



2008 Income Tax Returns

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Return of Organization Exempt From Income Tax

2008

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 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PARTNERS IN HEALTH, A NONPROFIT CORPO		D Employer identification number 04-3567502
		Doing Business As PARTNERS IN HEALTH A NONPROFIT CORP		E Telephone number (617) 998-8922
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 888 COMMONWEALTH AVE 3RD FL City or town, state or country, and ZIP + 4 BOSTON, MA 02215		G Gross receipts \$ 74,843,467.
F Name and address of principal officer: OPHELIA DAHL 888 COMMONWEALTH AVE, 3RD FL BOSTON, MA 02215		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.PIH.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2001 M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT 1		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5 Total number of employees (Part V, line 2a)	82	
	6 Total number of volunteers (estimate if necessary)	53	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	NONE	
b Net unrelated business taxable income from Form 990-T, line 34	NONE		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	52,519,712.	62,535,155.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,227,265.	-3,695,909.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,854,684.	59,208,714.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,561,531.
14 Benefits paid to or for members (Part IX, column (A), line 4)			NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,973,169.	13,799,830.
16a Professional fundraising fees (Part IX, column (A), line 11e)			NONE
b Total fundraising expenses, Part IX, column (D), line 25		1,555,948.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		19,052,409.	27,024,212.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,587,109.	63,470,107.
	19 Revenue less expenses. Subtract line 18 from line 12	3,267,575.	-4,261,393.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	34,653,761.	31,295,365.
22 Net assets or fund balances. Subtract line 21 from line 20	1,977,598.	2,568,477.	
		32,676,163.	28,726,888.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00636769
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 345 PARK AVENUE - 22ND FLOOR NEW YORK, NY 10154-0102		EIN ▶ 13-5565207	Phone no. ▶ 212-758-9700

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 \$ 24,853,505. including grants of \$ 19,939,084.) (Revenue \$ _____)

SEE STATEMENT 2

4b (Code: _____) (Expenses \$ 13,763,179. including grants of \$ 50,000.) (Revenue \$ _____)

SEE STATEMENT 3

4c (Code: _____) (Expenses \$ 4,733,358. including grants of \$ _____) (Revenue \$ _____)

SEE STATEMENT 5

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 7

(Expenses \$ 16,768,014. including grants of \$ 2,656,981.) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 60,118,056. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input checked="" type="checkbox"/>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26	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>	<input checked="" type="checkbox"/>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	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	
35	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
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, and Form 990 distribution.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of Forms 1023/990, website availability, and organization name/address.

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,662,624.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	60,872,531.				
	g	Noncash contributions included in lines 1a-1f: \$		1,357,848.				
	h	Total. Add lines 1a-1f ▶		62,535,155.				
	Program Service Revenue				Business Code			
		2a						
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f ▶		NONE					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 11 ▶	309,319.	309,319.		309,319.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross Rents	(i) Real	(ii) Personal				
			Less: rental expenses					
			Rental income or (loss)					
			d Net rental income or (loss) ▶			NONE		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			Less: cost or other basis and sales expenses					
			Gain or (loss)					
			d Net gain or (loss) ▶			-4,005,228.		
	8a	Gross income from fundraising events (not including \$ 1,662,624. of contributions reported on line 1c). See Part IV, line 18.	STMT 12					
			a 516,937.					
			b Less: direct expenses b 299,860.					
	c	Net income or (loss) from fundraising events .	STMT 13 ▶		217,077.	217,077.		
	9a	Gross income from gaming activities. See Part IV, line 19.	a					
			b Less: direct expenses b					
			c Net income or (loss) from gaming activities ▶			NONE		
	10a	Gross sales of inventory, less returns and allowances	a					
			b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory. ▶				NONE				
Miscellaneous Revenue			Business Code					
11a	OTHER INCOME	900099		152,391.	152,391.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			152,391.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			59,208,714.	678,787.	NONE	-3,695,909.	

