

Return of Organization Exempt From Income Tax

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

2010

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 2010 calendar year, or tax year beginning **07/01**, 2010, and ending **06/30**, 20**11**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **PARTNERS IN HEALTH A NONPROFIT CORPORATION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
888 Commonwealth Avenue 3rd Floor
 City or town, state or country, and ZIP + 4
Boston, MA 02215

D Employer identification number
04-3567502

E Telephone number
617-998-8922

G Gross receipts \$ **114,589,390**

F Name and address of principal officer: **Paul Zintl**
888 Commonwealth Avenue, 3rd Floor, Boston, MA 02215

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **www.pih.org**

K Form of organization: Corporation Trust Association 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: Our mission is to provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of (Continued on Schedule O, Statement 1)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	220
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 151,223,058	Current Year 86,886,780
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,377	1,618,562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	239,870	351,872
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,569,305	88,857,214
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,024,205	45,293,464
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,941,493	23,766,208
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,773,446		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	37,415,640	47,249,856
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	91,381,338	116,309,528	
	19 Revenue less expenses. Subtract line 18 from line 12	60,187,967	-27,452,314	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 93,137,157	End of Year 66,802,773
	21	Total liabilities (Part X, line 26)	3,703,001	4,892,936
	22	Net assets or fund balances. Subtract line 21 from line 20	89,434,156	61,909,837

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 **5/24/12**

Paul Zintl, Deputy Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Partners In Health is an international non-governmental organization dedicated to delivering quality health care to people and communities devastated by the joint burdens of poverty and disease. PIH's work has three goals: to care for patients, to alleviate the root causes of disease, and to share lessons learned around the world.

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 \$ 61,657,554 including grants of \$ 42,835,779) (Revenue \$ 0)

HAITI Continuing to rebuild from the unimaginable disaster of the January 12, 2010 earthquake, Zanmi Lasante (ZL) provided urgent care and ongoing community outreach in response to widespread cholera outbreaks, continued constructing a state-of-the-art hospital in the Central Plateau, and strengthened specialized services. Haiti Highlights of the Year Responded to the cholera epidemic: Since the first cases of cholera were confirmed by the Haitian Ministry of Health in October 2010, ZL worked tirelessly to treat over 75,000 cases, conduct community education and outreach, and strengthen the infrastructure necessary to provide clean water and basic sanitation for Haitians most vulnerable to the outbreaks. On the international stage, PIH/ZL advocated for a comprehensive, community-based strategy for prevention and treatment-including oral vaccination campaigns and attention to the structural causes of cholera, such as improved water and sanitation infrastructure. Thanks to funding from the US government and the World Bank, ZL was able to build and operate cholera treatment facilities and oral rehydration posts, train additional community health workers, and provide mental health and psychosocial support to cholera survivors. Completed over 50 percent of construction on Mirebalais Hospital: By May 2011, construction teams had already completed more than 50 percent of
(Continued on Schedule O, Statement 2)

4b (Code: _____) (Expenses \$ 16,119,007 including grants of \$ 0) (Revenue \$ 0)

RWANDA By collaborating with the Rwandan Government on a variety of projects-building a hospital in a previously underserved rural region, creating a district model that can be scaled up nationwide, and constructing new homes for a historically marginalized community-Inshuti Mu Buzima (IMB) helped to transform the health system in three districts of rural Rwanda. Rwanda Highlights of the Year Opened state-of-the-art hospital in rural Burera district: Inaugurated in January 2011, Butaro Hospital now brings high quality medical care and serves as a flagship center for medical education and innovation for the entire east Africa region. In addition to the four basic services-maternity, internal medicine, surgery, and pediatrics- the new hospital includes an emergency department, full surgery ward with two operating rooms, intensive care unit, neonatal intensive care unit, outpatient ophthalmology and gynecology services, and significantly expanded laboratory capabilities. Constructed in partnership with the Rwandan Government, which is supporting more than 40 percent of the operating costs, the facility features modern measures for infection control, including natural crossventilation reinforced by large ceiling fans and ultraviolet lights, secluded patient wards around courtyards, and an effective spatial triage system allowing for separation of patients based on their condition. Expanded services
(Continued on Schedule O, Statement 3)

4c (Code: _____) (Expenses \$ 7,495,169 including grants of \$ 109,676) (Revenue \$ 0)

PERU On July 9, 2011, Socios En Salud (SES) celebrated 15 years of providing high-quality treatment and support for tuberculosis and HIV patients in some of the poorest areas of Peru. This year, SES continued to grow, increasing social and economic support for patients, conducting advocacy initiatives to increase public awareness of TB and HIV, and engaging in research and trainings to inform the clinical management of both illnesses. Peru Highlights of the Year Provided socioeconomic support to patients with MDR-TB and HIV: Patients receiving treatment for TB and HIV need to have sufficient food and housing to ensure a sound recovery. This year, in partnership with the Peruvian Ministry of Health, SES continued to provide multi-drug resistant tuberculosis (MDR-TB) and HIV patients with the nutritional support, transportation, and pre-constructed, well ventilated houses that allow patients to recover at home with their families while reducing the risk of transmission. Scaled up outreach and training for TB control and prevention: As part of national efforts to scale up TB prevention and early diagnosis efforts among general and high- risk populations, SES trained university educators and administrators in TB prevention, and began studies in
(Continued on Schedule O, Statement 4)

