - ZL'S AGRICULTURAL PROGRAM - PLANTED AND HARVESTED AN EXTRA CROP OF FAST-GROWING CORN TO ALLEVIATE HUNGER AMONG DISPLACED FAMILIES AND TRAINED 1,000 VULNERABLE FAMILIES IN INNOVATIVE AND EFFECTIVE AGRICULTURAL TECHNIQUES. ADDITIONALLY, ZA IS EMPLOYING 100 NEW FARMERS TO INCREASE PRODUCTION OF OUR READY-TO-USE THERAPEUTIC FOOD, NOURIMANBA, WHICH WILL BE GIVEN TO 7,500 CHILDREN SUFFERING FROM ACUTE MALNUTRITION OVER THE NEXT YEAR.

ZL BY THE NUMBERS:

" 1.8 MILLION PATIENT VISITS

" 5,614 AIDS PATIENTS ON ANTIRETROVIRALS

" 16,374 HIV-POSITIVE PATIENTS RECEIVED CARE AT CLINICS

" 10,493 CHILDREN RECEIVED EDUCATIONAL ASSISTANCE

" 4,535 ADULTS AND ADOLESCENTS RECEIVING LITERACY TRAINING

" 10,276 STUDENTS RECEIVED FREE LUNCHES

" 2,884 GIRLS RECEIVED GARDASIL VACCINE TO PROTECT AGAINST CERVICAL CANCER

" 62 TONS OF READY-TO-USE THERAPEUTIC FOOD FOR MALNOURISHED CHILDREN PRODUCED LOCALLY

" 725 BIRTHS AND 3,284 FAMILY PLANNING VISITS PER MONTH AT ZL FACILITIES STAFF:

1,438 MEDICAL

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

2,032 NON-MEDICAL

2,111 COMMUNITY HEALTH WORKERS

FORM 990, PART III, LINE 4B

RWANDA / INSHUTI MU BUZIMA

WITH THE CONSTRUCTION OF A NEW DISTRICT HOSPITAL IN BURERA AND THE OPENING OF A DISTRICT PHARMACY IN KAYONZA, INSHUTI MU BUZIMA (IMB) FURTHER STRENGTHENED PUBLIC HEALTH INFRASTRUCTURE IN THREE OF RWANDA'S POOREST RURAL DISTRICTS. IN KEEPING WITH PIH'S MODEL OF PROVIDING CARE TO THE MOST VULNERABLE, IMB ALSO EXPANDED ITS CLINICAL SERVICES TO INCLUDE INTENSIVE NEONATAL CARE AND TREATMENT OF CHRONIC, NON-COMMUNICABLE DISEASES.

HIGHLIGHTS OF THE YEAR:

" BUILT A FLAGSHIP HOSPITAL IN BURERA DISTRICT: IN PARTNERSHIP WITH THE RWANDAN MINISTRY OF HEALTH (MOH) AND THE LOCAL COMMUNITY, IMB CONSTRUCTED A STATE-OF-THE-ART, 150-BED HOSPITAL IN BURERA, THE ONLY REMAINING DISTRICT IN THE COUNTRY WITHOUT A DISTRICT HOSPITAL. FEATURING MODERN MEASURES FOR INFECTION CONTROL, EXPANSION OF EXISTING AND NEW SERVICES, AND BRAND NEW, HIGH QUALITY MEDICAL EQUIPMENT PROVIDED BY THE MOH, THIS FLAGSHIP PROJECT GENERATED OVER 2,000 LOCAL JOBS AND WILL SERVE AS A MODEL FOR HOW TO BUILD A MODERN HOSPITAL IN RURAL AFRICA. THE VISION FOR THE HOSPITAL IS TO CREATE A CENTER OF EXCELLENCE AND INNOVATION BY ESTABLISHING A SCIENTIFIC COMMUNITY OF CLINICAL AND NON-CLINICAL STAFF WITH THE HOPE THAT PEOPLE WILL COME NOT ONLY TO SEEK CARE, BUT ALSO TO DELIVER CARE, TEACH AND LEARN.