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 . . .	1,485,575.	1,485,575.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	21,160,490.	21,160,490.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	477,675.	162,505.	157,276.	157,894.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	36,750.	36,750.		
7 Other salaries and wages	10,758,601.	9,301,827.	657,964.	798,810.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	130,342.	58,718.	60,094.	11,530.
9 Other employee benefits	1,265,534.	1,149,355.	10,000.	106,179.
10 Payroll taxes	1,130,928.	1,091,281.	10,248.	29,399.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	11,161.	7,250.	3,911.	
c Accounting	147,322.	7,772.	139,550.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	69,643.		69,643.	
g Other	1,723,843.	1,608,638.	109,315.	5,890.
12 Advertising and promotion	254,202.	190,384.		63,818.
13 Office expenses	1,225,828.	946,908.	240,619.	38,302.
14 Information technology	662,847.	600,436.	45,861.	16,550.
15 Royalties	NONE			
16 Occupancy	550,262.	545,501.	2,149.	2,612.
17 Travel	2,678,908.	2,550,638.	46,307.	81,963.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	89,498.	85,285.	3,838.	375.
20 Interest	2,722.		2,722.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	472,823.	383,318.	89,505.	
23 Insurance	83,330.	1,651.	81,679.	
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 FOOD -----	3,956,267.	3,939,215.	1,183.	15,869.
b CONSTRUCTION & RENOVATION ---	3,735,131.	3,735,131.		
c PHARMACEUTICALS -----	2,781,737.	2,781,737.		
d OPERATIONS -----	2,350,019.	2,345,040.	2,774.	2,205.
e MEDICAL SUPPLIES -----	2,129,916.	2,129,916.		
f All other expenses -----	4,098,753.	3,812,735.	61,465.	224,552.
25 Total functional expenses. Add lines 1 through 24f	63,470,107.	60,118,056.	1,796,103.	1,555,948.
26 Joint Costs. 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
Assets	1 Cash - non-interest-bearing	2,131,082.	1	4,578,840.
	2 Savings and temporary cash investments	1,791,863.	2	639,131.
	3 Pledges and grants receivable, net	4,174,811.	3	6,483,708.
	4 Accounts receivable, net	765,715.	4	1,072,783.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	4,078.
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges SFMT 14	112,331.	9	142,335.
	10a Land, buildings, and equipment: cost basis 10a	3,865,185.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b	1,140,177.		
		2,615,488.	10c	2,725,008.
	11 Investments - publicly traded securities SFMT 15	23,062,471.	11	15,649,482.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,653,761.	16	31,295,365.	
Liabilities	17 Accounts payable and accrued expenses	1,977,598.	17	2,322,724.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	245,753.
	26 Total liabilities. Add lines 17 through 25.	1,977,598.	26	2,568,477.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,562,978.	27	20,975,905.
	28 Temporarily restricted net assets	6,088,185.	28	7,725,983.
	29 Permanently restricted net assets	25,000.	29	25,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	32,676,163.	33	28,726,888.
	34 Total liabilities and net assets/fund balances	34,653,761.	34	31,295,365.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	
3b		X	

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) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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 1-3; 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) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 76.74%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 77.93%; 16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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 (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 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 include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **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 A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS REVENUE	17,630.	149,997.	170,764.	50,732.	152,391.	541,514.
TOTALS	17,630.	149,997.	170,764.	50,732.	152,391.	541,514.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

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 organizations 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 Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,924,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 7,953,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 4,013,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 2,249,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 2,114,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 1,777,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 2,127,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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(cy)(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 <u>PARTNERS IN HEALTH, A NONPROFIT CORPORATION</u>	Employer identification number <u>04-3567502</u>
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	209,858.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	23,317.													
c Total lobbying expenditures (add lines 1a and 1b)	233,175.													
d Other exempt purpose expenditures	61,680,984.													
e Total exempt purpose expenditures (add lines 1c and 1d)	61,914,159.													
f 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
c Total lobbying expenditures	NONE	NONE	217,841.	233,175.	451,016.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	NONE	NONE	196,057.	209,858.	405,915.

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c 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 (line 2c total minus 3 and 4)

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.

Series of horizontal dashed lines for providing supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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. 1b 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 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? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		730,212.		730,212.
b Buildings		305,402.	71,828.	233,574.
c Leasehold improvements				
d Equipment		1,106,697.	510,649.	596,048.
e Other		1,722,874.	557,700.	1,165,174.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,725,008.

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 (\$59,508)

RECONCILIATION OF REVENUE

PART XII, LINE 2D

FUNDRAISING EVENT DIRECT EXPENSES \$299,860

AUCTION ITEMS NOT RECORDED IN REVENUE (266,000)

NET ADJUSTMENT 33,860

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

FUNDRAISING EVENT DIRECT EXPENSES \$ 299,860

AUCTION ITEMS NOT RECORDED IN REVENUE (266,000)

NET ADJUSTMENT 33,860

SCH D, PART X - FIN 48

ACCOUNTING FOR INCOME TAX UNCERTAINTIES

EFFECTIVE JULY 1, 2008 PIH ADOPTED FASB INTERPRETATION NO. 48, ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO.

Part XIV Supplemental Information (continued)

109 (FIN 48). FIN 48 CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME
TAXES AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE
FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT FOR TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ADOPTION OF FIN 48 DID
NOT AFFECT PIH'S FINANCIAL STATEMENTS.

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 F, PART I, LINE 2

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		MARANYUNDO (event type)	RIALTO (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,105,850.	1,073,711.		2,179,561.
	2 Less: Charitable contributions	1,016,850.	645,774.		1,662,624.
	3 Gross revenue (line 1 minus line 2)	89,000.	427,937.		516,937.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	65,000.	201,000.		266,000.
	6 Rent/facility costs				
	7 Other direct expenses		33,860.		33,860.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(299,860.)
9 Net income summary. Combine lines 3 and 8 in column (d)					217,077.

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.