4d Other program services. (Describe in Schedule O.) See Schedule O, Statement 5
(Expenses \$ 24,197,599 including grants of \$ 2,348,009) (Revenue \$ 0)

4e Total program service expenses ▶ 109,469,329

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>	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	✓	
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>		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6	Did the organization maintain any donor advised funds or any similar funds or 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>		✓
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>		✓
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>		✓
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>	✓	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	✓	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	✓	
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, Parts II and IV</i>	✓	
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, Parts III and IV</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20 a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 220	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b ✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a ✓	
b	If "Yes," enter the name of the foreign country: ▶ <u>See Schedule O, Statement 6</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 7
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Ricardo Solano, (617)998-8879

888 Commonwealth Avenue, 3rd Floor, Boston, MA 02215

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Dr Jim Yong Kim Director	1	✓					0	0	0	
Niane Kaneb Director	5	✓					0	0	0	
Bryan Stevenson Director	1	✓					0	0	0	
Jack Connors Director	1	✓					0	0	0	
Ted Philip Director	5	✓					0	0	0	
Todd McCormack Director	10	✓					0	0	0	
Albert Kaneb Director	10	✓					0	0	0	
Gary Gottlieb Director	1	✓					0	0	0	
Robert Heine Director	1	✓					0	0	0	
Lesley King Director	8	✓					0	0	0	
Dr Paul Farmer Executive VP	30	✓		✓			0	0	0	
Ophelia Dahl Executive Director/ President/ Director	60	✓		✓			89,889	0	731	
Dan Nova Director	1	✓					0	0	0	
Paul English Director	1	✓					0	0	0	
Charlotte C Wagner Director	1	✓					0	0	0	
Diane Currier Clerk	1			✓			0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Dr Joia Mukherjee Medical Director	50			<input checked="" type="checkbox"/>				0	0	0
Donella Rapier Chief Financial Officer/Treasurer	60			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		153,383	0	10,597
Theodore Constan Chief Program Officer	40			<input checked="" type="checkbox"/>				90,066	0	16,627
Paul Zintl Chief Operating Officer	40			<input checked="" type="checkbox"/>				86,780	0	705
Susan Sayers Chief Development Officer	60			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		122,937	0	19,599
Cassia VDH Holstein Partnership Chief Officer	60			<input checked="" type="checkbox"/>				99,077	0	0
Yusuf Karacaoglu Director of Information System	60					<input checked="" type="checkbox"/>		107,348	0	5,599
1b Sub-total								749,480	0	53,858
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								749,480	0	53,858

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Chuck Chere Language Unlimited, 10305 Hunt Country Lane, Vienna, VA 22182	Translation services from Eng	130,648
KPMG LLP, Dept 0511, PO BOX 120001, Dallas, TX 75312	Auditing and tax services	144,750
Vox Global, PO BOX 598, Saint Louis, MO 63188-0598	Ongoing strategic counsel to	315,144

