

# 2008 Income Tax Returns

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| AF                             | or tn            | e 2008                                       | caler             | idar year, or tax                                   | year beginning   | 07/0  | 0.1 , 2008, and                           | enaing                          | -                                       |                                 | 30,20                   |             |               |
|--------------------------------|------------------|--|-------------------|---|--|---|---|---------------------------------|---|---------------------------------|-------------------------|-------------|---------------|
| <b>B</b> c                     | heck if ap       | , p e e . e .                                | Please            | C Name of organization                              | on PARTNERS  | IN HEALTH,                                      | A NONPROFI                                | T CORPO                         | D Employe                               | r identifica                    | tion num                | ber         |               |
| Х                              | Addre            |  | se IRS<br>abel or | Doing Business As                                   | PARTNERS   | IN HEALTH A                                     | NONPROFIT                                 | CORP                            | 04-35                                   | 67502                           |                         |             |               |
|                                | Name             | change p                                     | rint or           | Number and street                                   | (or P.O. box if mail is  | s not delivered to street                       | address)                                  | Room/suite                      | E Telephor                              | e number                        |                         |             |               |
|                                | Initial          |  | type.<br>See      | 888 COMMONW   | EALTH AVE  |   |   | 3RD FL                          | (617)                                   | 998-8                           | 922                     |             |               |
|                                | Termi            |  | pecific           |   | or country, and ZIP +  | 4   |   | 101.5 12                        | (01/)                                   | <u> </u>                        | ,,,,,                   |             |               |
|                                | Amen             | nded t                                       | struc-<br>tions.  | BOSTON, MA  | 02215  |   |   |                                 | <b>G</b> Gross red                      | ceints \$                       | 7.1                     | 012         | ,467.         |
|                                | returr<br>Applic | n<br>cation                                  | F Na              | me and address of                                   | principal officer.   |   |   |                                 | H(a) Is this a                          |                                 |                         | Yes         | y No          |
|                                | pendi            |  |                   |   |  |   |   |                                 | affiliates                              | ?                               | _                       | 1           | <del></del>   |
|                                |                  |  |                   | COMMONWEALT   |  | 1   |   |                                 | H(b) Are all a                          |                                 |                         | Yes         | No            |
|                                |                  | empt statu                                   | ıs:               | X 501(c)(3) ◀                                       | (insert no.)   | 4947(a)(1) or                                   | 527                                       |                                 | If "No,"                                | attach a list.                  | (see instruc            | ctions)     |               |
| J                              | Websi            | ite: 🕨 🏻                                     | WWW.              | PIH.ORG   |  |   |   |                                 | H(c) Group e                            |                                 |                         |             |               |
| K                              | Туре             | of organiza                                  | ation:            | X Corporation                                       | Trust Associ   | ation Other >                                   | L   | Year of forma                   | ation: 2001                             | M State o                       | of legal do             | micile:     | MA            |
| Pa                             | rt I             | Sumi   | mary              |   |  |   |   |                                 |   |                                 |                         |             |               |
| Governance                     | 2                | SEE S  | STAT              | x $\blacktriangleright$ if the org                  | ganization discont   | inued its operations                            | or disposed of m                          |                                 | <br><br>6 of its assets                 | <br><br>                        |                         | <br><br>    |               |
| ⋖ర                             | 3                | Number                                       | of vo             | ting members of the                                 | e governing body (   | Part VI, line 1a)                               |   |                                 |   | 3                               |                         |             | 15            |
| es                             | 4                | Number                                       | of in             | dependent voting m                                  | embers of the go   | verning body (Part V                            | I. line 1b)                               |                                 |   | 4                               |                         |             | <br>13        |
| Activities                     |                  |  |                   | of employees (Part                                  |  |   |   |                                 |   | 1 1                             |                         |             | 82            |
| Ę                              | 6                |  |                   | of volunteers (estim                                |  |   |   |                                 |   |                                 |                         |             | 53            |
| ⋖                              | -                |  |                   |   |  | III line 12 column //                           | · · · · · · · · · · · · · · · · · · ·     |                                 |   |                                 |                         |             |               |
|                                |                  |  |                   | nrelated business re                                |  |   |   |                                 |   |                                 |                         |             | NONE          |
|                                | b                | Net unre                                     | elated            | business taxable in                                 | icome from Form 9  | 390-1, line 34                                  |   |                                 |   |                                 |                         |             | NONE          |
|                                |                  |  |                   |   |  |   |   |                                 | Prior Yea                               | ar                              | Curi                    | rent Ye     | ear           |
| 9                              | 8                | Contribu                                     | ution a           | and grants (Part VIII                               | , line 1h)   |   | COPY FOI                                  | ┅┡                              | 52,519,                                 | 712.                            | 62 <b>,</b>             | 535         | <u>,155.</u>  |
| eur                            | 9                | Program service revenue (Part VIII, line 2g) |                   |   |  |   |   |                                 |   | NONE                            | NON                     |             |               |
| Revenue                        | 10               | Investm                                      | ent in            | come (Part VIII, coli                               | umn (A), lines 3, 4  | , and 7d)                                       | PUBLIC INSPE                              | CTION                           | 1,227,                                  | 265.                            | -3,                     | 695         | ,909.         |
| œ                              |                  |  |                   | e (Part VIII, column                                |  |   |   |                                 |   | 707.                            |                         |             | ,468.         |
|                                |                  |  |                   | - add lines 8 throu                                 |  |   |   |                                 | 53,854,                                 |                                 | 5.0                     |             |               |
|                                |                  |  |                   |   |  |   |   |                                 |   |                                 |                         |             | <u>,714.</u>  |
|                                | 13               | Giants                                       | anu S             | milar amounts paid                                  | (Part IX, Column (A  | i), iiiles 1-3)                                 |   |                                 | 22,561,                                 | 531.                            |                         | 646         | <u>,065.</u>  |
|                                | 14               | Benefits                                     | paid              | to or for members (I                                | Part IX, column (A)  | ), line 4)                                      |   |                                 |   |                                 |                         |             | NONE          |
| es                             |                  |  |                   | er compensation, en                                 |  |   |   |                                 | 8,973,                                  | 169.                            | 13,                     | 799         | <u>,830.</u>  |
| Expenses                       | 16a              | Professi                                     | ional             | fundraising fees (Par                               |  |   |   |                                 |   | NONE                            |                         |             |               |
| ă                              | b                | Total fur                                    | ndrais            | sing expenses, Part I                               | X, column (D), line  | <b>25)</b> ▶ 1,555                              | 5,948.                                    |                                 |   |                                 |                         |             |               |
| ш                              |                  |  |                   | es (Part IX, column                                 |  |   |   |                                 | 19,052,                                 | 409.                            | 27.                     | 024         | ,212.         |
|                                | 18               | Total ex                                     | nense             | es. Add lines 13-17                                 | (must equal Part I)  | X column (A) line 2                             | 5)  |                                 | 50,587,                                 |                                 |                         |             | ,107.         |
|                                |                  |  |                   | expenses. Subtract                                  |  |   |   |                                 | 3,267,                                  |                                 |                         |             |               |
| - S                            | 1.5              | TCVCIIU                                      | C ICSS            | CAPCITOCO. OUDITACI                                 | inic to non inc i  |   |   |                                 | Beginning of                            |                                 |                         | of Ye       | <u>, 393.</u> |
| Net Assets or<br>Fund Balances |                  | <b>-</b>                                     | . ,               | 5 ( ) ( II ( 40)                                    |  |   |   |                                 |   |                                 |                         |             |               |
| sse                            | 20               |  |                   | Part X, line 16)                                    |  |   |   |                                 | 34,653,                                 |                                 |                         |             | <u>,365.</u>  |
| ξĒ                             | 21               |  |                   | s (Part X, line 26)                                 |  |   |   |                                 | 1,977,                                  | 598.                            | 2,                      | 568         | <u>,477.</u>  |
| <u> ₹∄</u>                     | 22               | Net asse                                     | ets or            | fund balances. Sub                                  | otract line 21 from  | line 20   |   |                                 | 32,676,                                 | 163.                            | 28,                     | 726         | <u>,888.</u>  |
| Pa                             | rt II            | Sign   | atur              | Block   |  |   |   |                                 |   |                                 |                         |             |               |
|                                | ign<br>ere       | and belt                                     | ief, it<br>gnatui | es of perjury, I declare<br>is true, correct, and c | e that I have examing the state of the state | ned this return, includ<br>n of preparer (other | fing accompanying<br>than officer) is bas | schedules an<br>sed on all info | od statements,<br>ormation of w<br>Date | and to the                      | e best of<br>arer has a | my kn       | owledge.      |
|                                |                  | Ту   | pe or             | print name and title                                |  |   |   |                                 |   |                                 |                         |             |               |
| Paid                           | arer's           | Prepare                                      | ire               | •   |  |   | Date                                      | Check if self-employed          |   | Preparer's<br>see instruc<br>P0 |                         |             | er            |
|                                | Only             | Firm's n                                     | nnlove            | or yours KPMG L                                     | LP   |   |   |                                 | EIN )                                   | <u>1</u> 3                      | -5565                   | <u> 207</u> |               |
|                                | -                | address,                                     | and Z             | iP + 4 345 PARK                                     | AVENUE - 22ND FI   | LOOR NEW YORK, NY                               | 10154-0102                                |                                 | Phone no.                               |                                 | 2-758                   | 97          | 00            |
| May                            | the I            | RS discu                                     | ıss th            | is return with the pre                              | eparer shown abov  | e? (See instructions                            | )   |                                 |   |                                 | Y                       | es          | No            |
|                                |                  | _  |                   |   |  |   |   |                                 | _                                       | _                               |                         |             |               |

|               | 04-356/502  | i age 🚣 |
|---------------|---|---------|
|               | rt III Statement of Program Service Accomplishments (see instructions)  |         |
| 1             | Briefly describe the organization's mission:  |         |
|               | SEE STATEMENT 1   |         |
|               |   |         |
|               |   |         |
|               |   |         |
| _             |   |         |
| 2             | Did the organization undertake any significant program services during the year which were not listed on                    | ┌       |
|               | the prior Form 990 or 990-EZ? Yes   | X 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?   | X No    |
|               | If "Yes," describe these changes on Schedule O.   |         |
| 1             | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.         |         |
| -             | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |         |
|               |   |         |
|               | allocations to others, the total expenses, and revenue, if any, for each program service reported.                          |         |
|               |   |         |
| 4a            | (Code:) (Expenses \$24,853,505. including grants of \$19,939,084. ) (Revenue \$   | )       |
|               | SEE STATEMENT 2   | ,       |
|               | OBE STATEMENT 2   |         |
|               |   |         |
|               |   |         |
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|               |   |         |
| 4h            | (Code:) (Expenses \$13,763,179including grants of \$50,000) (Revenue \$   | ١       |
| 75            |   | ,       |
|               | SEE STATEMENT 3   |         |
|               |   |         |
|               |   |         |
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|               |   |         |
|               |   |         |
| 4 c           | (Code:) (Expenses \$4,733,358. including grants of \$) (Revenue \$)   | )       |
|               | SEE STATEMENT 5   |         |
|               |   |         |
|               |   |         |
|               |   |         |
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|               |   |         |
| _             |   |         |
| 4d            | Other program services. (Describe in Schedule O.)  SEE STATEMENT 7  |         |
|               | (Expenses \$ 16,768,014. including grants of \$ 2,656,981. ) (Revenue \$ )  |         |
| 40            | Total program service expenses ►\$ 60,118,056. (Must equal Part IX, Line 25, column (B).)                                   |         |
| <del>40</del> | 60,118,056. (Must equal Part IX, Line 25, Column (b).)  |         |

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| Part   | Checklist of Required Schedules   |     |     |     |
|--------|---|-----|-----|-----|
|        |   |     | Yes | No  |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |     |     |     |
| 2      | complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?   | 1   | X   |     |
| 2<br>3 |   | 2   | Χ   |     |
| 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</i> "Yes," complete Schedule C, Part I | ,   |     |     |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete   | 3   |     | X   |
| 4      | Schodulo C. Port II   | ,   |     |     |
| 5      | Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)  | 4   | X   |     |
| 3      | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |     |
| 6      | Did the organization maintain any donor advised funds or any accounts where donors have the right to  | 5   |     |     |
| O      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete   |     |     |     |
|        | Schedule D, Part I  | 6   |     | 3.7 |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | -   |     | X   |
| •      | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>  | 7   |     | v   |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"  |     |     | X   |
| Ū      | complete Schedule D. Part III   | 8   |     | Х   |
| 9      | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part   |     |     | Λ   |
| •      | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"   |     |     |     |
|        | complete Schodule D. Bort IV  | 9   |     | Х   |
| 10     | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | X   |
| 11     | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,  |     |     |     |
|        | Parts VI, VIII, IX, or X as applicable  | 11  | Χ   |     |
| 12     | Did the organization receive an audited financial statement for the year for which it is completing this return   |     | 21  |     |
|        | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  |     | Х   |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | X   |
| 14a    | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a | X   |     |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,   |     |     |     |
|        | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  | 14b | Х   |     |
| 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? If "Yes," complete Schedule F, Part II  | 15  | Х   |     |
| 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? If "Yes," complete Schedule F, Part III   | 16  |     | Х   |
| 17     | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | Х   |
| 18     | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Х   |     |
| 19     | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Х   |
| 20     | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | Х   |
| 21     | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Х   |     |
| 22     | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | Х   |
| 23     | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete   |     |     |     |
|        | Schedule J  | 23  | Χ   |     |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |     |     |     |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions   |     |     |     |
|        | 24b-24d and complete Schedule K. If "No," go to question 25   | 24a |     | Χ   |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |     |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |     |     |     |
|        | to defease any tax-exempt bonds?  | 24c |     |     |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |     |
| 25a    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction   |     |     |     |
| _      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | X   |
| b      | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified  |     |     |     |
|        | person from a prior year? If "Yes," complete Schedule L, Part I   | 25b |     | X   |
| 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? If "Yes," complete Schedule L, Part II  | 26  | Χ   |     |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or   |     |     |     |
|        | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | Χ   |