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

" CREATED A MODEL FOR TREATMENT OF CHRONIC DISEASE: EVEN IN PLACES WHERE HEALTH FACILITIES EXIST, ADULTS AND CHILDREN WITH NON-COMMUNICABLE CHRONIC DISEASES SUCH AS ASTHMA, EPILEPSY AND HEART DISEASE ARE OFTEN LEFT UNTREATED. IMB HAS ADAPTED THE CORE ELEMENTS OF PIH'S SUCCESSFUL APPROACH TO HIV CARE TO PROVIDE COMPREHENSIVE, COMMUNITY-BASED CARE FOR PATIENTS WITH CHRONIC DISEASES. RATHER THAN DEBATING WHETHER TREATMENT OF DISEASES SUCH AS CANCER IS EVEN POSSIBLE IN RESOURCE-POOR SETTINGS, IMB IS ALREADY CARING FOR THOUSANDS OF CHRONICALLY ILL PATIENTS AND DEVELOPING A BEST PRACTICE MODEL. AFTER HOSTING AN INTERNATIONAL SUMMIT ON NON-COMMUNICABLE DISEASE CARE IN RWINKWAVU THIS YEAR, IMB BEGAN WORKING WITH THE MOH TO DEVELOP A TRAINING CURRICULUM, CLINICAL GUIDELINES AND POLICIES FOR NATIONAL AND INTERNATIONAL SCALE-UP.

" REACHED THE MOST VULNERABLE THROUGH NEONATOLOGY: IN RWANDA, NEARLY ONE CHILD IN TEN DIES BEFORE HIS OR HER FIRST BIRTHDAY, OFTEN IN THE FIRST HOURS AND DAYS OF LIFE. ALTHOUGH PEDIATRIC CARE HAS IMPROVED DRAMATICALLY IN THE AREAS WHERE WE WORK, THE NEED REMAINS TO STRENGTHEN SERVICES AND, IN PARTICULAR, TO EXPAND TO THE NEXT FRONTIER OF NEONATAL CARE TO SAVE THE LIVES OF CHILDREN. IN PARTNERSHIP WITH CHILDREN'S HOSPITAL BOSTON AND THE MOH, IMB HAS DEVELOPED AN AMBITIOUS PROGRAM OF TRAINING, INFRASTRUCTURE, STAFFING, AND EQUIPMENT THAT TOGETHER WILL GIVE HOPE TO PREMATURE AND OTHER AT-RISK NEWBORNS WHO CURRENTLY STRUGGLE TO SURVIVE. BUTARO HOSPITAL HOUSES THE FIRST OF TWO PLANNED NEONATAL INTENSIVE CARE UNITS.

" SUPPORTED OUR PATIENTS THROUGH THE NATIONAL HEALTH INSURANCE SYSTEM: RWANDA'S NATIONAL HEALTH INSURANCE SYSTEM (MUTUELLE) PROVIDES

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

COVERAGE FOR A SMALL ANNUAL FEE OF APPROXIMATELY \$2, PLUS CO-PAYS FOR SERVICES AVERAGING 40 CENTS. THIS FEE, HOWEVER, STILL SERVES AS A BARRIER TO CARE FOR MANY OF RWANDA'S POOR. TO ENSURE ACCESS FOR THE POOREST, IMB COVERS THE ANNUAL COST AND VISIT FEES FOR THOSE WHO CANNOT AFFORD TO PAY. IN 2010, IMB COVERED SUBSCRIPTION FEES FOR 35,000 PATIENTS IN KAYONZA, KIREHE, AND BURERA DISTRICTS. IN ADDITION TO SUPPORTING THOSE MOST IN NEED, IMB ALSO STRENGTHENS THE MUTUELLE SYSTEM BY PROVIDING FINANCIAL SUPPORT FOR NECESSARY SUPPLIES, JOB MANAGEMENT TRAINING AND MENTORING, AND PARTICIPATION IN MUTUELLE SENSITIZATION CAMPAIGNS.

" STRENGTHENED THE PUBLIC HEALTH SYSTEM THROUGH CREATION OF A DISTRICT PHARMACY: BY MERGING THE MOH MEDICAL SUPPLY CHAIN WITH THE ONE IMB FIRST ESTABLISHED WHEN WE ENTERED THE COUNTRY IN 2005, IMB AND THE MOH OPENED A NEW DISTRICT PHARMACY IN KAYONZA DISTRICT. THIS JOINT EFFORT REDUCES REDUNDANCIES, SAVES MONEY, AND HELPS STREAMLINE AND STRENGTHEN RWANDA'S HEALTH CARE SYSTEM. THE PHARMACY WILL SUPPLY ALL THE HEALTH CENTERS AND THE HOSPITAL IN THE DISTRICT WITH MEDICINE AND EQUIPMENT, AND WILL BE FULLY OPERATED AND STAFFED BY THE MOH.