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **3**

Part VIII Statement of Revenue

				(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 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 23,220,089					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 63,666,691					
	g	Noncash contributions included in lines 1a-1f: \$	8,813,100					
	h	Total. Add lines 1a-1f ▶		86,886,780				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue .						
g	Total. Add lines 2a-2f ▶			0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,327,651	0	0	1,327,651	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a			(i) Real				
				(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss) ▶						
	7a			(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses		26,023,087	0			
	c	Gain or (loss)		25,732,176	0			
	d	Net gain or (loss) ▶		290,911	0	0	290,911	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		a				
	b	Less: direct expenses		b				
	c	Net income or (loss) from fundraising events . . ▶						
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 . . ▶							
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 . . ▶							
Miscellaneous Revenue			Business Code					
11a	Healthcare trainings - Rwanda & Lesotho		621000	157,755	157,755	0	0	
b	VAT Return - Peru		621000	124,210	124,210	0	0	
c	Miscellaneous		621000	69,907	69,907	0	0	
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d ▶			351,872				
12	Total revenue. See instructions. ▶			88,857,214	351,872	0	1,618,562	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,395,898	1,395,898		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	43,897,566	43,897,566		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	840,354	261,501	247,900	330,953
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	42,875	42,875		
7	Other salaries and wages	20,204,166	17,535,811	903,183	1,765,172
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	167,655	84,113	19,768	63,774
9	Other employee benefits	1,496,769	1,190,365	258,868	47,536
10	Payroll taxes	1,014,389	760,834	89,881	163,674
11	Fees for services (non-employees):				
a	Management				
b	Legal	34,168	20,670	13,498	0
c	Accounting	373,288	283,288	90,000	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	154,258		154,258	
g	Other	3,470,732	3,425,742	41,613	3,377
12	Advertising and promotion	185,295	165,015	20,280	0
13	Office expenses	2,410,508	1,545,495	271,477	593,536
14	Information technology	1,305,189	1,003,689	252,331	49,169
15	Royalties				
16	Occupancy	1,678,134	1,153,118	370,124	154,892
17	Travel	3,857,316	3,636,869	105,783	114,664
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	173,585	163,833	3,971	5,781
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	760,398	661,264	99,134	0
23	Insurance	125,525	16,923	108,602	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Food	3,162,253	3,122,163	13,780	26,310
b	Construction & Renovation	5,261,086	5,256,817	4,269	0
c	Pharmaceuticals	3,785,802	3,785,752	50	0
d	Operations	5,512,951	5,498,172	12,590	2,189
e	Medical Supplies	3,089,473	3,089,473	0	0
f	All other expenses	11,909,895	11,472,083	-14,607	452,419
25	Total functional expenses. Add lines 1 through 24f	116,309,528	109,469,329	3,066,753	3,773,446
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,623,719	1	6,718,259
	2 Savings and temporary cash investments	852,523	2	1,180,719
	3 Pledges and grants receivable, net	13,399,999	3	8,038,531
	4 Accounts receivable, net	392,236	4	728,017
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	311,305	9	280,738
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,354,877		
		10a		
	b Less: accumulated depreciation	2,468,884	10b	
		3,047,056	10c	2,885,993
	11 Investments—publicly traded securities	35,743,335	11	10,946,658
	12 Investments—other securities. See Part IV, line 11	35,766,984	12	36,023,858
	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)	93,137,157	16	66,802,773	
Liabilities	17 Accounts payable and accrued expenses	3,312,064	17	4,380,337
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	390,937	21	512,599
	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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	0
	26 Total liabilities. Add lines 17 through 25	3,703,001	26	4,892,936
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	25,366,480	27	25,937,517
	28 Temporarily restricted net assets	64,042,676	28	35,947,320
	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	89,434,156	33	61,909,837
34 Total liabilities and net assets/fund balances	93,137,157	34	66,802,773	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,857,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,309,528
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,452,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,434,156
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-72,005
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	61,909,837

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization PARTNERS IN HEALTH A NONPROFIT CORPORATION	Employer identification number 04-3567502
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,713,522	52,519,712	62,535,155	151,122,108	86,886,780	384,777,277
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	31,713,522	52,519,712	62,535,155	151,122,108	86,886,780	384,777,277
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,673,348
6 Public support. Subtract line 5 from line 4.						369,103,929

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	31,713,522	52,519,712	62,535,155	151,122,108	86,886,780	384,777,277
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	866,717	834,931	309,319	414,484	1,327,651	3,753,102
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	170,764	50,732	152,391	174,875	351,872	900,634
11 Total support. Add lines 7 through 10						389,431,013
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	94.78 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.18 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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, or 990-PF.

OMB No. 1545-0047

2010

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization 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	----- ----- -----	\$ 11,306,142	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 2,684,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 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.)
4	----- ----- -----	\$ 2,030,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 2,847,893	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,770,344	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
---	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

-----	-----
-----	-----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

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

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

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

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

- Check if the filing organization belongs to an affiliated group.
- Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	116,096													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	12,900													
c	Total lobbying expenditures (add lines 1a and 1b)	128,996													
d	Other exempt purpose expenditures	112,666,651													
e	Total exempt purpose expenditures (add lines 1c and 1d)	112,795,647													
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="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	217,841	233,175	116,575	128,996	696,587
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	196,057	209,858	104,918	116,096	626,929

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

Table with 3 columns: (a) Yes, (a) 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, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 5 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 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 (see instructions)

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

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.

	(a) Donor advised funds	(b) Funds and other accounts
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 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.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - Revenues included in Form 990, Part VIII, line 1 ▶ \$
 - Assets included in Form 990, Part X ▶ \$
- 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 (ASC 958) relating to these items:
 - Revenues included in Form 990, Part VIII, line 1 ▶ \$
 - Assets included in Form 990, Part X ▶ \$

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land	0	732,557		732,557
b Buildings	0	400,359	101,483	298,876
c Leasehold improvements	0	155,469	23,753	131,716
d Equipment	0	3,553,229	2,042,084	1,511,145
e Other	0	513,263	301,564	211,699
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,885,993

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Fixed Income Bonds & Notes	35,398,970	End-of-Year Market Value
(A) Private Equity & Hedge Funds	624,888	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	36,023,858	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	88,857,214
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	116,309,528
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-27,452,314
4	Net unrealized gains (losses) on investments	4	-172,687
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	100,677
9	Total adjustments (net). Add lines 4 through 8	9	-72,010
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-27,524,324

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

1	Total revenue, gains, and other support per audited financial statements	1	88,963,180
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-172,685
b	Donated services and use of facilities	2b	278,651
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	105,966
3	Subtract line 2e from line 1	3	88,857,214
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	88,857,214

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

1	Total expenses and losses per audited financial statements	1	116,588,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	278,651
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	278,651
3	Subtract line 2e from line 1	3	116,309,528
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	116,309,528

Part XIV Supplemental Information

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

Schedule D, Part IV, Line 2b - Partners In Health served as a custodian for several small partner organizations that have not yet completed the process to register as 501(c)(3) organizations. This included receiving revenue and paying expense.