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

15a 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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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 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 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. THE GRANT TO THE MARANYUNDO SCHOOL IN FISCAL -----
 YEAR 2009 WAS SOMEWHAT DIFFERENT FROM THE NORM. THIS WAS A GRANT WITH -----
 RESPECT TO A JOINT FUNDRAISING EVENT WHERE PIH COLLECTED AND THEN -----

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

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 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:

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

Schedule J (Form 990) 2008

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) 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)	134,966.	NONE	15,500.	2,302.	5,168.	157,936.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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. 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.

DISCRETIONARY SPENDING ACCOUNT:

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

COMPENSATION FROM PIH, TRAVELS EXTENSIVELY TO REMOTE LOCATIONS ON BEHALF

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

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.

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 \$8,307 FOR FISCAL YEAR 2009.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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.	X		X			86,610.	NONE	NONE	
DR PAUL FARMER EXECUTIVE VP	30.	X		X			NONE	NONE	NONE	
DR JIM YONG KIM DIRECTOR	1.	X					NONE	NONE	NONE	
HOWARD HIATT DIRECTOR	2.	X					NONE	NONE	NONE	
DIANE KANEB DIRECTOR	5.	X					NONE	NONE	NONE	
BRYAN STEVENSON DIRECTOR	1.	X					NONE	NONE	NONE	
JACK CONNORS DIRECTOR	1.	X					NONE	NONE	NONE	
TED PHILIP DIRECTOR	3.	X					NONE	NONE	NONE	
TODD MCCORMACK DIRECTOR	10.	X					NONE	NONE	NONE	
ALBERT KANEB DIRECTOR	10.	X					NONE	NONE	NONE	
GARY GOTTLIEB DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT HEINE DIRECTOR	1.	X					NONE	NONE	NONE	
MARY WHITE DIRECTOR	1.	X					NONE	NONE	NONE	
MARJORIE CRAIG BENTON DIRECTOR	1.	X					NONE	NONE	NONE	
LESLEY KING DIRECTOR	1.	X					NONE	NONE	NONE	
PAUL ZINTL COO	40.			X			86,358.	NONE	NONE	
DIANE CURRIER CLERK	1.			X			NONE	NONE	NONE	
DONELLA RAPIER CFO/TREASURER	60.			X			150,466.	NONE	6,774.	
EDWARD CARDOZA VP DEVELOPMENT	60.			X			111,274.	NONE	7,848.	
THEODORE CONSTAN CHIEF PROGRAM OFFICER	40.			X			83,547.	NONE	14,527.	
JOIA MUKHERJEE MEDICAL DIRECTOR	50.			X			NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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.
 To be completed by organizations that 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
	JOIA MUKHERJEE INTERNATIONAL TRAVEL				X		4,078.		X	
Total ▶ \$				4,078.						

Part III Grants or Assistance Benefitting Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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	36,750.	COMPENSATION FOR SERVICES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**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				
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	101	1,091,848.	FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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) 2008

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.

LINE 20

PIH TRACKS THE CONTRIBUTIONS RECEIVED BY DONOR. DURING FY09 PIH RECEIVED
CONTRIBUTIONS FROM 112 INDIVIDUAL DONORS AND CORPORATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

FORM 990, PART III, LINE 4D

PROGRAM SERVICES

IN ADDITION TO THOSE PROGRAMS LISTED, PIH HAS PROGRAMS IN MEXICO AND

GUATEMALA. OTHER MAJOR EXPENDITURES IN OTHER PROGRAMS INCLUDE THOSE FOR

TRAINING AND ELECTRONIC MEDICAL RECORDS.

Multiple horizontal dashed lines for additional text entry.

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

FORM 990, PART VI

GOVERNANCE, MANAGEMENT, DISCLOSURE

SECTION A

GOVERNING BODY AND MANAGEMENT

LINE 2

FAMILY RELATIONSHIP:

DIRECTORS AL AND DIANE KANEK ARE MARRIED TO ONE ANOTHER.

LINE 10

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. THE DRAFT OF THE PUBLIC VERSION OF THE FORM 990, WHICH EXCLUDES SPECIFIC DONOR NAMES IN SCHEDULE B, PART I, IS THEN PROVIDED TO THE AUDIT AND INVESTMENT COMMITTEE FOR THEIR REVIEW. FINALLY, THE DRAFT OF THE PUBLIC VERSION 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.

SECTION B

DISCLOSURE

LINE 12

EACH YEAR, ALL PIH OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REVIEW THE

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

ORGANIZATION'S CONFLICT OF INTEREST POLICY AND INDICATE THEIR COMPLIANCE
 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.

LINE 15

SETTING OF COMPENSATION:
 COMPENSATION FOR THE OFFICERS AND EXECUTIVE DIRECTOR IS DETERMINED BY THE
 PARTNERS IN HEALTH EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHO ALSO
 FUNCTIONS AS THE COMPENSATION COMMITTEE. THERE ARE CURRENTLY NO KEY
 EMPLOYEES FOR WHOM COMPENSATION MUST BE DETERMINED. NO INDIVIDUALS WITH
 A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETERMINATION
 PROCESS. COMPARABILITY DATA FOR SIMILARILY QUALIFIED PERSONS IN
 FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARILY SITUATED ORGANIZATIONS IS
 PREPARED BY THE ORGANIZATION AND REVIEWED BY THE EXECUTIVE COMMITTEE OF
 THE BOARD OF DIRECTORS. THE MINUTES OF THE EXECUTIVE COMMITTEE OF THE
 BOARD OF DIRECTORS DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS
 REGARDING COMPENSATION.