INSHUTI MU BUZIMA BY THE NUMBERS:

- " 5,576 HIV PATIENTS ON THERAPY
- " 74,246 PATIENTS TESTED FOR HIV
- " 769,346 PATIENT VISITS
- " 109,221 CASES OF MALARIA DIAGNOSED AND TREATED
- " 17,551 BABIES DELIVERED
- " 2,871 FOOD PACKETS DISTRIBUTED EACH MONTH

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
<u>ATTACHMENT 1 (CONT'D)</u>	

" 294,360 FAMILY PLANNING VISITS

STAFF:

574 MEDICAL

705 NON-MEDICAL

2,490 COMMUNITY HEALTH WORKERS

FORM 990, PART III, LINE 4C

PIH LESOTHO CONTINUED TO BRING COMPREHENSIVE PRIMARY HEALTH CARE AND TREATMENT FOR HIV AND TUBERCULOSIS TO REMOTE AND IMPOVERISHED MOUNTAIN COMMUNITIES, AND INCREASED OUR SERVICES IN MATERNAL HEALTH AND COMMUNITY-BASED HEALTH EDUCATION. WE ALSO HELPED MAKE LESOTHO'S NATIONAL MDR-TB PROGRAM A MODEL FOR TREATMENT OF DRUG-RESISTANT TUBERCULOSIS AND HIV/TB CO-INFECTION AND TRAINED HEALTH PROFESSIONALS FROM OTHER AFRICAN COUNTRIES WHO CAME TO LEARN FROM OUR EXPERIENCE.

HIGHLIGHTS OF THE YEAR:

" IMPROVED MATERNAL AND CHILD HEALTH: PIH LESOTHO (PIH-L) INITIATED AN INNOVATIVE APPROACH TO REACH AND SERVE MORE PREGNANT WOMEN. IN A PILOT PROJECT FUNDED BY THE ELTON JOHN AIDS FOUNDATION UK, PIH-L PROVIDED TRAINING TO TRADITIONAL BIRTH ATTENDANTS TO EXPAND THEIR ROLES AS SPECIALIZED COMMUNITY HEALTH WORKERS (CHWS) WHO CAN MORE EFFECTIVELY EDUCATE WOMEN IN THEIR VILLAGES AND ACCOMPANY PREGNANT WOMEN TO THE HEALTH CENTER. THIS INITIATIVE SIGNIFICANTLY INCREASED THE NUMBER OF WOMEN WHO RECEIVED ANTENATAL CARE, TESTING FOR HIV, AND SUPPORT DURING CHILDBIRTH FROM A SKILLED NURSE-MIDWIFE OR DOCTOR AT A HEALTH CENTER. THE

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

PROGRAM ALSO HELPED IDENTIFY AND TREAT PREGNANT WOMEN WHO ARE HIV-POSITIVE WHILE HELPING PREVENT TRANSMISSION OF HIV FROM MOTHER TO CHILD.

" EXPANDED MDR-TB TREATMENT AND TRAINING: PIH-L SUPPORTS THE NATIONAL, COMMUNITY-BASED MDR-TB TREATMENT PROGRAM, AS WELL AS THE BOTSABELO MDR-TB HOSPITAL FOR CRITICALLY ILL PATIENTS. UNDER THIS PROGRAM, SPECIALLY TRAINED CHWS VISIT PATIENTS' HOMES TWICE A DAY TO ENSURE THEY TAKE THEIR MEDICATIONS AND HELP THEM COPE WITH THE PAINFUL SIDE EFFECTS AND SOCIOECONOMIC CHALLENGES OF THE TWO-YEAR TREATMENT. LESOTHO HAS EARNED A REPUTATION AS A CENTER OF EXCELLENCE IN MDR-TB TREATMENT, WITH SPECIAL EXPERTISE IN TREATING PATIENTS CO-INFECTED WITH MDR-TB AND HIV. IN FY10, THE LESOTHO TEAM HOSTED 68 AFRICAN HEALTH PROFESSIONALS FOR TRAINING IN MDR-TB TREATMENT, INCLUDING TEAMS FROM ZAMBIA, ZIMBABWE, ETHIOPIA, TANZANIA AND MALAWI. AND IN COLLABORATION WITH THE WORLD HEALTH ORGANIZATION, PIH LESOTHO PUBLISHED MANAGEMENT OF MDR-TB: A FIELD GUIDE.