Schedule D, Part X, Line 2 - PIH is an organization described under Section 501(c)(3) of the Internal Revenue Code (IRC) and is generally exempt from income taxes under IRC Section 501(a). PIH has determined that it has taken no significant uncertain tax positions and accordingly no provision for income taxes has been recorded. PIH recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority. PIH has applied this more-likely-than-not threshold to all tax positions for which the statute of limitations remained open and determined there were no material unrecognized tax benefits as of that date. In addition, there have been no material changes in unrecognized benefits since adoption. It is PIH's policy to record estimated interest and penalties (if any) as part of management and general expense. Management believes that PIH's income tax returns for fiscal years 2007 and prior are no longer subject to examination by taxing authorities.

Part XIV - Supplemental Information (Continued)

Schedule D, Part XI, Line 8 - This is the cumulative translation adjustment which is derived from converting the balance sheet at the closing rate and the income statement at the average rate.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

PARTNERS IN HEALTH A NONPROFIT CORPORATION

04-3567502

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sch F, Stmt 1					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	9	6253			76,030,666

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sch F, Stmt 2						
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	Sub-Saharan Africa	3	2882	22,673,654
Activities	Program Services			
Services	Healthcare/Social Assistance			
Region	Russia and the newly independent States	2	16	2,073,955
Activities	Program Services			
Services	Healthcare/Social Assistance			
Region	South America	1	306	7,385,491
Activities	Program Services			
Services	Healthcare/Social Assistance			
Region	Central America and the Caribbean	2	3044	42,138,082
Activities	Grantmaking			
Services	Healthcare/Social Assistance - Grants to Partner Orgs			
Region	North America (including Canada and Mexico, but not the United States)	1	5	137,955
Activities	Grantmaking			
Services	Healthcare - Grants to Partner Orgs			
Region	Russia and the newly independent States			969,637
Activities	Grantmaking			
Services	Healthcare/Social Assistance - Grants to Partner Orgs			
Region	South America			107,559
Activities	Grantmaking			
Services	Healthcare/Social Assistance - Grants to Partner Orgs			
Region	Sub-Saharan Africa			19,185
Activities	Grantmaking			
Services	Healthcare/Social Assistance - Grants to Partner Orgs			
Region	Europe (including Iceland and Greenland)	0	0	525,148
Activities	Grantmaking			
Services	Healthcare/Social Assistance - Grants to Partner Orgs			
Total:		9	6253	76,030,666

Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region	Central America and the Caribbean	41,979,219	
Grant	Healthcare		
Cash Disbursement	Wire Transfer		
Non-Cash Assistance			
Valuation			
Region	Russia and the newly independent States	969,637	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			
Region	Europe (including Iceland and Greenland)	525,148	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			
Region	North America (including Canada and Mexico, but not the United States)	137,955	
Grant	Healthcare		
Cash Disbursement	Wire Transfer		
Non-Cash Assistance			
Valuation			
Region	South America	107,559	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			
Region	Central America and the Caribbean	88,863	
Grant	Healthcare		
Cash Disbursement	Wire Transfer		
Non-Cash Assistance			
Valuation			
Region	Central America and the Caribbean	50,000	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			
Region	North America (including Canada and Mexico, but not the United States)	20,000	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			
Region	Sub-Saharan Africa	19,185	
Grant	Healthcare		
Cash Disbursement	Wire		
Non-Cash Assistance			
Valuation			

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

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

Employer identification number
04-3567502

PARTNERS IN HEALTH A NONPROFIT CORPORATION

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations	6
3 Enter total number of other organizations	0

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Brigham & Women's Hospital 75 Francis Street Boston, MA 02215	1,020,840	0
EIN	04-2312909		
IRC code section	501 (c) (3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	PACT Project		
Name and address	Regis College 235 Wellesley Street Weston, MA 02493	160,000	
EIN	04-2104451		
IRC code section	501 (c) (3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Nurse training		
Name and address	New York University School of Medicine 550 First Ave Rm A645 New York, NY 10016	100,000	0
EIN	13-5562308		
IRC code section	501 (c) (3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Mental Health Collaboration		
Name and address	University of Washington 901 Boren Avenue Seattle, WA 98104	81,970	0
EIN	91-6001537		
IRC code section	501 (c) (3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Strengthen EMR		
Name and address	SOS Children's Villages - USA 1001 Connecticut Avenue SW Suite 1250 Washington, DC 20036	21,700	
EIN	13-6188433		
IRC code section	501 (c) (3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Partnership project Zanmi Beni (Haitian displaced orphans)		
Name and address	Still Harbor 666 Dorchester Avenue Boston, MA 02127	7,854	
EIN	26-2086313		