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

|         |   |     | res | NO |
|---------|---|-----|-----|----|
| 28<br>a | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, |     |     |    |
|         |   | 28a |     | Х  |
| b       | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV   | 28b | Х   |    |
| С       | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV   | 28c |     | X  |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | Х   |    |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>  | 30  |     | Х  |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | X  |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | X  |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X  |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  | Х   |    |
| 35      | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35  |     | Х  |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | X  |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37  |     | X  |
|         |   |     |     |    |

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

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |     |     |    |
|     | U.S. Information Returns. Enter -0- if not applicable   |     |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |     |     |    |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   |     |     |    |
|     | gaming (gambling) winnings to prize winners?  | 1c  | Χ   |    |
| 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 82   |     |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | Χ   |    |
|     | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)  |     |     |    |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by   |     |     |    |
|     | this return?  | 3 a |     | X  |
| 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  | X   |    |
| b   | If "Yes," enter the name of the foreign country: ►SEE STATEMENT 8   |     |     |    |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |     |     |    |
| _   | and Financial Accounts.   | 5a  |     | Х  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5b  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding |     |     | 21 |
| C   | Prohibited Tax Shelter Transaction?   | 5 c |     |    |
| 6a  | Did the organization solicit any contributions that were not tax deductible?  | 6a  | X   |    |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |     |     |    |
| -   | gifts were not tax deductible?  | 6b  |     | Х  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |     |     |    |
| а   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?   | 7a  | Χ   |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | Χ   |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |     |     |    |
|     | required to file Form 8282?   | 7c  |     | X  |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |    |
| е   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   | _   |     |    |
|     | benefit contract?   | 7e  |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | X  |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |    |
| n   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as   | 7h  |     |    |
| 8   | required?   |     |     |    |
| 0   | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring   |     |     |    |
|     | organization, have excess business holdings at any time during the year?  | 8   |     |    |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.   |     |     |    |
| а   | 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  |     |    |
| 0   | Section 501(c)(7) organizations. Enter:   |     |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |    |
| 1   | Section 501(c)(12) organizations. Enter:  |     |     |    |
| а   | Gross income from members or shareholders   |     |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |     |     |    |
|     | amounts due or received from them.)   | 120 |     |    |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b                           | 12a |     |    |
| D   | in res, enter the amount of tax-exempt interest received of accided during the year12b  |     |     |    |

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

| Seci     | non A. Governing Body and Management  |          |     |          |
|----------|---|----------|-----|----------|
|          |   |          | Yes | No       |
|          | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the   |          |     |          |
|          | circumstances, process, or changes in Schedule O. See instructions.   |          |     |          |
| 1a       | Enter the number of voting members of the governing body  |          |     |          |
| b        | Enter the number of voting members that are independent 13  |          |     |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |          |     |          |
|          | any other officer, director, trustee, or key employee?  | 2        | Х   |          |
| 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?   | 3        |     | Χ        |
| 4        | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   | 4        |     | X        |
| 5        | Did the organization become aware during the year of a material diversion of the organization's assets?   | 5        |     | X        |
| 6        | Does the organization have members or stockholders?   | 6        |     | X        |
| 7a       | Does the organization have members, stockholders, or other persons who may elect one or more members  |          |     |          |
|          | of the governing body?  | 7a       |     | v        |
| b        | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7 b      |     | X        |
| 8        | Did the organizations contemporaneously document the meetings held or written actions undertaken during   | 7.0      |     | X        |
| Ü        | the year by the following:  |          |     |          |
| •        | The governing hody?   | 0.0      | 3.7 |          |
| a        | First annualities with with with a strong ball of the managing had O  | 8a       | X   |          |
| b        | Does the erganization have local chanters branches or affiliates?   | 8b       | Х   |          |
| 9a       | Does the organization have local chapters, branches, or affiliates?   | 9a       |     | _X       |
| b        | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,   | 0.1      |     |          |
| 40       | affiliates, and branches to ensure their operations are consistent with those of the organization?  | 9b       |     |          |
| 10       | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990   | 40       |     |          |
| 11       | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at  | 10       |     | <u>X</u> |
| • •      | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 11       |     | 3.7      |
| Soct     | ion B. Policies   | - ' ' '  |     | <u>X</u> |
| Seci     | IOII B. POIICIES  |          | Yes | No       |
| 120      | Door the organization have a written conflict of interest policy? If "No " as to line 12  | 40-      |     |          |
| _        | Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>   | 12a      | Х   |          |
| b        | wing to conflict O  |          |     |          |
| _        | rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 12b      | Х   |          |
| С        |   |          |     |          |
|          | describe in Schedule O how this is done   | 12c      | Х   |          |
| 13       | Does the organization have a written whistleblower policy?  | 13       | Χ   |          |
| 14       | Does the organization have a written document retention and destruction policy?   | 14       | Х   |          |
| 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:   |          |     |          |
| а        | The organization's CEO, Executive Director, or top management official?   | 15a      | Χ   |          |
| b        | Other officers or key employees of the organization?  | 15b      | Χ   |          |
|          | 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?  | 16a      |     | X        |
| 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  |          |     |          |
| 0001     | the organization's exempt status with respect to such arrangements?   | 16b      |     |          |
|          | List the states with which a copy of this Form 900 is required to be filed <b>b</b> and a second source.  |          |     |          |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed ▶_SEE_STATEMENT_9  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s  |          |     |          |
| 10       | available for public inspection. Indicate how you make these available. Check all that apply.   | o unity) |     |          |
| -        |   |          |     |          |
| -        |   |          |     |          |
|          | X Own website Another's website X Upon request  | -0C+     |     |          |
|          | $\overline{x}$ Own website $\overline{x}$ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intermediate to the conflict of the confl | est      |     |          |
| 19       | X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  |          |     |          |
|          | X Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the  |          |     |          |
| 19       | X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  |          |     |          |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

| (A)              | (B)                  |                                |                       | ((        | C)           |                              |        | (D)  | (E)  | (F)  |
|------------------|----------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|--|--|--|
| Name and Title   | Average<br>hours per | Posit                          |                       | check all |              | that apply)                  |        | Reportable compensation                        | Reportable compensation                          | Estimated amount of  |
|                  | week                 | Individual trustee or director | Institutional trustee | Officer   | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related |
|                  |                      |                                | ď                     |           |              | ated                         |        |  |  | organizations  |
| SEE SCHEDULE J-2 |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |
|                  |                      |                                |                       |           |              |                              |        |  |  |  |

Form **990** (2008)

JSA

| Part VII Section A. Officers, Directors, Tru   | ıstees. Ke                   | v Fm                              | nplo                  | Vec     | 9S.          | and I                        | Hia            | hest Compensat                         | ed Employees                         | (continued)  |
|--|------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|----------------|--|--------------------------------------|--|
| (A)  | (B)                          | <b>, _</b>                        |                       | )<br>() |              | <u> </u>                     | 9              | (D)                                    | (E)                                  | (F)  |
| Name and title   | Average<br>hours per<br>week |                                   | _                     | chec    | _            | that app                     | ply)<br>Former | Reportable<br>compensation<br>from     | Reportable compensation from related | Estimated<br>amount of<br>other  |
|  |                              | Individual trustee<br>or director | Institutional trustee | 31      | Key employee | Highest compensated employee | er             | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC      | compensation<br>from the<br>organization<br>and related<br>organizations |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
| 1b Total   |                              |                                   |                       |         |              |                              | <b></b>        | 518,255.                               | NON                                  |  |
| 2 Total number of individuals (including those organization ► 2                                      | e in 1a) v                   | /ho r                             | ecei                  | ived    | l m          | ore tl                       | han            | \$100,000 in re                        | portable compe                       | nsation from the   |
| 3 Did the organization list any former office  | er directo                   | or or                             | tru                   | ıste    | e. I         | kev e                        | emp            | lovee or highes                        | t compensated                        | Yes No   |
| employee on line 1a? If "Yes," complete Schede   | ule J for su                 | ch ind                            | ivid                  | ual     |              |                              | • •            |  |                                      | 3 X  |
| 4 For any individual listed on line 1a, is the the organization and related organizations individual | greater th                   | an \$                             | 150                   | ,00     | 0?           | If "Y                        | 'es,"          | complete Sched                         | ule J for such                       | 4 X  |
| 5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"          | e or accr                    | ue co                             | omp                   | ens     | atio         | n fro                        | om             | any unrelated o                        | rganization for                      | 5 X  |
| Section B. Independent Contractors   |                              |                                   |                       |         |              |                              |                |  |                                      |  |
| 1 Complete this table for your five highest compensation from the organization.                      | compensat                    | ed in                             | dep                   | enc     | dent         | cont                         | trac           | tors that received                     | d more than \$                       | 100,000 of   |
| (A) Name and business add  | ress                         |                                   |                       |         |              |                              |                | <b>(B)</b><br>Description of se        | rvices                               | (C)<br>Compensation  |
| SEE STATEMENT 10   |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
|  |                              |                                   |                       |         |              |                              |                |  |                                      |  |
| 2 Total number of independent contractors (i   | ncluding tl                  | nose                              | in <sup>-</sup>       | 1) v    | vho          | rece                         | eive           | d more than \$10                       | 0,000 in                             |  |

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| t VII | Statement of Reven                                  | ue                   |               | (                    | 04-3567502                             |   | T   |
|-------|---|----------------------|---------------|----------------------|--|---|---|
|       |   |                      |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from a under sections 512, 513, or 5 |
| 1a    | Federated campaigns                                 | 1a                   |               |                      |  |   |   |
| b     | Membership dues                                     | 1b                   |               |                      |  |   |   |
| С     | Fundraising events                                  |                      | 1,662,624.    |                      |  |   |   |
| d     | Related organizations                               | 1d                   |               |                      |  |   |   |
| е     | Government grants (contribu                         |                      |               |                      |  |   |   |
| f     | All other contributions, gifts, gran                |                      |               |                      |  |   |   |
|       | and similar amounts not included                    |                      | 60,872,531.   |                      |  |   |   |
| g     | Noncash contributions included                      |                      |               |                      |  |   |   |
| h     | Total. Add lines 1a-1f                              |                      |               | 62,535,155.          |  |   |   |
|       |   |                      | Business Code |                      |  |   |   |
| 2 a   |   |                      |               |                      |  |   |   |
| b     |   |                      |               |                      |  |   |   |
| С     |   |                      |               |                      |  |   |   |
| d     |   |                      |               |                      |  |   |   |
| е     |   |                      |               |                      |  |   |   |
| f     | All other program service rev                       |                      |               |                      |  |   |   |
| g     | Total. Add lines 2a-2f                              |                      |               | NONE                 |  |   |   |
| 3     | Investment income (includin                         | -                    |               | 222 242              | 222 242                                |   |   |
|       | other similar amounts)                              |                      |               | 309,319.             | 309,319.                               |   | 309,3   |
| 4     | Income from investment of t                         |                      |               | NONE                 |  |   |   |
| 5     | Royalties   | (i) Real             | (ii) Personal | NONE                 |  |   |   |
|       |   | (i) Real             | (II) Personal |                      |  |   |   |
| 6a    | Gross Rents   |                      |               |                      |  |   |   |
| b     | Less: rental expenses                               |                      |               |                      |  |   |   |
| С     | Rental income or (loss)                             |                      |               |                      |  |   |   |
| d     | Net rental income or (loss) .                       |                      | (ii) Other    | NONE                 |  |   |   |
| 7 a   | Gross amount from sales of                          | (i) Securities       |               |                      |  |   |   |
|       | assets other than inventory                         | 11,329,665.          |               |                      |  |   |   |
| b     | Less: cost or other basis                           |                      |               |                      |  |   |   |
|       | and sales expenses                                  | 15,334,893.          |               |                      |  |   |   |
|       | Gain or (loss)                                      | -4,005,228.          |               |                      |  |   |   |
| d     | Net gain or (loss)                                  |                      |               | -4,005,228.          |  |   | -4,005,2  |
| 8a    | Gross income from f                                 | •                    |               |                      |  |   |   |
|       | events (not including \$1                           | ,662,624.            | STMT 12       |                      |  |   |   |
|       | of contributions reported on                        | line 1c).            |               |                      |  |   |   |
|       | See Part IV, line 18                                | а                    |               |                      |  |   |   |
| b     | Less: direct expenses                               |                      |               |                      |  |   |   |
| С     | Net income or (loss) from ful                       | ndraising events .   | STMT 13 ▶     | 217,077.             | 217,077.                               |   |   |
| 9 a   | Gross income from gaming a                          |                      |               |                      |  |   |   |
|       | See Part IV, line 19.                               |                      |               |                      |  |   |   |
| b     | Less: direct expenses                               |                      |               |                      |  |   |   |
| С     | Net income or (loss) from ga                        | _                    |               | NONE                 |  |   |   |
| 10a   | Gross sales of invent                               |                      |               |                      |  |   |   |
|       | returns and allowances                              |                      |               |                      |  |   |   |
| b     | Less: cost of goods sold                            |                      |               |                      |  |   |   |
| С     | Net income or (loss) from sa<br>Miscellaneous Reven |                      | Business Code | NONE                 |  |   |   |
|       | OBJUDD THOOME                                       |                      | _             | 150 201              | 150 201                                |   |   |
| 11a   | OTHER INCOME  |                      | 900099        | 152,391.             | 152,391.                               |   |   |
| b     |   |                      |               |                      |  |   |   |
| С     |   |                      |               |                      |  |   |   |
| d     | All other revenue                                   |                      |               |                      |  |   |   |
| е     | Total. Add lines 11a-11d .                          |                      | - 1           | 152,391.             |  |   |   |
| 12    | Total Revenue. Add lines 1h                         | , 2g, 3, 4, 5, 6d, 7 | 7d, 8c,       |                      |  |   |   |
|       | 9c, 10c, and 11e                                    |                      |               | 59,208,714.          | 678,787.                               | NONE                                    | -3,695,9  |