" RURAL HEALTH CARE: PIH-L CONTINUED TO IMPROVE INFRASTRUCTURE AND SERVICES AT SEVEN REMOTE RURAL HEALTH CENTERS IN THE COUNTRY'S HARDEST TO REACH REGIONS. WITH CRITICAL HELP FROM MORE THAN 1,000 TRAINED CHWS, THESE CLINICS PROVIDE PRIMARY CARE, HIV TESTING AND TREATMENT, TB SCREENING AND TREATMENT, AS WELL AS FOOD DISTRIBUTION AND THE PROVISION OF OTHER BASIC NEEDS. CLINIC STAFF AND CHWS CONDUCTED PITSOS, OR HEALTH EDUCATION GATHERINGS, AT CLINICS EVERY MORNING AND IN VILLAGES ON WEEKENDS. IN COLLABORATION WITH THE WORLD FOOD PROGRAM AND CATHOLIC RELIEF SERVICES, THE TEAM DISTRIBUTED FOOD PACKAGES TO HIV AND TB

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

PATIENTS, MALNOURISHED CHILDREN AND ORPHANS. IN PARTNERSHIP WITH THE SOLAR ELECTRIC LIGHT FUND (SELF) AND CLUB PENGUIN, WE ALSO INSTALLED IMPROVED SOLAR POWER SYSTEMS AT THREE CLINICS AND UPGRADED TO MORE POWERFUL SYSTEMS AT FOUR MORE. THESE SYSTEMS REDUCE OUR RELIANCE ON FUEL-POWERED GENERATORS AND PROVIDE A CLEANER, MORE CONSISTENT SOURCE OF POWER TO REMOTE CLINICS.

LESOTHO BY THE NUMBERS:

" 13,564 PATIENTS TESTED FOR HIV, OF WHOM 2,301 TESTED POSITIVE  
 " 1,268 HIV PATIENTS RECEIVING ANTIRETROVIRAL THERAPY  
 " 658 CASES OF TB DIAGNOSED, OF WHOM 52% ARE CO-INFECTED WITH HIV  
 " 456 MDR-TB PATIENTS RECEIVED TREATMENT OF WHOM 67% ARE COINFECTED WITH HIV  
 " MORE THAN 1,000 HOUSEHOLDS RECEIVED FOOD SUPPLEMENTS EACH MONTH

STAFF:

79 MEDICAL  
 134 NON-MEDICAL  
 1,610 COMMUNITY HEALTH WORKERS

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

IN ADDITION TO THE PROGRAMS LISTED, PIH HAS PROGRAMS IN MEXICO AND GUATEMALA. OTHER MAJOR EXPENDITURES IN OTHER PROGRAMS INCLUDE THOSE FOR TRAINING AND ELECTRONIC MEDICAL RECORDS.

FORM 990, PART V, IRS FILINGS/TAX COMPLIANCE

IN DECEMBER 2009, PIH UPDATED ITS ACKNOWLEDGMENT LETTER TO STATE THE

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

FOLLOWING:

PARTNERS IN HEALTH, A 501 (C) (3) NOT FOR PROFIT ORGANIZATION, HAS NOT PROVIDED ANY GOODS OR SERVICES, IN WHOLE OR IN PART, TO YOU IN CONSIDERATION FOR THIS VOLUNTARY CASH CONTRIBUTION. IF YOU WISH TO CLAIM THE TAX DEDUCTIBILITY OF THIS GIFT IN THE U.S., PLEASE RETAIN THIS ACKNOWLEDGMENT LETTER FOR YOUR FILES.

FORM 990, PART VI

SECTION B POLICIES

LINE 11A

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY THE FINANCE OFFICE STAFF AND IS REVIEWED CAREFULLY BY THE PIH CHIEF FINANCIAL OFFICER. THE FORM 990 IS THEN REVIEWED BY KPMG, PIH'S ACCOUNTING FIRM. A COMPLETE DRAFT OF THE FORM 990 IS THEN REVIEWED BY THE PIH EXECUTIVE DIRECTOR, THE CHIEF OPERATING OFFICER, AND THE CHIEF PROGRAM OFFICER. THIS DRAFT IS THEN PROVIDED TO THE AUDIT AND INVESTMENT COMMITTEE FOR THEIR REVIEW. FINALLY, THE DRAFT IS PROVIDED TO THE FULL BOARD OF DIRECTORS. ANY AND ALL QUESTIONS AND COMMENTS ARE ADDRESSED BY THE PIH CHIEF FINANCIAL OFFICER, WHO ENGAGES KPMG IN THE DISCUSSION WHENEVER RELEVANT OR NECESSARY.