Schedule I, Part IV, Statement 1

PARTNERS IN HEALTH A NONPROFIT CORPORATION

IRC code section 501 (c) (3)

Method of valuation

Description of non-cash assistance

Purpose of grant Staff Development

**SCHEDULE J
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

PARTNERS IN HEALTH A NONPROFIT CORPORATION

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) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Donella Rapier	(i) 153,383	0	0	4,642	5,954	163,979	0
(ii) 0	0	0	0	0	0	0	0
2 Dr Joia Mukherjee	(i) 146,592	0	0	0	52,773	199,365	0
(ii) 0	0	0	0	0	0	0	0
Theodore Constan	(i) 131,633	0	0	0	34,598	166,231	0
(ii) 0	0	0	0	0	0	0	0
3 Paul Zintl	(i) 167,573	0	0	0	35,635	203,208	0
(ii) 0	0	0	0	0	0	0	0
4	(i)						
(ii)							
5	(i)						
(ii)							
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(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.

Schedule J, Part I, Line 1a - Compensation information: Housing allowance or residence for personal use: PIH provides housing in some circumstances for certain staff members working in remote areas and occasionally for their families as a condition of employment for the convenience of PIH. Dr. Paul Farmer, an Officer and Director of PIH, his wife, Didi Bertrand, an employee of PIH Rwanda, and their three children, have a home in Kagali, the capital city of Rwanda, the costs of which they pay themselves. When members of the Farmer family are in Rwinkwavu, where PIH's main facilities are located, PIH provides the use of a house for the family as a condition of employment to better serve PIH's need for their service in Rwinkwavu. A meaningful valuation of the housing provided by PIH is not really possible due to its location and the absence of comparability data. Discretionary spending account: Dr. Paul Farmer, a founder, officer and Director, who receives no compensation from PIH, travels extensively to remote locations on behalf 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 transactions receipts are often not available or are for small amounts (e.g., taxi fare) where a receipt would not be required for reimbursement, PIH has provided Dr. Farmer with an ATM card for periodic cash withdrawals for business purposes each month. The Executive Director, who is very familiar with Dr. Farmer's travel, his business obligations and the nature of his expenses, reviews and approves a summary of the cash withdrawals each month. The total spending from this account totaled \$3,146 for fiscal year 2011.

Schedule J, Part I, Line 1b - See explanation above for Sch J, Part I, Line 1a

Schedule J, Part II - Three officers of Partners In Health received compensation from unrelated organizations that is primarily for services rendered to Partners In Health, as follows: 1. Dr. Joia Mukherjee, Medical Director, received \$146,591.52 in reportable income and approximately \$52,773 in other compensation from Partners Healthcare, via Brigham and Women's Hospital (BWH), Division of Global Health Equity, where she holds the title Associate Physician. 2. Theodore Constan, Chief Program Office, received \$41,566.84 in reportable income and \$17,970.81 in other compensation from Harvard Medical School (HMS), Department of Global Health and Social Medicine, where he holds the title Program Manager for the Programs in Global Health and Social Change. 3. Paul Zintl, Chief Operating Officer, received \$80,793.05 in reportable income and \$34,929.69 in other compensation from HMS Department of Global Health and Social Medicine, where he holds the title PIDSC Senior Advisor for Planning and Finance. Note that both the BWH Division of Global Health Equity and the HMS Department of Global Health and Social Medicine work closely with Partners In Health and are headed by Partners In Health co-founder Paul Farmer.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public Inspection

Employer identification number

04-3567502

PARTNERS IN HEALTH A NONPROFIT CORPORATION

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$			

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

1	(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
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$											

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	153	4,642,133	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓	141	4,170,966	Fair Market Value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29	
----	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number

04-3567502

Form 990, Part VI, Section A, Line 2 - Section A Governing Body and Management LINE 2 Family relationship: Directors Albert and Diane Kaneb are married to one another.

Form 990, Part VI, Section B, Line 11b - 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 Grant Thornton, PIH's accounting firm. A complete draft of the Form 990 is then reviewed by the PIH Executive Director, and the Chief Operating Officer. This draft is then provided to the Audit and Investment Committee for their review. Finally, the draft 990 as it is ultimately filed with the Internal Revenue Service is provided to the full Board of Directors. Any and all questions and comments are addressed by the PIH Chief Financial Officer, who engages Grant Thornton in the discussion whenever relevant or necessary.