#### 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).

|     | All other organizations must comple  | · · · · · · · · · · · · · · · · · · · |                              | (C)                             | (D)                  |
|-----|--|---------------------------------------|------------------------------|---------------------------------|----------------------|
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses                 | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1   | Grants and other assistance to governments and   |                                       |                              |                                 |                      |
|     | organizations in the U.S. See Part IV, line 21   | 1,485,575.                            | 1,485,575.                   |                                 |                      |
| 2   | Grants and other assistance to individuals in  |                                       |                              |                                 |                      |
|     | the U.S. See Part IV, line 22  | NONE                                  |                              |                                 |                      |
| 3   | Grants and other assistance to governments,  |                                       |                              |                                 |                      |
|     | organizations, and individuals outside the   |                                       |                              |                                 |                      |
|     | U.S. See Part IV, lines 15 and 16  | 21,160,490.                           | 21,160,490.                  |                                 |                      |
| 4   | Benefits paid to or for members  | NONE                                  |                              |                                 |                      |
| 5   | Compensation of current officers, directors,   |                                       |                              |                                 |                      |
|     | trustees, and key employees  | 477,675.                              | 162,505.                     | 157,276.                        | 157,894.             |
| 6   | Compensation not included above, to disqualified   |                                       |                              |                                 |                      |
|     | persons (as defined under section 4958(f)(1)) and  |                                       |                              |                                 |                      |
|     | persons described in section 4958(c)(3)(B)   | 36,750.                               | 36,750.                      |                                 |                      |
| 7   | Other salaries and wages   | 10,758,601.                           | 9,301,827.                   | 657,964.                        | 798,810.             |
| 8   | Pension plan contributions (include section 401  |                                       |                              |                                 |                      |
|     | (k) and section 403(b) employer contributions)   | 130,342.                              | 58,718.                      | 60,094.                         | 11,530.              |
| 9   | Other employee benefits  | 1,265,534.                            | 1,149,355.                   | 10,000.                         | 106,179.             |
| 10  | Payroll taxes  | 1,130,928.                            | 1,091,281.                   | 10,248.                         | 29,399.              |
| 11  | Fees for services (non-employees):   |                                       |                              |                                 |                      |
|     | Management   | NONE                                  |                              |                                 |                      |
|     | Legal  | 11,161.                               | 7,250.                       | 3,911.                          |                      |
|     | Accounting   | 147,322.                              | 7,772.                       | 139,550.                        |                      |
|     | Lobbying   | NONE                                  |                              |                                 |                      |
|     | Professional fundraising services. See Part IV, line 17  | NONE                                  |                              |                                 |                      |
|     | Investment management fees   | 69,643.                               |                              | 69,643.                         |                      |
|     | Other  | 1,723,843.                            | 1,608,638.                   | 109,315.                        | 5,890.               |
| 12  | Advertising and promotion  | 254,202.                              | 190,384.                     |                                 | 63,818.              |
| 13  | Office expenses  | 1,225,828.                            | 946,908.                     | 240,619.                        | 38,302.              |
| 14  | Information technology   | 662,847.                              | 600,436.                     | 45,861.                         | 16,550.              |
| 15  | Royalties  | NONE                                  |                              | 0.110                           |                      |
| 16  | Occupancy  | 550,262.                              | 545,501.                     | 2,149.                          | 2,612                |
| 17  | Travel   | 2,678,908.                            | 2,550,638.                   | 46,307.                         | 81,963.              |
| 18  | Payments of travel or entertainment expenses   |                                       |                              |                                 |                      |
|     | for any federal, state, or local public officials  | NONE                                  | 0.5.00.5                     |                                 |                      |
| 19  | Conferences, conventions, and meetings   | 89,498.                               | 85,285.                      | 3,838.                          | 375                  |
| 20  | Interest   | 2,722.                                |                              | 2,722.                          |                      |
| 21  | Payments to affiliates   | NONE                                  | 202 210                      | 00 505                          |                      |
| 22  | Depreciation, depletion, and amortization  | 472,823.                              | 383,318.                     | 89,505.                         |                      |
| 23  | Insurance  | 83,330.                               | 1,651.                       | 81,679.                         |                      |
| 24  | Other expenses. Itemize expenses not   |                                       |                              |                                 |                      |
|     | covered above. (Expenses grouped together and labeled miscellaneous may not exceed   |                                       |                              |                                 |                      |
|     | 5% of total expenses shown on line 25 below.)  |                                       |                              |                                 |                      |
|     | · · · · · · · · · · · · · · · · · · ·  | 2 056 067                             | 2 020 015                    | 1 100                           | 15.060               |
|     | FOOD   | 3,956,267.                            | 3,939,215.                   | 1,183.                          | 15 <b>,</b> 869.     |
|     | CONSTRUCTION _& RENOVATION   | 3,735,131.                            | 3,735,131.                   |                                 |                      |
|     | PHARMACEUTICALS  | 2,781,737.                            | 2,781,737.                   | 0 774                           | 2 205                |
|     | OPERATIONS   | 2,350,019.                            | 2,345,040.                   | 2,774.                          | 2,205                |
|     | MEDICAL_SUPPLIES   | 2,129,916.                            | 2,129,916.                   | C1 4CF                          | 004 550              |
|     | All other expenses   | 4,098,753.                            | 3,812,735.                   | 61,465.                         | 224,552.             |
|     | Total functional expenses. Add lines 1 through 24f   | 63,470,107.                           | 60,118,056.                  | 1,796,103.                      | 1,555,948.           |
| 26  | Joint Costs. Check here ► If following   |                                       |                              |                                 |                      |
|     | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                                       |                              |                                 |                      |
| ISA |  |                                       |                              |                                 |                      |

JSA 8E1052 1.000

14 00516X 2LBN V08-8.3 1694858

| Pa             | irt X   | Balance Sneet   |                                 |     |       |                     |     |  |  |  |
|----------------|---|---|---------------------------------|-----|-------|---------------------|-----|--|--|--|
|                |   |   | <b>(A)</b><br>Beginning of year |     | End ( | <b>B)</b><br>of yea | r   |  |  |  |
|                | 1   | Cash - non-interest-bearing   | 2,131,082.                      | 1   | 4,    | 578 <b>,</b>        | 840 |  |  |  |
|                | 2   | Savings and temporary cash investments  | 1,791,863.                      | 2   |       | 639,                | 131 |  |  |  |
|                | 3   | Pledges and grants receivable, net  | 4,174,811.                      | 3   | 6,    | 483,                | 708 |  |  |  |
|                | 4   | Accounts receivable, net  | 765,715.                        | 4   | 1,    | 072,                | 783 |  |  |  |
|                | 5   | Receivables from current and former officers, directors, trustees, key                                    |                                 |     |       |                     |     |  |  |  |
|                |   | employees, or other related parties. Complete Part II of Schedule L                                       |                                 | 5   |       | 4,                  | 078 |  |  |  |
|                | 6   | Receivables from other disqualified persons (as defined under section                                     |                                 |     |       |                     |     |  |  |  |
|                |   | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II                              |                                 |     |       |                     |     |  |  |  |
|                |   | of Schedule L   |                                 | 6   |       |                     |     |  |  |  |
| ţ              | 7   | Notes and loans receivable, net   |                                 | 7   |       |                     |     |  |  |  |
| Assets         | 8   | Inventories for sales or use  |                                 | 8   |       |                     |     |  |  |  |
| ä              | 9   | Prepaid expenses and deferred charges STMT 14 .   | 112,331.                        | 9   |       | 142,                | 335 |  |  |  |
|                | 10a   | Land, buildings, and equipment: cost basis 10a 3,865,185.   |                                 |     |       |                     |     |  |  |  |
|                | b   | Less: accumulated depreciation. Complete  |                                 |     |       |                     |     |  |  |  |
|                |   | Part VI of Schedule D   | 2,615,488.                      | 10c | 2,    | 725,                | 008 |  |  |  |
|                | 11  | Investments - publicly traded securities  | 23,062,471.                     | 11  | 15,   | 649,                | 482 |  |  |  |
|                | 12  | Investments - other securities. See Part IV, line 11  |                                 | 12  |       |                     |     |  |  |  |
|                | 13  | Investments - program-related. See Part IV, line 11   |                                 | 13  |       |                     |     |  |  |  |
|                | 14  | Intangible assets   |                                 | 14  |       |                     |     |  |  |  |
|                | 15  | Other assets. See Part IV, line 11  |                                 | 15  |       |                     |     |  |  |  |
|                | 16  | Total assets. Add lines 1 through 15 (must equal line 34)   | 34,653,761.                     | 16  | 31,   | 295,                | 365 |  |  |  |
|                | 17  | Accounts payable and accrued expenses   | 1,977,598.                      | 17  |       | 322,                |     |  |  |  |
|                | 18  | Grants payable  |                                 | 18  |       |                     |     |  |  |  |
|                | 19  | Deferred revenue  |                                 | 19  |       |                     |     |  |  |  |
|                | 20  | Tax-exempt bond liabilities   |                                 | 20  |       |                     |     |  |  |  |
| S              | g 21 Escrow account liability. Complete Part IV of Schedule D                   |   |                                 |     |       |                     |     |  |  |  |
| Liabilities    | 22 Payables to current and former officers, directors, trustees, key employees, |   |                                 |     |       |                     |     |  |  |  |
| ig             |   | highest compensated employees, and disqualified persons. Complete Part II                                 |                                 |     |       |                     |     |  |  |  |
| Ë              |   | of Schedule L   |                                 | 22  |       |                     |     |  |  |  |
|                | 23  | Secured mortgages and notes payable to unrelated third parties  |                                 | 23  |       |                     |     |  |  |  |
|                | 24  | Unsecured notes and loans payable   |                                 | 24  |       |                     |     |  |  |  |
|                | 25  | Other liabilities. Complete Part X of Schedule D  |                                 | 25  |       | 245,                | 753 |  |  |  |
|                | 26  | Total liabilities. Add lines 17 through 25  | 1,977,598.                      | 26  |       | 568,                |     |  |  |  |
| - ses          |   | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. |                                 |     |       |                     |     |  |  |  |
| anc            | 27  | Unrestricted net assets   | 26,562,978.                     | 27  | 20,   | 975,                | 905 |  |  |  |
| Bal            | 28  | Temporarily restricted net assets   | 6,088,185.                      | 28  | 7,    | 725,                | 983 |  |  |  |
| 힏              | 29  | Permanently restricted net assets   | 25,000.                         | 29  |       | 25,                 | 000 |  |  |  |
| or Fund Balanc |   | Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.               |                                 |     |       |                     |     |  |  |  |
| Assets         | 30  | Capital stock or trust principal, or current funds  |                                 | 30  |       |                     |     |  |  |  |
| SSE            | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                                 | 31  |       |                     |     |  |  |  |
| Ä              | 32  | Retained earnings, endowment, accumulated income, or other funds  |                                 | 32  |       |                     |     |  |  |  |
| Net            | 33  | Total net assets or fund balances   | 32,676,163.                     | 33  | 28,   | 726,                | 888 |  |  |  |
|                | 34  | Total liabilities and net assets/fund balances  | 34,653,761.                     | 34  |       | 295,                |     |  |  |  |
| Pa             | rt XI   | Financial Statements and Reporting  |                                 |     |       |                     |     |  |  |  |
| 1              | Acco  | unting method used to prepare the Form 990: Cash X Accrual Othe   | er                              |     |       | Yes                 | No  |  |  |  |
| 2a             | Were  | e the organization's financial statements compiled or reviewed by an independent accoun                   | tant?                           |     | - 2a  |                     | Х   |  |  |  |
| b              | Were  | e the organization's financial statements audited by an independent accountant?                           |                                 |     | - 2b  |                     | Х   |  |  |  |
| С              | If "Ye  | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility                 | for oversight of the            |     |       |                     |     |  |  |  |
|                | audit   | , review, or compilation of its financial statements and selection of an independent accou                | intant?                         |     | - 2c  |                     |     |  |  |  |
| 3а             | As a  | result of a federal award, was the organization required to undergo an audit or audits as                 | set forth in                    |     |       |                     |     |  |  |  |
|                |   | Single Audit Act and OMB Circular A-133?  |                                 |     | - 3a  | Х                   |     |  |  |  |
| b              | If "Ye  | es," did the organization undergo the required audit or audits?   | <u> </u>                        |     | . 3b  | Х                   |     |  |  |  |