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

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

OF ITS ARTICLES OF ORGANIZATION, ITS BY-LAWS, AND ITS CONFLICT OF
 INTEREST POLICY TO ITS WEBSITE FOR ANY INTERESTED PERSON TO VIEW.

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

FORM 990, PART X

ASSETS: RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES

CHARGES WERE INCURRED ON A PIH AMERICAN EXPRESS CARD RELATED TO THE TRAVEL OF THE 3 YEAR OLD SON OF THE CHIEF MEDICAL OFFICER, WHO OCCASIONALLY NEEDS TO BRING HER SON ON WORK TRIPS TO PIH SITES. THE FULL AMOUNT OF THE RECEIVABLE WAS PAID OFF IN SEPTEMBER.

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

FORM 990, PART IX

FUNCTIONAL EXPENSES, LINE 11G

LINE 11G

OTHER FEES, CONSISTS OF PAYMENTS TO CONTRACT EMPLOYEES, MOST OF WHOM WORK

OUTSIDE THE UNITED STATES.

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

FORM 990, SCH R, PART V, LINE 2

TRANSACTION WITH RELATED ORGANIZATIONS

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

INSHUTI MU BUZIMA- RWANDA (B) 10,540,277

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

INSHUTI MU BUZIMA - RWANDA (K) 183,285

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS

PERFORMING THEIR JOBS AT THE COUNTRY SITES

INSHUTI MU BUZIMA - RWANDA (K) 365,387

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) 264,111

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) 2,081,387

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - MALAWI (K) 134,252

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS

PERFORMING THEIR JOBS AT THE COUNTRY SITES

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
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PARTNERS IN HEALTH - MALAWI (K) 100,480

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) 288,442

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) 2,500,484

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - LESOTHO (K) 156,758

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

PARTNERS IN HEALTH - LESOTHO (K) 126,827

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 - LESOTHO (N) 94,070

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

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3567502
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PARTNERS IN HEALTH - RUSSIA (B) 1,241,666

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

PARTNERS IN HEALTH - RUSSIA (K) 114,121

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS

PERFORMING THEIR JOBS AT THE COUNTRY SITES

PARTNERS IN HEALTH - RUSSIA (K) 61,883

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) 170,006

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) 3,886,431

THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES

SOCIOS EN SALUD - PERU (K) 247,444

THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CONTRACTORS

PERFORMING THEIR JOBS AT THE COUNTRY SITES

SOCIOS EN SALUD - PERU (K) 115,627

PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES ARE

ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO THE

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

TOTAL PROGRAM EXPENSES ACROSS ALL SITES

SOCIOS EN SALUD - PERU (N) 133,355

THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH IN BOSTON

TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number

04-3567502

Part I Identification of Disregarded Entities

(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

(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

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r 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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE O FOR DISCLOSURE		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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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.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

HAITI / ZANMI LASANTE

"BUILDING BACK BETTER" WAS THE THEME OF THE YEAR, AS ZANMI LASANTE (ZL) WORKED TO HELP COMMUNITIES RECOVER FROM THE SEVERE FLOODING INFLICTED BY FOUR HURRICANES AND TROPICAL STORMS IN AUGUST AND SEPTEMBER 2008. DESPITE THE IMPACT OF THE HURRICANES, ZL ALSO CONTINUED TO STRENGTHEN PUBLIC HEALTH INFRASTRUCTURE AND PROVIDE SERVICES IN SPECIALTIES RARELY AVAILABLE IN POOR COMMUNITIES, INCLUDING SURGERY, MENTAL HEALTH, AND NEONATAL INTENSIVE CARE.

HIGHLIGHTS OF THE YEAR:

" PROVIDED EMERGENCY RELIEF AND LONG-TERM RECONSTRUCTION FOR HURRICANE VICTIMS: WHEN DISASTER STRUCK, ZL STEPPED UP IMMEDIATELY TO PROVIDE SHELTER, FOOD, CLEAN WATER, AND MEDICAL ASSISTANCE FOR THOUSANDS OF PEOPLE WHO HAD BEEN FLOODED OUT OF THEIR HOMES. SINCE THE FLOOD WATERS RECEDED, ZL HAS HELPED HUNDREDS OF FAMILIES GET BACK ON THEIR FEET BY BUILDING AND REPAIRING HOUSES, ASSISTING WITH SCHOOL FEES, DISTRIBUTING FOOD SUPPORT, AND PROVIDING TOOLS, SEEDS AND TRAINING FOR FARMERS. CONSTRUCTION AND RENOVATIONS WERE ACCELERATED AT THE DILAPIDATED HOSPITAL IN ST. MARC, WHICH WAS OVERWHELMED WITH PATIENTS FROM THE DEVASTATED CITY OF GONAIVES. ZL AND THE MINISTRY OF HEALTH ALSO ACCELERATED PLANS TO BUILD A NEW HOSPITAL IN MIREBALAIS. IN THE MEANTIME, ZL IMPROVED CAPACITY TO TREAT THE PEOPLE OF MIREBALAIS BY TRAINING A CADRE OF COMMUNITY HEALTH WORKERS, PURCHASING AN AMBULANCE, AND STRENGTHENING NEARBY ZL HOSPITALS.