Form 990, Part VI, Section B, Line 12c - Conflict of interest: Each year, all PIH officers and board members are required to review the organization's conflict of interest policy and indicate their compliance 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 and the Board of Directors for discussion and disposition. The Board reserves the right to disallow any such transaction, arrangement or other working relationship and/or to ask the Interested Person to remove him or herself from any discussion or vote on the matter. The Board shall determine the existence of a conflict of interest by a majority vote of the disinterested directors.

Form 990, Part VI, Section B, Line 15 - Setting of compensation: The Compensation Committee of the Board of Directors, none of whose members have a conflict of interest, is charged with reviewing the proposed compensation of the Executive Director and of the Officers of the organization. The Executive Committee reviews a summary of market data before forming its conclusions. The deliberation and decision are documented in the minutes.

Form 990, Part VI, Section C, 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. PIH also provides a copy of its Articles of Organization, its By-laws, and its conflict of interest policy on its website for any interested person to view.

Form 990, Part XI, Line 5 - Currency Translation Adjustment is a gain of 100,677. Unrealized Gain/Loss Investments is a loss of 172,686.

Activity Or Mission Description

Description

them and to serve as an antidote to despair. We draw on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When our patients are ill and have no access to care, our team of health professionals, scholars and activists will do whatever it takes to make them well--just as we would do if a member of our own families our ourselves were ill.

First Program Service Accomplishments Description

Description

construction of a flagship national referral hospital and teaching center in Mirebalais. The 180,000-square-foot, 320-bed facility will change the face of public health care in Haiti by providing comprehensive clinical services, many of which-such as neonatal intensive care and thoracic surgery-are not currently available at any public facility. When the hospital becomes fully operational, it will be the largest functioning hospital in the country, with the capacity to treat upwards of 500 patients per day and provide high-quality education for nurses, medical students, and resident physicians.

Provided mental health, psychosocial support, and rehabilitative services: Since the earthquake in January 2010, ZL's Mental Health and Psychosocial Support team has more than doubled the number of psychologists, social workers, and community health workers trained to identify, refer, and support people suffering from myriad mental health problems. The services provided, such as the treatment of depression, anxiety, post-traumatic stress, and psychosis, have been integrated into the comprehensive system of care at all ZL sites to better support the mental health needs of all our patients. ZL also trained seven rehabilitation educators to provide specialized rehabilitative accompaniment to an estimated 225 patients, many of whom were injured in the earthquake. In addition, plans were completed for Haiti's first wheelchair-accessible public sector rehabilitation center at the hospital ZL runs in partnership with the Ministry of Health in Saint-Marc. This facility will provide rehabilitation services and be the site for a nine month Rehabilitation Technician Training program. Cared for children with physical and developmental disabilities: Zanmi Beni, Creole for "Blessed Friends," is home to 50 unaccompanied minors and vulnerable children with physical or developmental disabilities, abandoned in the crumbled pediatric ward of Port-au-Prince's General Hospital in the days following the earthquake. In April 2010, ZL purchased land in a quiet neighborhood of Port-au-Prince to build what is now a safe haven and caring home providing the children an educational and loving environment in which to thrive. Zanmi Beni strives to reduce the stigma and discrimination faced by children with special needs, and has already become a model center for addressing special needs in resource-poor settings. Haiti by the Numbers: * 2.8 million total patient encounters (all services included) * 13,784 children received educational assistance * 53 houses constructed or repaired * 6,268 HIV-positive patients on treatment * 482 TB patients treated * Approximately 75,000 cholera patients treated * 9,780 children treated for moderate or severe malnutrition * 25,269 active users of modern contraception methods * 98,735 pregnant women seen in antenatal clinic Haiti Staff: * 1,192 medical * 1,841 non-medical * 2,378 community health workers

Second Program Service Accomplishments Description**Description**

from seven to 22 health centers in the Eastern Province: With support from the Doris Duke Charitable Foundation, IMB expanded to 15 new health centers in Southern Kayonza and Kirehe Districts. With the addition of these facilities, IMB now covers all health centers in the districts. The major components of this project include social support programs, increased human resources and service delivery support, constructive nursing supervision, and an enhanced network of community health workers. IMB's research and monitoring and evaluation programs will document this strengthened healthcare system, allowing other districts to scale up and replicate the model. Supported Rwandan Government in cervical cancer screening, treatment, and training: Beginning in August 2010, PIH worked to enable Butaro, Rwinkwavu, and Ruhengeri Hospitals to offer cervical cancer screening. Combined, the hospitals provided screenings to more than 1,200 women, and treated 56 with cryotherapy. In June 2011, IMB organized a three-week training on quick and low-cost approaches to screening for cervical cancer. This training is part of PIH's collaboration with the non-profit PATH and the Ministry of Health to support Rwanda's National Cervical Cancer Plan. The plan includes HPV vaccination for adolescents, screening for HPV and cervical cancer using Visual Inspection with Acetic Acid, and treating precancerous lesions with cryotherapy. Provided social and economic support for a marginalized community: In partnership with the local community, and as part of the Rwandan Government's initiative to eliminate grass-roofed houses, IMB constructed 39 houses for families from the marginalized pygmy community in the remote hills of northern Rwanda. Replacing leaky, grass-thatched huts, the new houses were built with sturdy walls and metal roofs, ensuring equity while complying with district housing standards. In addition to housing, IMB and Burera district officials provided a full package of support to the pygmy community, including mutuelle health insurance subscriptions for every family, agricultural and food support, and school support for every child, including the costs of uniforms, shoes, notebooks, and other fees. Rwanda by the Numbers: * 660,137 total patient visits * 5,910 HIV patients on treatment * 19,759 babies delivered in health facilities * 107,980 patients tested for HIV * 37 health centers supported * 554 secondary school students received tuition coverage * 37,200 people received mutuelle health insurance coverage Rwanda Staff: * 865 medical * 1,146 non-medical * 3,313 community health workers