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

# **Public Charity Status and Public Support**

2008

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

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

| Part I   | Reason fo       | or Public Chari          | ity Status (All organ                        | izations m       | ust compl           | ete this         | oart.) (se          | e instru     | ctions)      |                      |            |
|----------|-----------------|--------------------------|--|------------------|---------------------|------------------|---------------------|--------------|--------------|----------------------|------------|
| The orga | inization is no | ot a private found       | dation because it is: (P                     | lease check      | only one o          | rganizati        | on.)                |              |              |                      |            |
| 1        | A church, co    | onvention of chu         | rches, or association                        | of churches      | described           | in <b>sectio</b> | n 170(b)(           | (1)(A)(i).   |              |                      |            |
| 2        | A school de     | scribed in <b>sectio</b> | on 170(b)(1)(A)(ii). (At                     | tach Sched       | ule E.)             |                  |                     |              |              |                      |            |
| 3        | A hospital o    | r a cooperative          | hospital service organ                       | ization desc     | cribed in <b>se</b> | ction 170        | (b)(1)(A)           | (iii). (Atta | ich Schedi   | ule H.)              |            |
| 4        | A medical       | research organiz         | zation operated in co                        | njunction v      | with a hos          | pital des        | cribed in           | section      | 170(b)(1)    | ( <b>A</b> )(iii). [ | Enter the  |
|          | hospital's na   | ame, city, and sta       | ate:   |                  |                     |                  |                     |              |              |                      |            |
| 5        | An organiza     | ation operated fo        | or the benefit of a col                      | lege or un       | iversity ow         | ned or o         | perated I           | by a gove    | ernmental    | unit des             | cribed in  |
|          | section 170     | (b)(1)(A)(iv). (Co       | omplete Part II.)                            | _                | -                   |                  |                     | -            |              |                      |            |
| 6        |                 |                          | vernment or governme                         | ental unit de    | scribed in s        | section 1        | 70(b)(1)(           | A)(v).       |              |                      |            |
| 7 X      |                 |                          | lly receives a substan                       |                  |                     |                  |                     |              | or from t    | he gene              | ral public |
|          | _               |                          | (1)(A)(vi). (Complete F                      | -                | • •                 | `                | •                   |              |              | Ü                    | •          |
| 8        |                 |                          | d in section 170(b)(1)                       |                  | mplete Par          | t II.)           |                     |              |              |                      |            |
| 9        |                 | -                        | lly receives: (1) more                       |                  | -                   | -                | m contrib           | outions, n   | nembershi    | p fees, a            | and gross  |
|          | _               |                          | ted to its exempt fun                        |                  |                     |                  |                     |              |              | -                    | _          |
|          | -               |                          | ment income and un                           |                  | -                   |                  | -                   |              |              |                      |            |
|          |                 | _                        | after June 30, 1975.                         |                  |                     |                  | -                   |              | ,            |                      |            |
| 0        |                 | _                        | and operated exclusive                       |                  |                     |                  |                     | -            | (see instr   | uctions)             |            |
| 1 🗍      | An organiza     | ation organized          | and operated exclusi                         | ively for th     | e benefit           | of, to pe        | rform th            | e functio    | ns of, or    | to carry             | out the    |
|          | purposes of     | f one or more p          | ublicly supported orga                       | anizations (     | described i         | n section        | 509(a)(             | 1) or sec    | tion 509(a   | )(2). See            | section    |
|          | 509(a)(3). (    | Check the box the        | at describes the type of                     | of supportin     | g organiza          | tion and o       | complete            | lines 11e    | through 1    | 11h.                 |            |
|          | а Тур           | el <b>b</b>              | Type II c                                    | : Typ            | e III - Func        | tionally Ir      | ntegrated           |              | d Ty         | pe III - O           | ther       |
| е        | By checking     | g this box, I ce         | ertify that the organiz                      | ation is no      | ot controlle        | ed direct        | y or ind            | irectly by   | one or       | more dis             | squalified |
|          | persons oth     | er than foundat          | ion managers and oth                         | er than on       | e or more           | publicly s       | supported           | d organiz    | ations des   | scribed in           | n section  |
|          | 509(a)(1) or    | section 509(a)(          | 2).  |                  |                     |                  |                     |              |              |                      |            |
| f        | If the organ    | nization received        | d a written determina                        | tion from        | the IRS tha         | at it is a       | Type I,             | Type II o    | r Type III   | support              | ing        |
|          | organization    | n, check this box        |  |                  |                     |                  |                     |              |              |                      | 🔲          |
| g        | Since Augus     | st 17, 2006, has         | the organization acce                        | pted any g       | ift or contri       | bution fro       | m any of            | the          |              |                      |            |
|          | following pe    | rsons?                   |  |                  |                     |                  |                     |              | •            |                      |            |
|          |                 |                          | or indirectly controls                       |                  |                     |                  |                     |              |              |                      | Yes No     |
|          | and (iii)       | below, the gove          | erning body of the sup                       | ported orga      | nization?           |                  |                     |              |              | 11g(i)               | X          |
|          | (ii) A famil    | y member of a p          | erson described in (i) a                     | bove?            |                     |                  |                     |              |              | 11g(ii)              | X          |
|          | (iii) A 35%     | controlled entity        | of a person described                        | l in (i) or (ii) | above?              |                  |                     |              |              | 11g(iii)             | X          |
| h        |                 | following inform         | ation about the organi                       | zations the      | organizati          | on suppo         | rts.                |              |              |                      |            |
|          | of supported    | (ii) EIN                 | (iii) Type of organization                   | (iv) Is the o    | organization        |                  | ou notify           |              | Is the       |                      | ount of    |
| orga     | anization       |                          | (described on lines 1-9 above or IRC section |                  | document?           |                  | nization in of your |              | tion in col. | Sup                  | port       |
|          |                 |                          | (see instructions))                          |                  |                     |                  | oort?               |              | S.?          |                      |            |
|          |                 |                          |  | Yes              | No                  | Yes              | No                  | Yes          | No           |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
|          |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
| Γotal    |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |
| Jiai     |                 |                          |  |                  |                     |                  |                     |              |              |                      |            |

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

Schedule A (Form 990 or 990-EZ) 2008

# 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.)

|        | tion A. Public Support endar year (or fiscal year beginning in)   | (a) 2004          | <b>(b)</b> 2005 | (c) 2006       | (d) 2007    | (e) 2008    | (f) Total    |
|--------|---|-------------------|-----------------|----------------|-------------|-------------|--------------|
|        |   |                   |                 |                |             |             |              |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")      | 17,252,209.       | 35,661,652.     | 31,713,522.    | 52,519,712. | 62,535,155. | 199,682,250. |
|        | include any unusual grants.   |                   | ,,              |                |             |             |              |
| 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 1-3  | 17,252,209.       | 35,661,652.     | 31,713,522.    | 52,519,712. | 62,535,155. | 199,682,250. |
| 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)  |                   |                 |                |             |             | 44,214,300.  |
| _6     | Public support. Subtract line 5 from line 4.  |                   |                 |                |             |             | 155,467,950. |
|        | tion B. Total Support   |                   |                 |                |             |             |              |
| Cale   | endar year (or fiscal year beginning in)  | (a) 2004          | <b>(b)</b> 2005 | (c) 2006       | (d) 2007    | (e) 2008    | (f) Total    |
| 7<br>8 | Amounts from line 4   | 17,252,209.       | 35,661,652.     | 31,713,522.    | 52,519,712. | 62,535,155. | 199,682,250. |
| •      | payments received on securities loans,  |                   |                 |                |             |             |              |
|        | rents, royalties and income from similar  | 100 000           | 020 005         | 066 515        | 004 001     | 200 210     | 0 050 455    |
|        | sources   | 109,263.          | 238,225.        | 866,717.       | 834,931.    | 309,319.    | 2,358,455.   |
| 9      | Net income from unrelated business  |                   |                 |                |             |             |              |
|        | activities, whether or not the business is regularly carried on   |                   |                 |                |             |             |              |
|        | regularly carried on 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.   |                   |                 |                |             |             |              |
| 10     | Other income. Do not include gain or  |                   |                 |                |             |             |              |
|        | loss from the sale of capital assets (Explain in Part IV.)  | 17,630.           | 149,997.        | 170,764.       | 50,732.     | 152,391.    | 541,514.     |
| 11     | Total support. Add lines 7 through 10   | 11,000            | 113/33/1        | 270,7011       | 00,702.     | 102,031.    | 202,582,219. |
| 12     | Gross receipts from related activities, etc. (S   | ee instructions \ |                 |                |             | 12          | 573,912.     |
| 13     | First five years. If the Form 990 is for the o  | ,                 |                 |                |             | · <b>-</b>  | 0,0,311.     |
|        | organization, check this box and stop here  | •                 |                 |                | ` , ` ,     |             |              |
| Sec    | tion C. Computation of Public Supp  |                   |                 |                |             |             |              |
| 14     | Public support percentage for 2008 (lir   |                   |                 | 11 column (f)) |             | . 14        | 76.74 %      |
| 15     | Public support percentage from 2007 S   |                   |                 |                |             |             | 77.93 %      |
|        | 33 1/3% support test - 2008. If the or  |                   |                 |                |             |             |              |
| ıva    | and <b>stop here</b> . The organization qualifi   |                   |                 |                |             |             |              |
| h      | 33 1/3% support test - 2007. If the or  |                   |                 |                |             |             |              |
| b      | box and <b>stop here</b> . The organization qu  |                   |                 |                |             |             |              |
| 170    |   |                   |                 |                |             |             |              |
| ı / a  | <b>10%-facts-and-circumstances test - 2</b> is 10% or more, and if the organization                     | _                 |                 |                |             |             |              |
|        |   |                   |                 |                |             |             |              |
|        | in Part IV how the organization meets   |                   |                 | _              |             |             |              |
|        | organization  |                   |                 |                |             |             |              |
| b      | 10%-facts-and-circumstances test - 2  | _                 |                 |                |             |             | iine         |
|        | 15 is 10% or more, and if the organiza  |                   |                 |                |             | •           |              |
|        | Explain in Part IV how the organization   |                   |                 |                |             | •           |              |
| 4.0    | supported organization  |                   |                 |                |             |             | ▶ □          |
| 18     | <b>Private foundation.</b> If the organization  |                   |                 |                |             |             | , [          |
|        | instructions  |                   |                 |                |             |             | ▶ □□         |

| Schedule A (Form 990 or 990-EZ) 2008 |  | 04-3567502          | Page |
|--------------------------------------|--|---------------------|------|
| Part III                             | Support Schedule for Organizations Described in    | n Section 509(a)(2) |      |
|                                      | (Complete only if you checked the boy on line 9 of | Part I \            |      |

| ٠.                                       | tion A. Public Support  alendar year (or fiscal year beginning in)   | (a) 2004  | <b>(b)</b> 2005  | (c) 2006  | (d) 2007  | (e) 2008  | (f) Total     |
|--|--|---|--|---|---|---|---------------|
| 1  |  | (4) 2004  | (8) 2000   | (6) 2000  | (4) 2007  | (6) 2000  | (i) Total     |
|  | 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 1-5   |   |  |   |   |   |               |
|  | 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 1% of   |   |  |   |   |   |               |
|  | the total of lines 9, 10c, 11, and 12 for the year or \$5,000  |   |  |   |   |   |               |
| c  | Add lines 7a and 7b.   |   |  |   |   |   |               |
|  | Public support (Subtract line 7c from  |   |  |   |   |   |               |
|  | line 6.)   |   |  |   |   |   |               |
| Sec                                      | tion B. Total Support  |   |  |   |   |   |               |
|  | alendar year (or fiscal year beginning in)   | (a) 2004  | <b>(b)</b> 2005  | (c) 2006  | (d) 2007  | (e) 2008  | (f) Tota      |
|  | Amounts from line 6  |   | . ,  |   | . ,   | , ,   | .,            |
|  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar   |   |  |   |   |   |               |
| b  | Unrelated business taxable income (less  |   |  |   |   |   |               |
|  | section 511 taxes) from businesses   |   |  |   |   |   |               |
|  | acquired after June 30, 1975   |   |  |   |   |   |               |
| С  | Add lines 10a and 10b  |   |  |   |   |   |               |
| 1  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly   |   |  |   |   |   |               |
|  | carried on   |   |  |   |   |   |               |
| 2  | Other income. Do not include gain or   |   |  |   |   |   |               |
|  | loss from the sale of capital assets   |   |  |   |   |   |               |
|  | (Explain in Part IV.)  |   |  |   |   |   |               |
| 3  | Total support. (Add lines 9, 10c, 11,  |   |  |   |   |   |               |
|  | and 12.)   |   |  |   |   |   |               |
|  |  |   | n's first, second.   | third, fourth, or   | fifth tax year a  | as a section 501  | (c)(3)        |
| 4  | First five years. If the Form 990 is for   | the organization  | ,  |   |   |   |               |
| 4  | <b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>  | _   |  |   |   |   |               |
|  | organization, check this box and stop here   | <u> </u>  |  |   |   |   |               |
| ec                                       | organization, check this box and stop here tion C. Computation of Public Sup   | port Percent  | age  |   |   |   |               |
| ec<br>5                                  | organization, check this box and stop here   | pport Percent   | age<br>led by line 13, colu  | mn (f))   |   | 15  |               |
| <b>6</b>                                 | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8  | pport Percent<br>, column (f) divid<br>edule A, Part IV-A   | age<br>led by line 13, colu<br>line 27g  | mn (f))   |   | 15  |               |
| ec<br>5<br>6                             | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Schotton D. Computation of Investment  | pport Percent<br>, column (f) divid<br>edule A, Part IV-A<br>nt Income Pel  | age<br>led by line 13, colu<br>line 27g<br>rcentage  | mn (f))   |   | 15  |               |
| 6<br>6<br>6<br>7                         | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche tion D. Computation of Investmen Investment income percentage for 2008 (line  | pport Percent<br>, column (f) dividedule A, Part IV-A<br>nt Income Per<br>ine 10c, column   | age led by line 13, colu line 27g rcentage (f) divided by line   | mn (f))   |   | 15<br>16  |               |
| 5<br>6<br>6<br>7                         | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche tion D. Computation of Investment Investment income percentage for 2008 (li Investment income percentage from 2007  | pport Percent<br>c, column (f) dividedule A, Part IV-Ant Income Per<br>ine 10c, column<br>Schedule A, Part  | age led by line 13, colu line 27g rcentage (f) divided by line li IV-A, line 27h   | mn (f))   |   | 15<br>16<br>17<br>18  |               |
| 5<br>6<br>6<br>7                         | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Schotton D. Computation of Investment Investment income percentage for 2008 (linvestment income percentage from 2007 33 1/3% support tests - 2008. If the organization of Investment income percentage from 2007 | pport Percent<br>dependent of the column of the | age led by line 13, colu li, line 27g rcentage (f) divided by line t IV-A, line 27h ot check the box   | mn (f))  13, column (f))  on line 14, and   | line 15 is more ti  | 15<br>16<br>17<br>18<br>han 33 1/3 %, and                                     | 1 line        |
| 15<br>16<br><b>Sec</b><br>17<br>18       | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche tion D. Computation of Investmen Investment income percentage from 2007 Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo          | pport Percent c, column (f) dividedule A, Part IV-A nt Income Per ine 10c, column Schedule A, Part ganization did no ex and stop here.  | age led by line 13, colu line 27g rcentage (f) divided by line li IV-A, line 27h ot check the box The organization                                     | mn (f))  13, column (f))  on line 14, and l   | line 15 is more thicky supported org  | 15<br>16<br>17<br>18<br>han 33 1/3 %, and                                     | d line        |
| 5<br>6<br>6<br>7<br>8<br>9 a             | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche tion D. Computation of Investmen Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo 33 1/3% support tests - 2007. If the organ      | pport Percent c, column (f) dividedule A, Part IV-A nt Income Per ine 10c, column Schedule A, Part ganization did no ex and stop here.  | age led by line 13, colu line 27g rcentage (f) divided by line l IV-A, line 27h of check the box The organization check a box on line                  | mn (f))  13, column (f))  on line 14, and liqualifies as a publine 14 or line 19a                     | line 15 is more thicly supported org, and line 16 is m  | 15<br>16<br>17<br>18<br>han 33 1/3 %, and<br>ganization<br>fore than 33 1/3 % | d line        |
| Sec<br>  5<br>  6<br>  7<br>  8<br>  9 a | organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche tion D. Computation of Investmen Investment income percentage from 2007 Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo          | pport Percent c, column (f) dividedule A, Part IV-A nt Income Per ine 10c, column Schedule A, Part ganization did no ex and stop here anization did not is box and stop h   | age led by line 13, colu line 27g rcentage (f) divided by line it IV-A, line 27h of check the box The organization check a box on lineer. The organiza | mn (f))  13, column (f))  on line 14, and liqualifies as a publice 14 or line 19a tion qualifies as a | line 15 is more the licly supported or and line 16 is multipublicly supported publicly supported. | 15 16  17 18 han 33 1/3 %, and ganization fore than 33 1/3 % dorganization    | d line  , and |

| SCHEDULE A, PART II - OTHER I | NCOME            |                  |         |                  |                  |                  |
|-------------------------------|------------------|------------------|---------|------------------|------------------|------------------|
| DESCRIPTION                   | 2004             | 2005             | 2006    | 2007             | 2008             | TOTAL            |
| MISCELLANEOUS REVENUE         | <u> 17,630.</u>  | 149 <b>,</b> 997 | 170,764 | 50 <b>,</b> 732. | 152 <b>,</b> 391 | 5 <u>41,514.</u> |
| TOTALS                        | 17 <b>,</b> 630. |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
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|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |
|                               |                  |                  |         |                  |                  |                  |