" STRENGTHENED INFRASTRUCTURE AND SERVICES IN THE LOWER ARTIBONITE: HAVING RECENTLY EXPANDED FROM HAITI'S CENTRAL PLATEAU ACROSS THE LOWER ARTIBONITE TO THE COAST, ZL MADE IT A PRIORITY TO REBUILD THE BATTERED PUBLIC HEALTH INFRASTRUCTURE AND EXPAND COMPREHENSIVE HEALTH CARE SERVICES IN THE AREA. DURING THE YEAR, ZL CONSTRUCTED A NEW WARD FOR INTERNAL MEDICINE, AN IMAGING CENTER, AN ADMINISTRATION WING AND A KITCHEN AT HÔPITAL SAN NICOLAS IN ST. MARC. IN ADDITION, WE BEGAN CONSTRUCTION ON A NEW PEDIATRIC WARD AND PHARMACY DEPOT AND RENOVATIONS ON THE MEN'S AND WOMEN'S WARDS. AT PETITE RIVIÈRE, WE BUILT A NEW OPERATING ROOM, A LYING-IN CENTER, AND AN X-RAY ROOM, AND LAUNCHED A NEW MALNUTRITION PROGRAM. PATIENT ENCOUNTERS IN THE LOWER ARTIBONITE REGION INCREASED TO 700,000, DRIVING GROWTH FOR ZL AS A WHOLE TO MORE THAN 2.5 MILLION.

" INTEGRATED PSYCHOSOCIAL SUPPORT SERVICES AS PART OF COMPREHENSIVE CARE: ZL EXPANDED PSYCHOSOCIAL SERVICES BY TRAINING AND HIRING NEW STAFF, INCLUDING SEVERAL JUNIOR PSYCHOLOGISTS AND SOCIAL WORKERS, AND BY CONDUCTING SPECIALIZED TRAININGS ON TOPICS

FORM 990, PART III - PROGRAM SERVICES

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SUCH AS POST-TRAUMATIC STRESS AND GENDER-BASED VIOLENCE. ANALYSIS OF RESULTS FROM SUPPORT GROUPS FOR CHILDREN AFFECTED BY HIV AND THEIR PARENTS OR GUARDIANS CONFIRMED STATISTICALLY SIGNIFICANT REDUCTIONS IN LEVELS OF DEPRESSION AND ANXIETY AND IMPROVEMENTS IN OVERALL PSYCHOLOGICAL WELL-BEING FOR BOTH CHILDREN AND ADULTS.

" OPENED THE FIRST NEONATAL INTENSIVE CARE UNIT IN CENTRAL HAITI: IN EARLY 2009, ZL OPENED A NEONATAL INTENSIVE CARE UNIT (NICU) IN THE PEDIATRIC WARD AT CANGE, THE FIRST OF ITS KIND IN CENTRAL HAITI. NICU STAFF RECEIVED SPECIALIZED TRAINING FROM A PEDIATRIC NURSE AND THE HEAD PEDIATRICIAN AT THE HOSPITAL TO CARE FOR SICK, PREMATURE, AND LOW BIRTHWEIGHT NEWBORNS. THE FACILITY IS EQUIPPED WITH SIX INCUBATORS-WHICH ARE ALMOST ALWAYS FULL-TWO RADIANT WARMING STATIONS, AN OXYGEN GENERATOR, AND ITS OWN INFECTION CONTROL AND CLIMATE CONTROL SYSTEMS. BABIES ARE REFERRED TO THE NICU FROM ALL ZL FACILITIES IN THE CENTRAL PLATEAU.

BY THE NUMBERS:

" 4,220 AIDS PATIENTS ON ANTIRETROVIRAL
 " 16,547 HIV-POSITIVE PATIENTS MONITORED
 " 9,912 CHILDREN RECEIVED EDUCATIONAL ASSISTANCE
 " 2,795 ADULTS AND ADOLESCENTS RECEIVING LITERACY TRAINING
 " 9,793 STUDENTS RECEIVED FREE LUNCHES AT 27 SCHOOLS
 " 37.6 TONS OF READY-TO-USE THERAPEUTIC FOOD FOR MALNOURISHED CHILDREN PRODUCED LOCALLY
 " 498 BIRTHS AND 2,146 FAMILY PLANNING VISITS PER MONTH AT ZL FACILITIES