Third Program Service Accomplishments Description

Description

indigenous communities in Peru related to risk factors and vulnerability for TB. In addition, SES collaborated with the Ministry of Health to provide training on MDR-TB treatment and prevention to doctors, nurses, and community health workers in Lima and the southern Pisco region. At the national level, SES reached more than 7,000 university students with TB health campaigns on campuses across the country, and ran mass media campaigns estimated to have reached 1.5 million people. Contributed to research on MDR-TB and HIV: SES provided oversight and research capacity for the EPI project: a study of the transmission dynamics of MDR-TB, enrolling 4,000 patients and 20,000 of their household contacts. SES and the Ministry of Health will use the results of this research to reinforce early detection efforts and improve coverage by the national TB strategy. And in a study that seeks to show the impact and cost-effectiveness of community-based intervention in HIV treatment, SES worked in 92 health posts to enroll patients living in extreme poverty who had recently begun treatment but were at risk of non-adherence. Provided patients with options for sustainable income generation: SES's income generation project offers interest-free loans to TB and HIV patients and their families to start small businesses, helping them gain economic independence, improve self-esteem, and reignite their will to recover from their disease. This year SES provided in-house training, small loans and staff accompaniment to 97 current and former patients to start or expand small businesses including a taxi service, a juice stand, and a curtain-making enterprise. Within a year the average per capita household monthly income of those patients more than doubled-from \$48 to \$114. Peru By the Numbers: * Treated more than 10,500 MDR-TB patients to date with a 75% cure rate-the highest in the world * 150 university staff trained in TB prevention * Approximately 800 MDR-TB and HIV patients received socioeconomic support * 2,063 MDR-TB patients and 6,413 contacts enrolled in TB transmission research study * More than 1,800 food baskets distributed Peru Staff: * 111 medical * 195 non-medical * 174 community health workers

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	OTHER PROGRAM SERVICES In addition to the programs listed, PIH has programs in Lesotho, Malawi, Russia, Kazakhstan, Mexico and Guatemala. Other major expenditures in Other Programs include those for training and electronic medical records.	24,197,599	2,348,009	0
Total:		24,197,599	2,348,009	0

Name Of Foreign Country

Name

Canada

Haiti

Kazakhstan

Lesotho

Malawi

Peru

Russia

Rwanda

States Where Copy Of Return Is Filed

States

AK

AL

AR

AZ

CA

CO

CT

FL

GA

HI

IL

KS

KY

MA

MD

ME

MI

MN

MO

MT

NC

ND

NH

NJ

NM

NY

OH

OK

OR

PA

RI

SC

TN

UT

VA

WA

WI

WV

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
 Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The River Street Development Foundation (52-2117495) c/o 888 Commonwealth Avenue 3rd Floor, Boston, MA 02215	Support PIH	MA	501 (C) (3)	11 Type II	N/A		✓
(2) Socios En Salud Peru Av Merino Reyna 575 06 Porras B, Carabayllo, Peru	Healthcare	Peru			Partners In Health	✓	
(3) Inshuti Mu Buzima (Rwanda) Rwinkwavu, Rwinkwavu, Rwanda	Healthcare	Rwanda			Partners In Health	✓	
(4) Partners In Health - Lesotho New Europa 438 Pope John Paul, Maseru, Lesotho	Healthcare	Lesotho			Partners In Health	✓	
(5) Partners In Health - Malawi Po Box 56 Neno Boma 624200, Neno District, Malawi	Healthcare	Malawi			Partners In Health	✓	
(6) PIH - Canada co St Paul University 223 Main Street, Ottawa, Ontario, Canada	International Development	Canada			Partners In Health	✓	
(7) (Continued on Schedule R, Part VII, Statement 1)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

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

2	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Schedule R, Part VII, Statement 2			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R, Part V, Line 1k - Development staff at Partners In Health in Boston raise funds for all country sites. For purposes of Schedule R, Question 1k, these expenses have been allocated based on the proportion that the site expenses bear to the total program expenses across all sites.

Area with horizontal dashed lines for supplemental information.