#### Schedule B

(Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

**Employer identification number** 

Name of the organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION 04-3567502 Organization type (check one): Filers of: Section: **501(c)(**3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Page \_\_\_\_\_ of \_\_\_\_ of Part I

Name of organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number
04-3567502

| Part I | Contributors | (see instructions) |
|--------|--------------|--------------------|
|        |              |                    |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|-----------------------------|--|
| 1          |                                   | \$\$5,924,146.              | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|            |                                   | \$\$1,953,201.              | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 3          |                                   | \$\$ 4,013,700.             | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 4          |                                   | \$\$                        | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 5          |                                   | \$\$                        | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 6          |                                   | \$\$.                       | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)   |

JSA 8E1253 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| ane | of | of Part |
|-----|----|---------|

Name of organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION

| Employer identification number 04-3567502

## Part I Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|-----------------------------|--|
| 7          |                                   | _ \$1,777,851.<br>_         | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
| 8_         |                                   | \$                          | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|            |                                   | \$                          | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|            |                                   | - \$<br>                    | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|            |                                   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Aggregate contributions | (d)<br>Type of contribution  |
|            |                                   | \$                          | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |

JSA 8E1253 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

|                        |  | s," to Form 990, Part IV, line 5 (Proxy Ta<br>organizations: Complete Part III.          | ax), tnen  |   |  |
|------------------------|--|--|--|---|--|
| Na                     | ame of organization  |  |  | Employer identi   | fication number  |
|                        | rt I-A To be complete  | A NONPROFIT CORPORATION ed by all organizations exempted ons for Schedule C for details. | t under section 50   | 1(c) and section 527 or   | 567502<br>rganizations.  |
| 1<br>2<br>3            | Political expenditures .   | he organization's direct and indirect  |  | ▶ \$  |  |
| Pa                     |  | ed by all organizations exempt ons for Schedule C for details.                           | under section 501  | I(c)(3).  |  |
| 1<br>2<br>3<br>4a<br>b | Enter the amount of any of the organization incurred Was a correction made?  If "Yes," describe in Part IV.  |  | managers under sec<br>n 4720 for this year?                                | ction 4955 • \$   | Yes No   |
| Pa                     | _  | ed by all organizations exemptions for Schedule C for details.                           | t under section 50   | )1(c), except section 50  | 01(c)(3).  |
| 1<br>2<br>3<br>4<br>5  | Enter the amount directly activities  Enter the amount of the fi 527 exempt function activities on Form 1120-POL, line 1 Did the filing organization State the names, addresse were made. Enter the arcontributions received and | expended by the filing organization.  ling organization's funds contributed vities       | d to other organization of all section of all section a separate political | ons for section  senter here and  son 527 political organizate the filing organization's organization, such as a se | yes No ions to which payments funds or were political eparate segregated fund  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If |
|                        |  |  |  |   | none, enter -0   |
|                        |  |  |  |   |  |
|                        |  |  |  |   |  |
|                        |  |  |  |   |  |
|                        |  |  |  |   |  |
|                        |  | <b></b>  |  |   |  |

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

Schedule C (Form 990 or 990-EZ) 2008

JSA 8E1264 1.000

| Pa    | Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. |  |                                  |                             |  |  |  |  |
|-------|--|--|----------------------------------|-----------------------------|--|--|--|--|
|       |  |  |                                  |                             |  |  |  |  |
| В     | Check ▶ if the filing organization   | checked box A and "limited control" provisi          | ons apply.                       |                             |  |  |  |  |
|       |  | ying Expenditures<br>eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |  |  |  |  |
| 1 a   | Total lobbying expenditures to influence   | public opinion (grass roots lobbying)                | 209,858.                         |                             |  |  |  |  |
| b     | Total lobbying expenditures to influence   | 23,317.  |                                  |                             |  |  |  |  |
| С     | Total lobbying expenditures (add lines 1a  | 233,175.   |                                  |                             |  |  |  |  |
| d     |  |  | 61,680,984.                      |                             |  |  |  |  |
| е     |  | I lines 1c and 1d)                                   | 61,914,159.                      |                             |  |  |  |  |
| f     | Lobbying nontaxable amount. Enter the  | amount from the following table in both              |                                  |                             |  |  |  |  |
|       | columns.   |  | 1,000,000.                       |                             |  |  |  |  |
|       | If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                   |                                  |                             |  |  |  |  |
|       | Not over \$500,000   | 20% of the amount on line 1e.                        |                                  |                             |  |  |  |  |
|       | Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.     |                                  |                             |  |  |  |  |
|       | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.   |                                  |                             |  |  |  |  |
|       | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.    |                                  |                             |  |  |  |  |
|       | Over \$17,000,000  | \$1,000,000.   |                                  |                             |  |  |  |  |
| g     | Grassroots nontaxable amount (enter 25   | % of line 1f)  | 250,000.                         |                             |  |  |  |  |
| h     | Subtract line 1g from line 1a. Enter -0- if  | line g is more than line a                           |                                  |                             |  |  |  |  |
| i     | Subtract line 1f from line 1c. Enter -0- if  | line f is more than line c                           |                                  |                             |  |  |  |  |
| j<br> | j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes X                        |  |                                  |                             |  |  |  |  |

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

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

Schedule C (Form 990 or 990-EZ) 2008

|        | 5768 (election under section 501(h)). See the instructions for Schedule C for o  | NOT filed Form details. |      |        |       |     |    |
|--------|--|-------------------------|------|--------|-------|-----|----|
|        |  | (a                      |      | (b)    |       |     |    |
|        |  | Yes                     | No   |        | Amo   | ınt |    |
| 1      | During the year, did the filing organization attempt to influence foreign, national, state or local  |                         |      |        |       |     |    |
|        | legislation, including any attempt to influence public opinion on a legislative matter or  |                         |      |        |       |     |    |
|        | referendum, through the use of:  |                         |      |        |       |     |    |
| а      | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                         |      |        |       |     |    |
| b      |  |                         |      |        |       |     |    |
| C      | Media advertisements?  |                         |      |        |       |     |    |
| d<br>e | Mailings to members, legislators, or the public? 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 other means?  |                         |      |        |       |     |    |
| i      | Other activities? If "Yes," describe in Part IV  |                         |      |        |       |     |    |
| j      | Total lines 1c through 1i  |                         |      |        |       |     |    |
| 2 a    | 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  |                         |      |        |       |     |    |
| С      | 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?   |                         |      |        |       |     |    |
| Par    | t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). See the instructions for Schedule C for details.  | ection                  | 501  | (c)(5) | , or  |     |    |
|        |  |                         |      |        |       | Yes | No |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |                         |      |        | 1     |     |    |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                         |      |        | 2     |     |    |
| 3      | Did the organization agree to carryover lobbying and political expenditures from the prior year?   |                         |      |        | 3     |     |    |
| Par    | t III-B To be completed by all organizations exempt under section 501(c)(4), se  |                         |      |        | -     |     |    |
|        | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N question 3 is answered "Yes." See Schedule C instructions for details.   | lo" O                   | R if | Part I | II-A, |     |    |
| 1      | Dues, assessments and similar amounts from members   |                         |      | 1      |       |     |    |
|        | Section 162(e) non-deductible lobbying and political expenditures (do not include amou   | unts (                  | of   | •      |       |     |    |
|        | political expenses for which the section 527(f) tax was paid).   |                         |      |        |       |     |    |
| а      | Current year   |                         |      | 2a     |       |     |    |
| b      | Carryover from last year   |                         |      | 2b     |       |     |    |
| С      | Total  |                         |      | 2c     |       |     |    |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the section 162(e) durin | es 🚬                    |      | 3      |       |     |    |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion  |                         |      |        |       |     |    |
| 4      | excess does the organization agree to carryover to the reasonable estimate of nondeductible le   | -                       | _    |        |       |     |    |
|        | and political expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  |                         |      | 4      |       |     |    |
|        |  |                         |      | _      |       |     |    |
|        | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  |                         |      | 5      |       |     |    |
|        | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information   | · · · ·                 |      | 5      |       |     |    |

Schedule C (Form 990 or 990-EZ) 2008

| scheaule C (F | orm 990 or 990-E2) 2008              | 04-3567502 | Page 4 |
|---------------|--------------------------------------|------------|--------|
| Part IV       | Supplemental Information (continued) |            |        |
| raitiv        | Supplemental information (continued) |            |        |
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#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| IValli | e of the organization   | Employer identification number        |
|--------|---|---------------------------------------|
| PAI    | RTNERS IN HEALTH, A NONPROFIT CORPORATION   | 04-3567502                            |
| Pa     | Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.   | Accounts. Complete if                 |
|        | (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  | or advised                            |
|        | funds are the organization's property, subject to the organization's exclusive legal control?   |                                       |
| 6      | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds  |                                       |
|        | used only for charitable purposes and not for the benefit of the donor or donor advisor or other  |                                       |
|        | impermissible private benefit?  | Yes No                                |
| Pa     | rt II Conservation Easements. Complete if the organization answered "Yes" to For  | m 990, Part IV, line 7.               |
| 1      | Purpose(s) of conservation easements held by the organization (check all that apply).   |                                       |
|        | Preservation of land for public use (e.g., recreation or pleasure)  Preservation of a   | an historically importantly land area |
|        |   | certified historic structure          |
|        | Preservation of open space  |                                       |
| 2      | Complete lines 2a-2d if the organization held a qualified conservation contribution in the form   | of a conservation easement            |
|        | on the last day of the tax year.  |                                       |
|        |   | Held at the End of the Year           |
| а      | Total number of conservation easements  | 2a                                    |
| b      | Total acreage restricted by conservation easements  | 2 b                                   |
| С      | 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   | 2 d                                   |
| 3      | Number of conservation easements modified, transferred, released, extinguished, or terminate  | ed by the organization during         |
|        | the taxable year  |                                       |
| 4      | Number of states where property subject to conservation easement is located ▶   |                                       |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, viola  |                                       |
|        | enforcement of the conservation easements it holds?   | L Yes L No                            |
| 6      | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the  |                                       |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year  |                                       |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the requirements of section   |                                       |
|        | 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   |                                       |
| 9      | In Part XIV, describe how the organization reports conservation easements in its revenue and e  |                                       |
|        | balance sheet, and include, if applicable, the text of the footnote to the organization's financial   | statements that describes             |
| Da     | the organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S  | Similar Accote                        |
| Га     | Complete if the organization answered "Yes" to Form 990, Part IV, line 8.   | Sillilai Assets.                      |
| 10     |   | at and balance about works of         |
| 1a     | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these item | ch in furtherance of public service,  |
|        |   |                                       |
| b      | If the organization elected, as permitted under SFAS 116, to report in its revenue statement ar   | nd balance sheet works of art,        |
|        | historical treasures, or other similar assets held for public exhibition, education, or research in provide the following amounts relating to these items:  | τιπηerance of public service,         |
|        | (i) Revenues included in Form 990, Part VIII, line 1  |                                       |
|        | (ii) Assets included in Form 990, Part X  |                                       |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for  | financial gain, provide the           |
|        | following amounts required to be reported under SFAS 116 relating to these items:   |                                       |
| а      | Revenues included in Form 990, Part VIII, line 1  |                                       |
| b      | Assets included in Form 990, Part X   | <b>&gt;</b> \$                        |