FORM 990, PART VI

SECTION B POLICIES

LINE 12C

CONFLICT OF INTEREST:

EACH YEAR, ALL PIH OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND INDICATE THEIR COMPLIANCE

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

IN WRITING. THROUGHOUT THE YEAR, PIH SENIOR LEADERSHIP REVIEW MAJOR CONTRACTS AND EXPENDITURES. ANY ARRANGEMENTS OR EXPENDITURES THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST EITHER IN FACT OR APPEARANCE WOULD BE RAISED TO THE EXECUTIVE COMMITTEE FOR DISCUSSION AND DISPOSITION.

FORM 990, PART VI

SECTION B POLICIES

LINES 15A AND 15B

SETTING OF COMPENSATION:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED OF PERSONS INDEPENDENT FROM THOSE WHOSE COMPENSATION IS DETERMINED, IS CHARGED WITH REVIEWING THE PROPOSED COMPENSATION OF THE EXECUTIVE DIRECTOR AND OF THE OFFICERS OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE REVIEWS A SUMMARY OF MARKET DATA BEFORE FORMING ITS CONCLUSIONS. CONTEMPORANEOUS WRITTEN RECORDS ARE KEPT OF THE PROCESS.

FORM 990, PART VI

SECTION C DISCLOSURE

LINE 19

PARTNERS IN HEALTH POSTS A COPY OF ITS ANNUAL REPORT, ITS AUDITED FINANCIAL STATEMENTS, AND ITS FORM 990 ON ITS WEBSITE AND PROVIDES COPIES TO ANYONE WHO INQUIRES. BEGINNING IN APRIL 2010, PIH ALSO POSTED A COPY OF ITS ARTICLES OF ORGANIZATION, ITS BY-LAWS, AND ITS CONFLICT OF INTEREST POLICY TO ITS WEBSITE FOR ANY INTERESTED PERSON TO VIEW.

FORM 990, PART IX

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 1 (CONT'D)

## STATEMENT OF FUNCTIONAL EXPENSES

LINE 11G, OTHER FEES, CONSISTS OF PAYMENTS TO CONTRACT EMPLOYEES, MOST OF WHOM WORK OUTSIDE THE UNITED STATES.

FORM 990, SCH R, PART V, LINE 2

## TRANSACTION WITH RELATED ORGANIZATIONS

NAME OF OTHER ORGANIZATION TRANSACTION TYPE (A-R) TRANSACTION AMOUNT (A-R)

INSHUTI MU BUZIMA- RWANDA (B) 11,332,299

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

INSHUTI MU BUZIMA - RWANDA (K) 190,005

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

INSHUTI MU BUZIMA - RWANDA (K) 574,958

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

INSHUTI MU BUZIMA - RWANDA (N) 421,541

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

PARTNERS IN HEALTH - MALAWI (B) 2,816,048

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
<u>ATTACHMENT 1 (CONT'D)</u>	

PARTNERS IN HEALTH - MALAWI (K) 174,993

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

PARTNERS IN HEALTH - MALAWI (K) 119,594

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

PARTNERS IN HEALTH - MALAWI (N) 199,527

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

PARTNERS IN HEALTH - LESOTHO (B) 4,764,259

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - LESOTHO (K) 129,025

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

PARTNERS IN HEALTH - LESOTHO (K) 217,985

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
<u>ATTACHMENT 1 (CONT'D)</u>	

PARTNERS IN HEALTH - LESOTHO (N) 88,576

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

PARTNERS IN HEALTH - RUSSIA (B) 1,505,883

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - RUSSIA (K) 168,557

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

PARTNERS IN HEALTH - RUSSIA (K) 95,192

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

PARTNERS IN HEALTH - RUSSIA (N) 147,811

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

SOCIOS EN SALUD - PERU (B) 2,757,827

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

Name of the organization	Employer identification number
PARTNERS IN HEALTH, A NONPROFIT CORPORATION	04-3567502

ATTACHMENT 1 (CONT'D)