Description of Identification of Related Tax-Exempt Organizations

Name and EIN Partners In Health - Russia
Address 11 13 Trekhpudniy Pereulok 10
 Moscow, , Russia
Primary activities Healthcare
State or foreign country Russia
Exempt code section
Public charity status
Direct controlling entity N/A
512(b)(13) controlled organization? Yes

Name and EIN Partners In Health - Kazakhstan
Address 99 Gogol Street 19
 Almaty, , Kazakhstan
Primary activities Healthcare
State or foreign country Kazakhstan
Exempt code section
Public charity status
Direct controlling entity N/A
512(b)(13) controlled organization? Yes

Description of Covered Relationships and Transaction Thresholds

		Amount involved
Name	Inshuti Mu Buzima (Rwanda)	12,679,971
Transaction type	b	
Method of determining amount involved	Amount is determined based on fiscal year budget proposal from IMB, budget review, revision and PIH Board approval.	
Name	Inshuti Mu Buzima (Rwanda)	225,210
Transaction type	k	
Method of determining amount involved	This amount represents payments processed by PIH in Boston to contractors performing their jobs at the country sites	
Name	Inshuti Mu Buzima (Rwanda)	557,558
Transaction type	k	
Method of determining amount involved	PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Inshuti Mu Buzima (Rwanda)	312,746
Transaction type	n	
Method of determining amount involved	This amount represents HR costs (excluding consultant costs) paid by PIH in Boston to employees performing their jobs for the sites	
Name	Partners In Health - Malawi	2,682,142
Transaction type	b	
Method of determining amount involved	Amount is determined based on fiscal year budget proposal from PIH-Malawi, budget review, revision and PIH Board approval.	
Name	Partners In Health - Malawi	235,754
Transaction type	k	
Method of determining amount involved	This amount represents payments processed by PIH in Boston to contractors performing their jobs at the country sites	
Name	Partners In Health - Malawi	121,945
Transaction type	k	
Method of determining amount involved	PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Partners In Health - Malawi	126,489
Transaction type	n	
Method of determining amount involved	This amount represents HR costs (excluding consultant costs) paid by PIH in Boston to employees performing their jobs for the sites	
Name	Partners In Health - Lesotho	6,194,436
Transaction type	b	
Method of determining amount involved	Amount is determined based on fiscal year budget proposal from PIH-Lesotho, budget review, revision and PIH Board approval.	
Name	Partners In Health - Lesotho	138,400
Transaction type	k	
Method of determining amount involved	This amount represents payments processed by PIH in Boston to contractors performing their jobs at the country sites	
Name	Partners In Health - Lesotho	249,825
Transaction type	k	
Method of determining amount involved	PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Partners In Health - Lesotho	109,329
Transaction type	n	
Method of determining amount involved	This amount represents HR costs (excluding consultant costs) paid by	

PIH in Boston to employees performing their jobs for the sites		
Name	Socios En Salud	2,476,608
Transaction type	Peru	
Method of determining amount involved	b Amount is determined based on fiscal year budget proposal from Socios en Salud, budget review, revision and PIH Board approval.	
Name	Socios En Salud	329,501
Transaction type	Peru	
Method of determining amount involved	k This amount represents payments processed by PIH in Boston to contractors performing their jobs at the country sites	
Name	Socios En Salud	259,258
Transaction type	Peru	
Method of determining amount involved	k PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Socios En Salud	244,802
Transaction type	Peru	
Method of determining amount involved	n This amount represents HR costs (excluding consultant costs) paid by PIH in Boston to employees performing their jobs for the sites	
Name	Partners In Health - Russia	2,331,485
Transaction type	Partners In Health - Russia	
Method of determining amount involved	b Amount is determined based on fiscal year budget proposal from PIH-Russia, budget review, revision and PIH Board approval.	
Name	Partners In Health - Russia	221,261
Transaction type	Partners In Health - Russia	
Method of determining amount involved	k This amount represents payments processed by PIH in Boston to contractors performing their jobs at the country sites	
Name	Partners In Health - Russia	105,278
Transaction type	Partners In Health - Russia	
Method of determining amount involved	k PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Partners In Health - Russia	162,326
Transaction type	Partners In Health - Russia	
Method of determining amount involved	n This amount represents HR costs (excluding consultant costs) paid by PIH in Boston to employees performing their jobs for the sites	
Name	Partners In Health - Kazakhstan	265,000
Transaction type	Partners In Health - Kazakhstan	
Method of determining amount involved	b Amount is determined based on fiscal year budget proposal from PIH-Kazakhstan, budget review, revision and PIH Board approval.	
Name	Partners In Health - Kazakhstan	11,433
Transaction type	Partners In Health - Kazakhstan	
Method of determining amount involved	k PIH in Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites	
Name	Partners In Health - Kazakhstan	18,463
Transaction type	Partners In Health - Kazakhstan	
Method of determining amount involved	n This amount represents HR costs (excluding consultant costs) paid by PIH in Boston to employees performing their jobs for the sites	