4B PROGRAM SERVICE

RWANDA/INSHUTI MU BUZIMA:

PIH AND OUR RWANDAN PARTNER ORGANIZATION, INSHUTI MU BUZIMA (IMB) CONTINUED TO IMPROVE INFRASTRUCTURE AND EXPAND SERVICES IN THE TWO RURAL DISTRICTS IN EASTERN RWANDA WHERE WE STARTED WORKING IN 2005. AND WE HELPED THE RWANDAN GOVERNMENT PLAN AND LAUNCH AN AMBITIOUS PROGRAM TO BRING QUALITY HEALTH CARE TO EVERY RURAL DISTRICT IN THE COUNTRY, STARTING IN BURERA, ONE OF ONLY TWO DISTRICTS WITHOUT A DISTRICT HOSPITAL.

HIGHLIGHTS OF THE YEAR:

" SUPPORTED THE NATIONAL COMMUNITY HEALTH WORKER PROGRAM: COMMUNITY HEALTH IS ONE OF THE 10 PRINCIPLES OF THE RWANDAN GOVERNMENT'S NATIONAL RURAL HEALTH CARE FRAMEWORK AND A CORNERSTONE OF IMB'S WORK. IN EARLY 2008, EACH UMUDUGUDU (VILLAGE)

FORM 990, PART III - PROGRAM SERVICES

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IN RWANDA, ELECTED TWO BINOMES OR COMMUNITY HEALTH WORKERS. THE BINOMES VISIT EACH HOUSEHOLD IN THEIR VILLAGE MONTHLY, AND SERVE AS THE COMMUNITIES' CONNECTION TO THE HEALTH SYSTEM. IN BURERA, IMB SUPPORTED ROLLING OUT THE NATIONAL COMMUNITY HEALTH MODEL ACROSS A DISTRICT WITH 400,000 PEOPLE AND 13 HEALTH CENTERS BY PROVIDING TRAINING AND SUPPORTING THE SALARIES OF COMMUNITY HEALTH NURSES AND SUPERVISORS, AS WELL AS COMMUNITY HEALTH WORKERS.

" OPENED A NEW DISTRICT HOSPITAL IN KIREHE: IN PARTNERSHIP WITH THE MINISTRY OF HEALTH, IMB BUILT A NEW DISTRICT HOSPITAL IN KIREHE IN EASTERN RWANDA TO SERVE A POPULATION OF MORE THAN 260,000. THE HOSPITAL OPENED ON OCTOBER 17, 2008. THE HOSPITAL HOLDS 108 BEDS IN TOTAL AND INCLUDES BOTH WOMEN'S AND MEN'S WARDS, MATERNITY, SURGERY, A LABORATORY, AND A PEDIATRIC WARD COMPLETE WITH A CLINIC, A PLAY ROOM AND COUNSELING SPACE. IMB ALSO OPENED A TEMPORARY OPERATING ROOM IN WHICH MORE THAN 200 CAESAREAN-SECTIONS WERE PERFORMED BETWEEN FEBRUARY AND THE END OF JUNE.

" IMPROVED FOOD SECURITY THROUGH AGRICULTURAL ASSISTANCE AND DEVELOPMENT: IN AUGUST 2008, IMB LAUNCHED A NEW PROGRAM TO ADDRESS HUNGER AND MALNUTRITION BY DELIVERING AGRICULTURAL EDUCATION AND RESOURCES BOTH AT THE HOSPITAL AND AT PATIENTS' HOMES. THE AGRICULTURAL TRAINING CENTER AT RWINKWAVU HOSPITAL PRODUCES FOOD FOR HOSPITAL PATIENTS AND PROVIDES FREE AGRICULTURAL EDUCATION FOR PARENTS OF MALNOURISHED CHILDREN AND HIV/ AIDS PATIENTS. THE CENTER ALSO TRAINS AGRICULTURAL ASSISTANCE WORKERS WHO VISIT PATIENTS' HOMES WEEKLY TO OFFER TECHNICAL SUPPORT AND WORK WITH THE HOUSEHOLDS TO DEVELOP AND ACHIEVE WEEKLY AGRICULTURAL GOALS.

" STRENGTHENED WOMEN'S HEALTH SERVICES IN BURERA: WHEN PIH ARRIVED IN BURERA, RESIDENTS RECOUNTED STORIES OF WOMEN BEING ROWED ACROSS LAKE BURERA FOR EMERGENCY OBSTETRICAL CARE AT THE NEAREST DISTRICT HOSPITAL IN RUHENGERI. UPON ARRIVING, IMB SET TO WORK RIGHT AWAY TO RENOVATE A TEMPORARY HOSPITAL FACILITY WITH A NEW MATERNITY WARD, A TEMPORARY OPERATING SUITE, AN ULTRASOUND MACHINE, AND A FLEET OF THREE AMBULANCES. IMB ALSO SUPPORTED SALARIES FOR TWO RWANDAN NURSE-ANESTHETISTS AND TRAINED COMMUNITY HEALTH WORKERS IN REPRODUCTIVE HEALTH, EQUIPPING THEM WITH THE SKILLS TO MOBILIZE WOMEN AND EDUCATE THEM ON THE IMPORTANCE OF SEEKING ANTENATAL CARE AND DELIVERING AT HEALTH FACILITIES.