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

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| Par         | Organizations Maintaining Col                    | lections o   | of Art, Hi               | storical   |                                   |          | other Similar As     | sets (cor      | ntinued)        | )        |
|-------------|--|--------------|--------------------------|------------|-----------------------------------|----------|----------------------|----------------|-----------------|----------|
| _           |  |              |                          |            |                                   |          |                      | <b>.</b>       |                 |          |
| 3           | Using the organization's accession and oth       | ner records  | , check a                | any of the | e following th                    | nat are  | e a significant use  | e of its colle | ection          |          |
| _           | items (check all that apply):  Public exhibition |              | ٦                        |            | Loop or ove                       | hanad    | nrograma             |                |                 |          |
| a           | Scholarly research                               |              | d                        | $\vdash$   | Loan or exc<br>Other              | mange    | e programs           |                |                 |          |
| b<br>C      | Preservation for future generation               | ne           | е                        |            | Other                             |          |                      |                |                 |          |
| 4           | Provide a description of the organization's      |              | and eyn                  | lain how   | they further                      | the or   | raanization's ever   | nnt nurnos     | e in            |          |
| -           | Part XIV.  | Conconons    | and exp                  | iaiii iiow | tricy furtifier                   | tile of  | gariization 3 exer   | iipt puipot    | ,               |          |
| 5           | During the year, did the organization solici     | t or receive | e donatio                | ns of art  | historical tr                     | easure   | es, or other similar | r              |                 |          |
| •           | assets to be sold to raise funds rather than     |              |                          |            |                                   |          |                      |                | Yes             | No       |
| Par         | t IV Trust, Escrow and Custodial A               |              |                          |            |                                   |          |                      |                |                 |          |
|             | Part IV, line 9, or reported an a                |              |                          |            |                                   |          |                      |                | ,               |          |
|             | ·  |              |                          |            |                                   |          |                      |                | -               |          |
| 1 a         | Is the organization an agent, trustee, custo     | dian or oth  | ner interm               | nediary fo | or contribution                   | ons or   | other assets not     |                |                 |          |
|             | included on Form 990, Part X?                    |              |                          |            |                                   |          |                      |                | Yes             | No       |
| b           | If "Yes," explain the arrangement in Part X      | V and com    | plete the                | followin   | g table:                          |          |                      |                |                 |          |
|             |  |              |                          |            |                                   |          | Am                   | nount          |                 |          |
| С           | Beginning balance                                |              |                          |            |                                   | 1c       |                      |                |                 |          |
| d           | Additions during the year                        |              |                          |            |                                   | 1d       |                      |                |                 |          |
| е           | Distributions during the year                    |              |                          |            |                                   | 1e       |                      |                |                 |          |
| f           | Ending balance                                   |              |                          |            |                                   |          |                      |                |                 |          |
|             | Did the organization include an amount or        |              | , Part X,                | line 21?   |                                   |          |                      | 🔲              | Yes             | No       |
|             | If "Yes," explain the arrangement in Part X      |              | -4:                      |            | IV!! +- F-                        | 00       | 00 David IV line .   | 40             |                 |          |
| Par         | t V Endowment Funds. Complete                    |              | 1                        |            | 1                                 |          |                      |                |                 |          |
| 1 2         | Beginning of year balance                        | urrent Year  | ( <b>b</b> ) Pr          | or year    | (c) Two yea                       | ars back | (d) Three years      | s back (e      | e) Four yea     | ars dack |
| b           | Contributions                                    |              |                          |            |                                   |          |                      |                |                 |          |
| C           | Investment earnings or losses                    |              |                          |            |                                   |          |                      |                |                 |          |
| d           | Grants or scholarships                           |              |                          |            |                                   |          |                      |                |                 |          |
| e           | Other expenditures for facilities                |              |                          |            |                                   |          |                      |                |                 |          |
| _           | and programs                                     |              |                          |            |                                   |          |                      |                |                 |          |
| f           | Administrative expenses                          |              |                          |            |                                   |          |                      |                |                 |          |
| g           | End of year balance                              |              |                          |            |                                   |          |                      |                |                 |          |
| 2           | Provide the estimated percentage of the y        | ear end ba   | lance held               | d as:      |                                   |          |                      |                |                 |          |
| а           | Board designated or quasi-endowment              |              | %                        |            |                                   |          |                      |                |                 |          |
| b           | Permanent endowment ▶                            | 6            |                          |            |                                   |          |                      |                |                 |          |
| С           | Term endowment ▶ %                               |              |                          |            |                                   |          |                      |                |                 |          |
| 3 a         | Are there endowment funds not in the pos         | session of   | the orga                 | nization   | that are held                     | d and a  | administered for th  | he             |                 |          |
|             | organization by:                                 |              |                          |            |                                   |          |                      | _              | Ye              | s No     |
|             | (i) unrelated organizations                      |              |                          |            |                                   |          |                      | <u> </u>       | 3a(i)           |          |
|             | (ii) related organizations                       |              |                          |            |                                   |          |                      |                | Ba(ii)          |          |
| b           | If "Yes" to 3a(ii), are the related organization |              |                          |            |                                   |          |                      |                | 3b              |          |
| 4           | Describe in Part XIV the intended uses of the    |              |                          |            |                                   | 1 37 1   |                      |                |                 |          |
| Par         | t VI Investments - Land, Buildings,              |              |                          |            | m 990, Par                        | TX, III  | ne 10.               |                |                 |          |
|             | Description of investment                        |              | or other bas<br>estment) | sis (I     | o) Cost or other<br>basis (other) |          | (c) Depreciation     | ( <b>d)</b> B  | ook value       |          |
| 1a          | Land   |              |                          |            | 730,21                            | 2.       |                      |                | 730,            | ,212.    |
| b           | Buildings  |              |                          |            | 305,40                            | 2.       | 71,828.              |                | 233,            | ,574.    |
| С           | Leasehold improvements                           |              |                          |            |                                   |          |                      |                |                 |          |
| d           | Equipment  |              |                          |            | 1,106,69                          |          | 510,649.             |                |                 | 048.     |
| е           | Other  |              |                          |            | 1,722,87                          |          | 557,700.             |                |                 | ,174.    |
| <u>Tota</u> | I. Add lines 1a-1e. (Column (d) should equa      | I Form 990,  | , Part X,                | column (   | B), line 10(c)                    | .)       | <u> ▶   </u>         | ,              | 2 <b>,</b> 725, | ,008.    |

Schedule D (Form 990) 2008

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| Part VII Investments - Other Securities. See F   | orm 990, Part X, Iin  | e 12.  | ·               |
|--|-----------------------|--|-----------------|
| (a) Description of security or category (including name of security)   | (b) Book value        | <b>(c)</b> Method of valuati<br>Cost or end-of-year mark | on:<br>et value |
| Financial derivatives and other financial products   |                       |  |                 |
| Closely-held equity interests  |                       |  |                 |
| Other  |                       |  |                 |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)   |                       |  |                 |
| Part VIII Investments - Program Related. See F   | Form 990, Part X, Iir | ne 13.   |                 |
| (a) Description of investment type   | (b) Book value        | <b>(c)</b> Method of valuati<br>Cost or end-of-year mark | on:<br>et value |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)   |                       |  |                 |
| Part IX Other Assets. See Form 990, Part X, I  | ine 15.               |  |                 |
| (a)  | Description           |  | (b) Book value  |
|  |                       |  |                 |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)   |                       |  |                 |
| Part X Other Liabilities. See Form 990, Part X   |                       | · ,  |                 |
| (a) Description of liability   | (b) Amount            |  |                 |
| Federal income taxes   |                       |  |                 |
| AMOUNTS OWED - FISCAL AGENCIES   | 245,753.              |  |                 |
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| Total (Column (b) should constitute 200 De 1/4 (CO) " CO) " Constitute 200 De 1/4 (CO) " Constitute 200 De 1/4 (CO) " CO) " Constitute 200 De 1/4 (CO) " Constitute 200 De 1/4 (CO) " CO) " Constitute 200 De 1/4 (CO) " Constitute 200 De 1/4 (CO) " CO) " Constitute 200 De 1/4 (CO) " Constitute 200 De 1/4 (CO) " CO) " Constitute 200 De 1/4 (CO) " CONSTITUTE 200 De 1 |                       |  |                 |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)   | 245,753.              |  |                 |

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.

JSA 8E1270 1.000 00516X 2LBN

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|            | 18 D (Form 990) 2008 04-356/502   |        |          | Page 4                        |
|------------|---|--------|----------|-------------------------------|
| Part       | T. I. (5. 000 B. I.) (11)   (A)   (40)  | 1.     |          |                               |
| 1          | Total revenue (Form 990, Part VIII, column (A), line 12)  | 1      |          | 59,208,714.                   |
| 2          | Total expenses (Form 990, Part IX, column (A), line 25)   | 2      |          | 63,470,107.                   |
| 3          | Excess or (deficit) for the year. Subtract line 2 from line 1   | 3      |          | <u>-4,261,393</u> .           |
| 4          | Net unrealized gains (losses) on investments  | 4      |          | 371,626.                      |
| 5          | Donated services and use of facilities  | 5      |          |                               |
| 6          | Investment expenses   | 7      |          |                               |
| 7          | Prior period adjustments  | 8      |          |                               |
| 8<br>9     | Other (Describe in Part XIV)  | 9      |          | -59 <b>,</b> 508.             |
|            | Total adjustments (net). Add lines 4-8  Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  | 10     |          | 312,118.                      |
| 10<br>Part |   |        |          | -3 <b>,</b> 949 <b>,</b> 275. |
| r ar u     | Tatal account and a three connections and the definition of   |        | 1        | 60 045 260                    |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | • •    |          | 60,045,268.                   |
|            |   |        |          |                               |
| a<br>b     |   |        |          |                               |
|            | 111111111111111111111111111111111111111   | 08.    |          |                               |
| c<br>d     | '   | = 0    |          |                               |
| u<br>e     | `   |        | 2e       | 836,554.                      |
| 3          | Add lines 2a through 2d Subtract line 2e from line 1  | • •  - | 3        | 59,208,714.                   |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | • •    |          | 39,200,714.                   |
| +<br>a     | Investment expenses not included on Form 990, Part VIII, line 7b.   |        |          |                               |
| a<br>b     | Other (Describe in Part XIV)  |        |          |                               |
|            |   |        | 4 c      |                               |
| 5          | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)   | –      | 5        | 59,208,714.                   |
|            | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per  |        |          | J9, 200, 714.                 |
| 1          | Total expenses and losses per audited financial statements  | Itota  | 1        | 63,935,035.                   |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | • •    |          | 00,000,000.                   |
| -<br>а     | Donated services and use of facilities 2a 431,00  | 58     |          |                               |
| b          |   | 70.    |          |                               |
| C          | Prior year adjustments  Losses reported on Form 990, Part IX, line 25  2b  2c   |        |          |                               |
| d          | Other (Describe in Part XIV)  2d 33,86  | 50     |          |                               |
| e          | Add lines 2a through 2d   |        | 2e       | 464,928.                      |
| 3          | Subtract line 2e from line 1  | • •    | 3        | 63,470,107.                   |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | •      |          | 00/1/0/10/                    |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b  4a  |        |          |                               |
| b          | Other (Describe in Part XIV)  4b  |        |          |                               |
| С          | Add lines 4a and 4b   |        | 4c       |                               |
| 5          | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)   |        | 5        | 63,470,107.                   |
| Part       | XIV Supplemental Information  | '      |          |                               |
| and 2      | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PAGE 5 | art IV | ', lines | 1b                            |
|            |   |        |          |                               |
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| Part XIV S | upplemental Information (continued) |                                  |
|------------|-------------------------------------|----------------------------------|
| _FORM_990, | SCH D, PART XI, LINE 8; PART XI     | I_L_2D; PART_XIII, L_2D_& PART_X |
| _RECONCILI | ATION OF NET ASSETS, REVENUE AND    | EXPENSES AND FIN 48              |
| SCH D - R  | ECONCILIATION OF NET ASSETS, REV    | ENUE AND EXPENSES                |
|            |                                     |                                  |
| _RECONCILI | ATION OF NET ASSETS                 |                                  |
| _PART_XI,_ | LINE 8                              |                                  |
| _FOREIGN_C | URRENCY TRANSLATION ADJUSTMENTS     | (\$59 <b>,</b> 508)              |
|            |                                     |                                  |
| _RECONCILI | ATION OF REVENUE                    |                                  |
| _PART_XII, | LINE 2D                             |                                  |
| _FUNDRAISI | NG EVENT DIRECT EXPENSES            | \$299 <b>,</b> 860               |
| _AUCTION_I | TEMS NOT RECORDED IN REVENUE        | (266,000)                        |
|            |                                     |                                  |
| NET ADJUS  | IMENT                               | 33,860                           |
|            |                                     |                                  |
| _RECONCILI | ATION OF EXPENSES                   |                                  |
| PART XIII  | ,_LINE_2D                           |                                  |
| _FUNDRAISI | NG EVENT DIRECT EXPENSES            | \$ 299,860                       |
| _AUCTION_I | TEMS NOT RECORDED IN REVENUE        | (266,000)                        |
|            |                                     |                                  |
| _NET_ADJUS | IMENT                               | 33,860                           |
|            |                                     |                                  |
| _SCH_D,_PA | RT X - FIN 48                       |                                  |
| _ACCOUNTIN | G FOR INCOME TAX UNCERTAINTIES      |                                  |
|            |                                     |                                  |
| _EFFECTIVE | JULY 1, 2008 PIH ADOPTED FASB I     | NTERPRETATION NO. 48, ACCOUNTING |
| FOR UNCER  | TAINTY IN INCOME TAXES - AN INTE    | RPRETATION OF FASB STATEMENT NO. |

# Schedule F (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

2008

Open to Public Inspection

04-3567502

Department of the Treasury Internal Revenue Service

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

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

Name of the organization Employer identification number

| Pa   | rt I General Informa "Yes" to Form 99                                       | ation on Acti <sup>o</sup><br>90, Part IV, Iir | <b>vities Outsid</b><br>ne 14b.                      | e the United States. Co  | emplete if the organizat  | ion answered                                  |
|------|---|--|--|--|---|---|
| 1    | For grantmakers. Does t assistance, the grantees' the grants or assistance? | eligibility for t                              | he grants or a                                       | ssistance, and the select  | tion criteria used to awa   |   |
| 2    | For grantmakers. Describ<br>United States.                                  | e in Part IV the                               | e organization'                                      | s procedures for monitor   | ing the use of grant fund:  | s outside the                                 |
| 3    | Activities per Region. (Use   | e Schedule F-1                                 | (Form 990) if  | additional space is needed   | .)  |   |
|      | (a) Region  | (b) Number of offices in the region            | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in<br>region (by type) (i.e.,<br>fundraising, program services,<br>grants to recipients located in<br>the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region | <b>(f)</b> Total<br>expenditures in<br>region |
| SUB- | -SAHARAN AFRICA   | 3  | 1,753  | PROGRAM SERVICES   | HEALTHCARE/SOCIAL ASST  | 17,519,209.                                   |
| RUSS | SIA/INDEPENDENT STATES  | 1  | 14   | PROGRAM SERVICES   | HEALTHCARE  | 1,387,294.                                    |
| SOUT | TH AMERICA  | 1  | 126  | PROGRAM SERVICES   | HEALTHCARE/SOCIAL ASST  | 4,456,744.                                    |
| CENT | RAL AMERICA/CARIBBEAN   | 1  | 2,269  | PROGRAM SERVICES   | HEALTHCARE/SOCIAL ASST  | 19,939,084.                                   |
| NOR7 | 'H AMERICA  | 1  | 4  | PROGRAM SERVICES   | HEALTHCARE  | 73,960.                                       |
|      |   |  |  |  |   |   |
|      |   |  |  |  |   |   |
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|      |   |  |  |  |   |   |
| Tot  | als   | 7  | 4,166  |  |   | 43,376,291.                                   |