SOCIOS EN SALUD - PERU (K) 250,212

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

SOCIOS EN SALUD - PERU (K) 136,757

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

SOCIOS EN SALUD - PERU (N) 176,957

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

PARTNERS IN HEALTH - KAZAKHSTAN (B) 149,318

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - KAZAKHSTAN (K) 8,160

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS PERFORMING THEIR JOBS AT THE COUNTRY SITES

PARTNERS IN HEALTH - KAZAKHSTAN (K) 4,820

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE TOTAL PROGRAM EXPENSES ACROSS ALL SITES

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

ATTACHMENT 1 (CONT'D)

PARTNERS IN HEALTH - KAZAKHSTAN (N) 4,097

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON  
TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PARTNERS IN HEALTH IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION DEDICATED TO DELIVERING QUALITY HEALTH CARE TO PEOPLE AND COMMUNITIES DEVASTATED BY THE JOINT BURDENS OF POVERTY AND DISEASE. PIH'S WORK HAS THREE GOALS: TO CARE FOR PATIENTS, TO ALLEVIATE THE ROOT CAUSES OF DISEASE, AND TO SHARE LESSONS LEARNED AROUND THE WORLD.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS - SEE SCH O	1180581.	4914412.	0.
PERU - SEE SCH O	23,761.	3880004.	0.

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MALAWI - SEE SCH O	26,797.	3,393,066.	0.
RUSSIA - SEE SCH O	913,875.	2,759,778.	0.
PERU - SEE SCH O	937,859.	1,035,598.	0.
KAZAKHSTAN - SEE SCH O	0.	61,980.	0.
TOTALS	<u>3,082,873.</u>	<u>16,044,838.</u>	<u>0.</u>

ATTACHMENT 4FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

RWANDA

RUSSIA

PERU

LESOTHO

MALAWI

KAZAKHSTAN

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, MT, NH, NJ, NM, NY, NC, OH, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 6

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
---	--

ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KPMG LLP 99 HIGH STREET BOSTON, MA 02110	AUDIT AND TAX FEES	156,300.
SERENIC SOFTWARE, INC. 7175 W JEFFERSON AVE, STE 2500 LAKEWOOD, CO 80235	FINANCIAL SOFTWARE	144,561.
TOTAL COMPENSATION		300,861.

ATTACHMENT 7FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING DINNER AT RIALTO	687,579.
JAMES TAYLOR BENEFIT CONCERT	222,800.
FUNDRAISING DINNER - CSWH	86,600.
FUNDRAISING THEATRE EVENT	109,351.
TOTAL	1,106,330.

ATTACHMENT 8FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING DINNER AT RIALTO	50,350.	73,087.	-22,737.
JAMES TAYLOR BENEFIT CONCERT	124,700.	0.	124,700.
FUNDRAISING DINNER - CSWH	10,900.	18,525.	-7,625.
FUNDRAISING THEATRE EVENT	6,240.	35,583.	-29,343.
TOTALS	192,190.	127,195.	64,995.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization**

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

**Employer identification number**

04-3567502

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE RIVER STREET DEVELOPMENT FOUNDATION 52-2117495 C/O 888 COMMONWEALTH AVE, 3RD BOSTON, MA 02199	SUPPORT PIH	MA	501(C)(3)	11 TYPE II	N/A
SOCIOS EN SALUD SUCURSAL PERU AV MERINO REYNA 575 06 PORRAS B, CARABAYLLO PE	HEALTHCARE	PE			N/A
PARTNER IN HEALTH - RUSSIA 11 13 TREKHPRUDNIY PEREULOK 10 MOSCOW, RS	HEALTHCARE	RS			N/A
INSHUTI MU BUZIMA (RWANDA) RWINKWAVU RWINKWAVU, RW	HEALTHCARE	RW			N/A
PARTNERS IN HEALTH - LESOTHO NEW EUROPA 438 POPE JOHN PAUL MASERU, LT	HEALTHCARE	LT			N/A
PARTNERS IN HEALTH - MALAWI PO BOX 56 NENO BOMA 624200 NENO DISTRICT, MI	HEALTHCARE	MI			N/A
PARTNERS IN HEALTH - KAZAKHSTAN 99 GOGOL ST, #19 ALMATY, KZ	HEALTHCARE	KZ			N/A

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

Schedule R (Form 990) 2009

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) SEE SCHEDULE O FOR DISCLOSURE		
(2)		
(3)		
(4)		
(5)		
(6)		