" EXPANDED PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS: CHILDREN INFECTED OR AFFECTED BY HIV/AIDS OFTEN EXPERIENCE DISCRIMINATION AND REJECTION IN THEIR COMMUNITIES AND SCHOOLS. TO GIVE MUCH NEEDED SUPPORT TO THESE VULNERABLE CHILDREN, IMB PROVIDES PSYCHOSOCIAL SUPPORT THROUGH SATURDAY SUPPORT GROUPS. CHILDREN MEET WITH SOCIAL WORKERS ONCE A MONTH, BOTH INDIVIDUALLY AND IN A GROUP, WHERE THEY LEARN ABOUT HIV, TALK ABOUT THEIR FEARS, EXPERIENCES, AND ASPIRATIONS, AND PARTICIPATE IN AGE-APPROPRIATE GAMES AND OTHER ACTIVITIES. THIS YEAR, MORE THAN

FORM 990, PART III - PROGRAM SERVICES

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300 CHILDREN RECEIVED COUNSELING EACH MONTH ACROSS SEVEN SITES.

BY THE NUMBERS:

" 4,559 AIDS PATIENTS ON THERAPY
 " 53,779 PATIENTS TESTED FOR HIV
 " 535,618 PATIENT VISITS (INCLUDING 43,999 HOSPITALIZATIONS)
 " 44,153 CASES OF MALARIA DIAGNOSED AND TREATED
 " 19,256 BABIES DELIVERED
 " 1,100 FOOD PACKETS DISTRIBUTED EACH MONTH
 " 687 CHILDREN RECEIVED SECONDARY SCHOOL FEES

4C PROGRAM SERVICE

LESOTHO:

PIH LESOTHO CONTINUED TO BRING COMPREHENSIVE PRIMARY HEALTH CARE TO REMOTE MOUNTAIN COMMUNITIES, AND TO PROVIDE COMMUNITY-BASED TREATMENT FOR HIV AND DRUG-RESISTANT TB. WE COMPLETED CRITICAL INFRASTRUCTURE PROJECTS, TREATED THOUSANDS FOR HIV AND TB, INITIATED ACTIVITIES FOR ORPHANS AND VULNERABLE CHILDREN, AND PILOTED WOMEN'S HEALTH PROGRAMS.

HIGHLIGHTS OF THE YEAR:

" EXPANDED THE COMPREHENSIVE HEALTHCARE PROGRAM IN RURAL AREAS: THE LESOTHO PROJECT EXPANDED OUR RURAL INITIATIVE TO A SEVENTH REMOTE MOUNTAIN CLINIC IN MANAMANENG. WITH THE HELP OF OVER 1,000 TRAINED VILLAGE HEALTH WORKERS, THE CLINICS PROVIDE INTEGRATED PRIMARY CARE, HIV/AIDS TREATMENT, AND TB TREATMENT, AS WELL AS FOOD DISTRIBUTION AND SUPPLEMENTATION SERVICES. SEVERAL INFRASTRUCTURE PROJECTS WERE COMPLETED, MAKING IT POSSIBLE TO TRANSPORT STAFF, PATIENTS, FOOD, AND SUPPLIES TO THE RURAL CLINIC SITES MORE SAFELY AND RAPIDLY. THE PROJECTS INCLUDED A NEW ROAD AT THE LEBAKENG CLINIC AND A TEMPORARY BRIDGE OVER A RIVER NEAR NKAU.

" INITIATED CHILD-FOCUSED ACTIVITIES: ONE OUT OF FOUR CHILDREN IN LESOTHO HAS LOST ONE OR BOTH PARENTS TO HIV, GIVING LESOTHO THE HIGHEST ORPHAN RATE IN THE WORLD. PIH LESOTHO HAS COLLABORATED WITH CATHOLIC RELIEF SERVICES AND OTHER PARTNERS TO SCALE UP SERVICES TO THOUSANDS OF ORPHANS IN THE AREAS SURROUNDING THREE OF OUR HEALTH CENTERS. PROJECTS INCLUDE A COMPREHENSIVE PREVENTION OF MOTHER-TO CHILD TRANSMISSION PROGRAM, WEEKLY CLINIC DAYS FOCUSED ON PRIMARY CARE FOR YOUNG CHILDREN, AND THE INCORPORATION OF CHILDREN'S HEALTH INTO THE VILLAGE HEALTH WORKER TRAINING.