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

Schedule F (Form 990) 2008

| 1 | (a) Name of organization   | (b) IRS code section<br>and EIN (if applicable) | (c) Region              | (d) Purpose of grant | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|---|--|---|-------------------------|----------------------|---------------------------------|---------------------------------|---|--|---|
|   |  |   | CENT. AMERICA/CARIBBEAN | HEALTHCARE           | 19,939,084.                     |                                 |   |  |   |
|   |  |   | RUSSIA                  | HEALTHCARE           | 642,259.                        |                                 |   |  |   |
|   |  |   | RUSSIA                  | HEALTHCARE           | 169,016.                        |                                 |   |  |   |
|   |  |   | RUSSIA                  | HEALTHCARE           | 315,496.                        |                                 |   |  |   |
|   |  |   | NORTH AMERICA           | HEALTHCARE           | 73,960.                         |                                 |   |  |   |
|   |  |   | SOUTH AMERICA           | HEALTHCARE           | 20,675.                         |                                 |   |  |   |
|   |  |   |                         |                      |                                 |                                 |   |  |   |
|   |  |   |                         |                      |                                 |                                 |   |  |   |
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|   |  |   |                         |                      |                                 |                                 |   |  |   |
|   |  |   |                         |                      |                                 |                                 |   |  |   |
|   | total number of organization                                       | _   |                         | •                    | •                               |                                 |   |  | _   |
| • | ded a section 501(c)(3) equivated a section 501(c)(3) equivated as | -   |                         |                      |                                 |                                 |   |  | 7<br>NONE   |

Schedule F (Form 990) 2008

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. Use Schedule F-1 (Form 990) 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<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|---|--|---|
|                                 |            |                          |                          |                                 |   |  |   |
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|                                 |            |                          |                          |                                 |   |  |   |
|                                 |            |                          |                          |                                 |   |  |   |

<u>Schedule F</u> (Form 990) 2008 04-3567502 Page **4** 

| Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information. |
|--|
| FORM 990, SCH F, PART I, LINE 2  |
| MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES.   |
| PARTNERS IN HEALTH MAKES GRANTS ONLY TO ORGANIZATIONS IT KNOWS WELL AND  |
| WITH WHOM IT WORKS CLOSELY IN PARTNERSHIP TOWARD THE COMMON MISSION OF   |
| BREAKING THE CYCLE OF POVERTY AND DISEASE. FOR EACH MAJOR GRANT, PIH   |
| PROGRAM STAFF REVIEW BUDGETS AND WORK PLANS FOR WORK TO BE PERFORMED IN  |
| _ADVANCE AND ALSO REVIEW AND DISCUSS OUTCOMES EITHER ANNUALLY OR ONCE THE  |
| WORK HAS BEEN COMPLETED.   |
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008
Open To Public
Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

| Name of the organization                                  |   |                          |   |   | Employer identification  | ni number   |
|---|---|--------------------------|---|---|--|---|
| PARTNERS IN HEALTH, A                                     | A NONPROFIT CORPORATI   | ON                       |   |   | 04-356750  | )2  |
| Part I Fundraising Acti                                   | vities. Complete if the organ                                       | nization a               | nswered                                   | "Yes" to Form 9                             | 90, Part IV, line  | 17.   |
| 1 Indicate whether the orga                               | anization raised funds through a                                    | any of the               | following                                 | activities. Check a                         | all that apply.  |   |
| a Mail solicitations                                      | е   | Solid                    | citation of                               | non-government o                            | ırants   |   |
| <b>b</b> Email solicitations                              | f   | $\overline{}$            |   | government grant                            | •  |   |
| c Phone solicitations                                     | g<br>g  |                          |   | ising events                                | •  |   |
|   | _   | open                     | Jiai Tullula                              | ising events                                |  |   |
| d In-person solicitation                                  |   |                          |   |   |  |   |
| 2a Did the organization have<br>or key employees listed i | e a written or oral agreement w<br>in Form 990, Part VII) or entity | ith any ind<br>in connec | dividual (ir<br>ction with p              | ncluding officers, d<br>professional fundra | lirectors, trustees aising activities?                                     | Yes No  |
|   | est paid individuals or entities (fast \$5,000 by the organization. |                          |   |   |  |   |
| (i) Name of individual or entity (fundraiser)             | (ii) Activity   | custody c                | draiser have<br>or control of<br>outions? | (iv) Gross receipts<br>from activity        | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |   | Yes                      | No  |   | 561. (i)   |   |
|   |   |                          |   |   |  |   |
|   |   |                          |   |   |  |   |
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|   |   |                          |   |   |  |   |
| Total   |   |                          |   |   |  |   |
| 3 List all states in which the registration or licensing. | e organization is registered o                                      | or license               | d to solic                                | it funds or has t                           | peen notified it is  | exempt from   |
|   |   |                          |   |   |  |   |
|   |   |                          |   |   |  |   |
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V08-8.3 1694858

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| Pa              | Fundraising Events. Complemore than \$15,000 on For                                   | lete if the organizatior<br>m 990-EZ. line 6a. Li | n answered "Yes" to Fost events with aross re | orm 990, Part IV, Iir<br>eceipts greater than | ne 18, or report \$5.000.             | ed           |
|-----------------|---|---|---|---|---------------------------------------|--------------|
| 4               |   | (a) Event #1 MARANYUNDO (event type)              | (b) Event #2  RIALTO (event type)             | (c) Other Events  NONE (total number)         | (d) Total Events (<br>(a) through col | Add col      |
| Revenue         | Gross receipts     Less: Charitable   | 1,105,850   | 1,073,711.                                    |   | 2,179                                 | <u>,561</u>  |
|                 | contributions 3 Gross revenue (line 1   | 1,016,850   | 645,774.                                      |   | 1,662                                 | <u>,</u> 624 |
|                 | minus line 2)   | 89,000  | 427,937.                                      |   | 516                                   | <b>,</b> 937 |
|                 | 4 Cash prizes   |   |   |   |                                       |              |
| enses           | 5 Non-cash prizes   | 65,000  | 201,000.                                      |   | 266                                   | ,000         |
| Direct Expenses | 6 Rent/facility costs   |   |   |   |                                       |              |
| Dire            | 7 Other direct expenses   |   | 33,860.                                       |   | 33                                    | ,860         |
|                 | 8 Direct expense summary. Add lines     Net income summary. Combine line              | es 3 and 8 in column (d).                         |   | <u></u>                                       | 217                                   | 860.         |
| Pa              | Gaming. Complete if the or than \$15,000 on Form 990                                  |   | "Yes" to Form 990, Pa                         | art IV, line 19, or rep                       | orted more                            |              |
| Revenue         |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming                              | (d) Total gaming col. (a) through (   |              |
| &<br>B          | 1 Gross revenue   |   |   |   |                                       |              |
| Direct Expenses | Cash prizes     Non-cash prizes   |   |   |   |                                       |              |
| Direct E        | 4 Rent/facility costs   |   |   |   |                                       |              |
|                 | 5 Other direct expenses   |   | ( )   |   |                                       |              |
|                 | 6 Volunteer labor   | Yes9  | % Yes% No                                     | Yes% No                                       |                                       |              |
|                 | 7 Direct expense summary. Add lines   | 2 through 5 in column (c                          | l)  |   | (                                     |              |
|                 | 8 Net gaming income summary. Com  | bine lines 1 and 7 in colu                        | mn (d)  | <b>&gt;</b>                                   | Yes                                   | s No         |
|                 | Enter the state(s) in which the organization licensed to operate of If "No," Explain: | gaming activities in each                         | of these states?                              |   |                                       | , NO         |
|                 | Were any of the organization's gaming  of If "Yes," Explain:                          | licenses revoked, susp                            | ended or terminated duri                      | ng the tax year?                              | 10a                                   |              |
| 11<br>12        | Does the organization operate gaming Is the organization a grantor, beneficia         |   |   |   | 11                                    |              |

Schedule G (Form 990 or 990-EZ) 2008

| Schea | ule G (Form 990 or 990-EZ) 2008 04 – 3567502   |     |     | Page 3 |
|-------|--|-----|-----|--------|
|       |  |     | Yes | No     |
| 13    | Indicate the percentage of gaming activity operated in:  |     |     |        |
| а     | The organization's facility  | - 1 |     |        |
| b     | An outside facility  |     |     |        |
| 14    | Provide the name and address of the person who prepares the organization's gaming/special event books and records: |     |     |        |
|       |  |     |     |        |
|       | Name ►   |     |     |        |
|       | Address ►  |     |     |        |
| 15 a  | Does the organization have a contract with a third party from whom the organization receives gaming                |     |     |        |
|       | revenue?   | 15a |     |        |
| b     | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the                             |     |     |        |
|       | amount of gaming revenue retained by the third party ▶ \$  |     |     |        |
| С     | If "Yes," enter name and address:  |     |     |        |
|       | Name ▶   |     |     |        |
|       | Address ►  |     |     |        |
| 16    | Gaming manager information:  |     |     |        |
|       | Name •   |     |     |        |
|       | Gaming manager compensation ▶\$  |     |     |        |
|       | Description of services provided ▶   |     |     |        |
|       | Director/officer Employee Independent contractor   |     |     |        |
| 17    | Mandatory distributions:   |     |     |        |
| а     | Is the organization required under state law to make charitable distributions from the gaming proceeds to          |     |     |        |
|       | retain the state gaming license?   | 17a |     |        |
| b     | Enter the amount of distributions required under state law distributed to other exempt organizations or spent      |     |     |        |

in the organization's own exempt activities during the tax year ▶\$

Schedule G (Form 990 or 990-EZ) 2008

00516X 2LBN

### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the U.S.

OMB No. 1545-0047 2008

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PARTNERS IN HEALTH, A NONPROFIT CORPORATION 04-3567502 Part General Information on Grants and Assistance 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? 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" on 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. (f) Method of valuation (book, FMV, appraisal, 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant or government if applicable non-cash assistance or assistance CLINTON FOUNDATION 383 DORCHESTER AVE BOSTON, MA 02127 31-1580204 501 (C) (3) 50,000. RWANDA HEALTHCARE MARANYUNDO INITIATIVE 207 E STREET SOUTH BOSTON, MA 02127 26-1905452 501 (C) (3) 399,600. MARANYUNDO SCHOOL BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02215 04-2312909 501 (C) (3) 985,975. PACT PROJECT GLOBALGIVING\_FOUNDATION\_\_\_ 1023 15TH ST NW WASHINGTON, DC 20005 30-0108263 501 (C) (3) 50,000. HEALTHCARE PROJECTS Enter total number of section 501(c)(3) and government organizations NONE

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

Schedule I (Form 990) 2008

| (a) Type of grant or assistance        | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
|  |                          | <u> </u>                 |                                   |   |  |
|  |                          |                          |                                   |   |  |
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|  |                          |                          |                                   |   |  |
| Part IV Supplemental Information. Comp | ete this part to         | provide the inf          | ormation require                  | d in Part I, line 2, and any                          | other additional information.          |
| FORM 990, SCH I, PART I, LINE 2        |                          |                          |                                   |   |  |
| MONITORING THE USE OF GRANT FUNDS      | IN THE US                |                          |                                   |   |  |
| PARTNERS IN HEALTH MAKES GRANTS O      | NLY TO ORGA              | NIZATIONS I              | r <u>knows</u> well               | AND   |  |
| WITH WHOM IT WORKS CLOSELY IN PAR      | TNERSHIP TO              | WARD THE COM             | MMON MISSION                      | OF  |  |
| BREAKING THE CYCLE OF POVERTY AND      | DISEASE. F               | OR EACH MAJO             | OR GRANT, PIF                     | I   |  |
| PROGRAM STAFF REVIEW BUDGETS AND       | WORK PLANS               | FOR WORK TO              | BE PERFORMEI                      | O IN  |  |
| ADVANCE AND ALSO REVIEW AND DISCU      |                          |                          |                                   |   |  |
| WORK HAS BEEN COMPLETED. THE GRAN      | T TO THE MA              | RANYUNDO SCI             | HOOL IN FISCA                     | AL  |  |
| YEAR 2009 WAS SOMEWHAT DIFFERENT       | FROM THE NO              | RM. THIS W               | AS A GRANT WI                     |   |  |
| RESPECT TO A JOINT FUNDRAISING EV      |                          |                          |                                   |   |  |
|  |                          |                          |                                   |   |  |

| (a) Type of grant or assistance | (h) Number of            | (c) Amount of | (d) Amount of       | (e) Method of valuation (book, | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|---------------|---------------------|--------------------------------|--|
| (a) Type of grant of assistance | (b) Number of recipients | cash grant    | non-cash assistance | FMV, appraisal, other)         | (i) Description of non-cash assistance |
|                                 |                          |               |                     |                                |  |
|                                 |                          |               |                     |                                |  |
|                                 |                          |               |                     |                                |  |
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|                                 |                          |               |                     |                                |  |
|                                 |                          |               |                     |                                |  |
| Supplemental Information. Col   |                          |               |                     |                                | y other additional information.        |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL 1        |                                |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL 1        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL 1        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL 1        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL 1        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |
| ERRED THE MARANYUNDO SCHO       | OOL PORTION TO           | THE MARANYU   | NDO SCHOOL A        | AFTER                          |  |