" PILOTED WOMEN'S HEALTH PROJECTS: THE LESOTHO TEAM IMPLEMENTED A NUMBER OF EFFECTIVE, WIDE-RANGING WOMEN'S HEALTH

FORM 990, PART III - PROGRAM SERVICES

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PROGRAMS, INCLUDING REHABILITATING LYING-IN HOUSES NEAR EACH HEALTH CENTER TO ENCOURAGE CLINIC-BASED DELIVERIES. THE TEAM ASSISTED THE MINISTRY OF HEALTH IN DRAFTING A SUCCESSFUL APPLICATION FOR LESOTHO TO RECEIVE 120,000 DOSES OF GARDASIL © (HUMAN PAPILOMA VIRUS VACCINE) TO PROTECT WOMEN AGAINST CERVICAL CANCER. THE TEAM ALSO OBTAINED FUNDING FROM THE ELTON JOHN AIDS FOUNDATION TO PILOT A PROJECT THAT WILL TRAIN TRADITIONAL BIRTH ATTENDANTS TO ENCOURAGE WOMEN TO COME TO CLINIC FOR TESTING AND TREATMENT OF HIV AND OTHER SEXUALLY-TRANSMITTED INFECTIONS, AS WELL AS FOR

PRE- AND POST-NATAL CARE AND ASSISTED DELIVERIES.

" EXPANDED THE MULTI-DRUG RESISTANT TUBERCULOSIS PROGRAM: PIH LESOTHO HAS PARTNERED WITH THE MINISTRY OF HEALTH TO PROVIDE MDR-TB TREATMENT AT THE COMMUNITY LEVEL, TRAINING AND EMPLOYING COMMUNITY HEALTH WORKERS WHO VISIT PATIENTS IN THEIR HOMES TWICE A DAY. THE PROJECT TRAINS HEALTHCARE STAFF THROUGHOUT THE COUNTRY ON MDR-TB AND MDR-TB/HIV CO-INFECTION. ALL PATIENTS WITH SUSPECTED MDR-TB IN LESOTHO ARE REFERRED TO THE PROJECT FOR TREATMENT. THE PROGRAM HAS BECOME A BEACON FOR OTHER SUB-SAHARAN COUNTRIES LOOKING TO IMPLEMENT MDR-TB TREATMENT; TO DATE, THE PROGRAM HAS PROVIDED TRAINING FOR MEDICAL PROFESSIONALS FROM ETHIOPIA, SOUTH AFRICA, SWAZILAND, AND TANZANIA, AND PROGRAM STAFF HAVE TRAVELED TO NAMIBIA, SWAZILAND, AND KENYA TO PROVIDE TECHNICAL ASSISTANCE.

BY THE NUMBERS:

" 12,168 PATIENTS TESTED FOR HIV IN FY2009, OF WHOM 2,381 TESTED POSITIVE

" 1,674 HIV PATIENTS ENROLLED ON ANTIRETROVIRAL THERAPY

" 714 CASES OF TB DIAGNOSED OF WHOM 49% ARE CO-INFECTED WITH HIV

" 320 MDR-TB PATIENTS RECEIVED TREATMENT

" 3,200 HOUSEHOLDS RECEIVING FOOD SUPPLEMENTS

" 1,000 (APPROX.) COMMUNITY HEALTH WORKERS TRAINED (AS OF JUNE 30, 2009)

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

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DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
PERU		4,594,755.	
MALAWI		3,812,511.	
RUSSIA	1,126,772.	2,356,905.	
PACT (USA)	985,975.	1,057,505.	
OTHER PROGRAMS	544,234.	4,946,338.	
	-----	-----	-----
TOTALS	2,656,981.	16,768,014.	
	=====	=====	=====

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
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RWANDA
RUSSIA
PERU
LESOTHO
MALAWI

FORM 990, PART VI, LINE 17 - STATES

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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,

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

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
ACCOUNTING MANAGEMENT SOLUTIONS 800 SOUTH STREET, SUITE 195 WALTHAM, MA 02453	ACCOUNTING/FINANCE	154,926.
KPMG LLP 99 HIGH STREET BOSTON, MA 02110	AUDIT AND TAX FEES	151,598.
TOTAL COMPENSATION		----- 306,524. =====

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INVESTMENT INCOME	309,319.	309,319.		
TOTALS	309,319.	309,319.		
	=====	=====	=====	=====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
FUNDRAISING DINNER AT RIALTO	645,774.
MARANYUNDO FUNDRAISING DINNER	1,016,850.

TOTAL	1,662,624.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS

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DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
FUNDRAISING DINNER AT RIALTO	427,937.	234,860.	193,077.
MARANYUNDO FUNDRAISING DINNER	89,000.	65,000.	24,000.
TOTALS	516,937.	299,860.	217,077.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXP. AND OTHER ASSETS	112,331.	142,335.
	-----	-----
TOTALS	112,331.	142,335.
	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH AND CASH EQUIVALENTS	11,626,973.	13,244,048.	FMV
FIXED INCOME BONDS & NOTES	2,676,808.		FMV
PRIVATE EQUITY & HEDGE FUNDS	1,058,790.	1,125,068.	FMV
EQUITY SECURITIES	7,699,900.	1,280,366.	FMV
	-----	-----	
TOTALS	23,062,471.	15,649,482.	
	=====	=====	