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

| PAR | TNERS IN HEALTH, A NONPROFIT CORPORATION 04-3567502   | 2  |     |    |
|-----|---|----|-----|----|
| Par |   |    |     |    |
|     |   |    | Yes | No |
| 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.   |    |     |    |
|     | First-class or charter travel  X Housing allowance or residence for personal use                                  |    |     |    |
|     | Travel for companions Payments for business use of personal residence   |    |     |    |
|     | Tax indemnification and gross-up payments Health or social club dues or initiation fees                           |    |     |    |
|     | X Discretionary spending account Personal services (e.g., maid, chauffeur, chef)                                  |    |     |    |
| h   | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or         |    |     |    |
| D   | provision of all of the expenses described above? If "No," complete Part III to explain                           | 46 |     |    |
| •   |   | 1b |     | X  |
| 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?            | 2  |     | X  |
| 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.  |    |     |    |
|     | X Compensation committee Written employment contract  |    |     |    |
|     | Independent compensation consultant X Compensation survey or study  |    |     |    |
|     | X Form 990 of other organizations X Approval by the board or compensation committee                               |    |     |    |
|     |   |    |     |    |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a:                                 |    |     |    |
| а   | Receive a severance payment or change of control payment?   | 4a |     | Х  |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                             | 4b |     | Х  |
| С   | Participate in, or receive payment from, an equity-based compensation arrangement?                                | 4c |     | Х  |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     |    |     |    |
|     |   |    |     |    |
|     | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.   |    |     |    |
| 5   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any              |    |     |    |
|     | compensation contingent on the revenues of:   |    |     |    |
| а   | The organization?   | 5a |     | Х  |
| b   | Any related organization?   | 5b |     | Х  |
|     | 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:   |    |     |    |
| а   | The organization?   | 6a |     | Х  |
|     | Any related organization?   | 6b |     | Х  |
| _   | 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   | 7  |     | Х  |
| 8   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was                  |    |     | 1  |
| -   | subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe          |    |     |    |
|     | in Part III   | 8  |     | v  |

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

Schedule J (Form 990) 2008

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

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

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

| (A) Name       |      | (B) Breakdown            | of W-2 and/or 1099-MISC             | compensation                              | (C) Deferred | (D) Nontaxable  | (E) Total of columns | (F) Compensation                                |
|----------------|------|--------------------------|-------------------------------------|---|--------------|-----------------|----------------------|---|
|                |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation | benefits        | (B)(i)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                | (i)  | 134 <b>,</b> 966.        | NONE                                | 15,500.                                   | 2,302.       | 5 <b>,</b> 168. | 157 <b>,</b> 936.    | NONE  |
| DONELLA RAPIER | (ii) | NONE                     | NONE                                | NONE                                      | NONE         | NONE            | NONE                 | NONE  |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |
|                | (i)  |                          |                                     |   |              |                 |                      |   |
|                | (ii) |                          |                                     |   |              |                 |                      |   |

# Schedule J (Form 990) 2008 04-3567502 Part | Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. SCH J, PART I HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: PIH PROVIDES HOUSING IN SOME CIRCUMSTANCES FOR CERTAIN STAFF MEMBERS WORKING IN REMOTE AREAS AND OCCASIONALLY FOR THEIR FAMILIES. DR. PAUL FARMER, AN OFFICER AND DIRECTOR OF PIH, HIS WIFE, DIDI BERTRAND, AN EMPLOYEE OF PIH RWANDA, AND THEIR THREE CHILDREN, HAVE A HOME IN KIGALI, THE CAPITAL CITY OF RWANDA, THE COSTS OF WHICH THEY PAY THEMSELVES. WHEN MEMBERS OF THE FARMER FAMILY ARE IN RWINKWAVU, WHERE PIH'S MAIN FACILITIES ARE LOCATED, PIH PROVIDES THE USE OF A HOUSE FOR THE FAMILY. DISCRETIONARY SPENDING ACCOUNT: DR. PAUL FARMER, A FOUNDER, OFFICER AND DIRECTOR, WHO RECEIVES NO COMPENSATION FROM PIH, TRAVELS EXTENSIVELY TO REMOTE LOCATIONS ON BEHALF

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

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

THESE EFFORTS WHERE TRANSACTION RECEIPTS ARE OFTEN NOT AVAILABLE OR ARE

| Schedule J (Form 990) 2008  | 04-3567502  | Page  |
|---|---|---|
| Part    Supplemental Information  |   |   |
| Complete this part to provide the information, explan for any additional information. | ation, or descriptions required for Part I, lines 1a, 1b, 4c, 5 | 5a, 5b, 6a, 6b, 7, and 8. Also complete this pa |
|   |   |   |
| _ FOR SMALL AMOUNTS (E.G., TAXI FARE) WHE   | RE 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 FAMILIA   | AR WITH DR. FARMER'S TRAVEL, HIS                                |   |
| BUSINESS OBLIGATIONS AND THE NATURE OF  | HIS EXPENSES, REVIEWS AND APPROVES                              |   |
| _A SUMMARY OF THE CASH WITHDRAWALS EACH   | MONTH. THE TOTAL SPENDING FROM                                  |   |
| THIS ACCOUNT TOTALED \$8,307 FOR FISCAL   | YEAR 2009.  |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

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

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

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

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer Identification number 04-3567502

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** 

| Employees  |  |     |                              |          |  |  |  |            |            |             |  |  |
|--|--|-----|------------------------------|----------|--|--|--|------------|------------|-------------|--|--|
| (A)  | (B)  | (C) |                              |          |  |  |  | (D)        | (E)        | (F)         |  |  |
| Name and Title   | Average hours  |     | tion (                       | <u> </u> | k all  | that ap  |  | Reportable | Reportable | Estimated   |  |  |
|  | key employee  Officer  Institutional trustee  or director  per |     | Highest compensated employee | Former   | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |            |            |             |  |  |
| OPHELIA DAHL   |  |     |                              |          |  |  |  |            |            | _           |  |  |
| EXEC DIR/PRES/DIRECTOR   | 60.  | X   |                              | Х        |  |  |  | 86,610.    | NONE       | NONE        |  |  |
| DR PAUL FARMER   |  |     |                              |          |  |  |  |            |            |             |  |  |
| EXECUTIVE VP   | 30.  | X   |                              | Х        |  |  |  | NONE       | NONE       | NONE        |  |  |
| DR JIM YONG KIM  |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | Х   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| HOWARD_HIATT   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 2.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| DIANE KANEB  |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 5.   | Х   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| BRYAN STEVENSON  |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| JACK_CONNORS   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| TED_PHILIP   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 3.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| TODD_MCCORMACK   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 10.  | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| ALBERT_KANEB   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 10.  | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| GARY GOTTLIEB  |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| ROBERT_HEINE   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| MARY_WHITE   |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| MARJORIE CRAIG BENTON  |  |     |                              |          |  |  |  |            |            |             |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| LESLEY KING  |  | l   |                              |          |  |  |  | 11011      | ,,,,,,,    | 110117      |  |  |
| DIRECTOR   | 1.   | X   |                              |          |  |  |  | NONE       | NONE       | NONE        |  |  |
| PAUL ZINTL   |  |     |                              | ١        |  |  |  | 06 050     | 11011      | 110117      |  |  |
| COO  | 40.  |     |                              | X        |  |  |  | 86,358.    | NONE       | NONE        |  |  |
| DIANE_CURRIER  |  |     |                              | 3.7      |  |  |  | NONE       | NIONIE     | NONE        |  |  |
| CLERK  | 1.   |     |                              | Х        |  |  |  | NONE       | NONE       | <u>NONE</u> |  |  |
| DONELLA_RAPIER<br>CFO/TREASURER  | 60.  |     |                              | Х        |  |  |  | 150,466.   | NONE       | 6,774.      |  |  |
| EDWARD CARDOZA   | 00.  |     |                              | Λ        |  |  |  | 130,400.   | NONE       | 0,774.      |  |  |
| VP DEVELOPMENT   | 60.  |     |                              | X        |  |  |  | 111,274.   | NONE       | 7,848.      |  |  |
| THEODORE CONSTAN   | 00.  |     |                              |          |  |  |  | 111,414.   | NONE       | /,040.      |  |  |
| CHIEF PROGRAM OFFICER  | 40.  |     |                              | X        |  |  |  | 83,547.    | NONE       | 14,527.     |  |  |
| JOIA MUKHERJEE   | 40.  |     |                              | $\Gamma$ |  |  |  | 00,04/.    | NONE       | 17,527.     |  |  |
| MEDICAL DIRECTOR   | 50.  |     |                              | X        |  |  |  | NONE       | NONE       | NONE        |  |  |
| THE PICTURE OF THE PROPERTY OF | 1 30.  |     | <u> </u>                     |          |  |  |  | I INOINE   | I NOINE    | INOINE      |  |  |

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

Schedule J-2 (Form 990) 2008

47

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

### **Transactions With Interested Persons**

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization                    |            |                         |                                |                               |               | = 1          | прюуе           | riuen    | uncau                                   | on nui     | nber                   |          |  |
|---|------------|-------------------------|--------------------------------|-------------------------------|---------------|--------------|-----------------|----------|---|------------|------------------------|----------|--|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION |            |                         |                                |                               |               |              | 04-             | -356     | 7502                                    |            |                        |          |  |
| Part I Excess Benefit Transacations         | s (sectio  | n 501(c                 | )(3) and sect                  | tion 501(c)                   | (4) organiz   | ations only) |                 |          |   |            |                        |          |  |
| To be completed by organization             |            |                         |                                |                               |               |              |                 | orm 99   | 90-EZ                                   | , Part     | V, line                | e 40b    |  |
|   |            | #1.D                    |                                |                               |               |              |                 |          |   | (c) Correc |                        |          |  |
| 1 (a) Name of disqualified person           | n          |                         | (b) Description of transaction |                               |               |              |                 |          |   | Yes        | No                     |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
| 2 Enter the amount of tax imposed or        | the oro    | anizatio                | n managers                     | or disqual                    | ified nerson  | s during the | vear            |          |   |            |                        |          |  |
| under section 4958                          | _          |                         | _                              |                               |               | _            | -               |          | ▶ \$                                    |            |                        |          |  |
| 3 Enter the amount of tax, if any, on I     |            |                         |                                |                               |               |              |                 |          | •                                       |            |                        |          |  |
| Enter the amount of tax, if any, of t       | 1110 Z, at | , rei                   | ilibulaca by                   | inc organiz                   | ation         |              |                 | ,        | Ψ_                                      |            |                        |          |  |
| Part II Loans to and/or From Inter          | astad P    | Parsons                 | <u> </u>                       |                               |               |              |                 |          |   |            |                        |          |  |
| To be completed by organization             |            |                         |                                | Form 990.                     | Part IV. line | 26. or For   | m 990-          | EZ. P    | art V.                                  | line 3     | 8a.                    |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
| (a) Name of interested person and purpose   |            | n to or from anization? |                                | (c) Original principal amount |               | nce due      | (e) In default? |          | e) In default? (f) Approved by board or |            | (g) Written agreement? |          |  |
|   |            |                         | 1 1                            |                               |               |              |                 |          | committe                                |            | 3                      |          |  |
|   | То         | From                    |                                |                               |               |              | Yes             | No       | Yes                                     | No         | Yes                    | No       |  |
| JOIA MUKHERJEE INTERNATIONAL TRAVEL         | 10         | Х                       |                                |                               |               | 4,078.       | 1.00            | Х        |   | Х          |                        | Х        |  |
| OUTA MUNIEROBE INTERNATIONAL TRAVEL         |            | Λ                       |                                |                               |               | 4,070.       |                 | Λ        |   | Λ          |                        | Λ_       |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
| Total                                       |            |                         |                                | <b>▶</b> \$                   |               | 4,078.       |                 |          |   |            |                        |          |  |
| Part III Grants or Assistance Bene          | fittina l  | nterest                 | ed Persons                     | <u> γ</u>                     |               | 4,070.       |                 |          |   |            |                        |          |  |
| To be completed by organization             |            |                         |                                |                               | Part IV, line | 27.          |                 |          |   |            |                        |          |  |
| (a) Name of interested person               |            |                         | ip between int                 |                               |               | (c) Amo      | ount of         | grant    | or type                                 | e of as    | sistan                 | ce       |  |
| (a) Name of interested person               | (5) 1      | olationon               | organiza                       |                               | oon and the   | (0)          | ount of         | grant    | o. 1, p.                                | o 01 00    | olotari                | 00       |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
| Part IV Business Transactions Invo          | olvina Ir  | ntereste                | ed Persons                     |                               |               | -            |                 |          |   |            |                        |          |  |
| To be completed by organization             |            |                         |                                |                               | Part IV, line | s 28a, 28b   | , or 28         | C.       |   |            |                        |          |  |
| (a) Name of interested person               |            |                         | nip between                    |                               | nount of      | (d) Des      |                 |          | nsacti                                  | on         | (e) Sh                 | aring of |  |
| (-), такие от планение регост               |            | ested per               | rson and the                   |                               | saction       | (,           |                 |          |   |            | organi                 | zation's |  |
|   |            | organiz                 | zation                         |                               |               |              |                 |          |   |            | reven                  | iues?    |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            | Yes                    | No       |  |
| DIDI BERTRAND                               | рапт. 1    | FARMER'S                | SPOUSE                         |                               | 36,750.       | COMPENSAT    | TON FO          | R SERV   | TCES                                    |            | . 30                   | Х        |  |
| DIDI DUNIMBU                                | 17011      | TITUTE O                | 01000E                         |                               | JU/130.       | COLL BROWL   | 1014 10         | . VIIIVV | - VIIV                                  |            |                        | - 23     |  |
|   |            |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |
|   | _          |                         |                                |                               |               |              |                 |          |   |            |                        |          |  |

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

Schedule L (Form 990 or 990-EZ) 2008

### SCHEDULE M (Form 990)

**Non-Cash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Types of Property

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

Inspection Employer identification number

(d)

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

|       |   | (a)<br>Check if<br>applicable | (b)<br>Number of contributions          | (c) Revenues reported on Form 990, Part VIII, line 1g | Method o     | (d)<br>f deter<br>/enues |        | j      |
|-------|---|-------------------------------|---|---|--------------|--------------------------|--------|--------|
| 1     | Art-Works of art                            |                               |   |   |              |                          |        |        |
| 2     | Art-Historical treasures                    |                               |   |   |              |                          |        |        |
| 3     | Art-Fractional interests                    |                               |   |   |              |                          |        |        |
| 4     | Books and publications                      |                               |   |   |              |                          |        |        |
| 5     | Clothing and household                      |                               |   |   |              |                          |        |        |
|       | goods                                       |                               |   |   |              |                          |        |        |
| 6     | Cars and other vehicles                     |                               |   |   |              |                          |        |        |
| 7     | Boats and planes                            |                               |   |   |              |                          |        |        |
| 8     | Intellectual property                       |                               |   |   |              |                          |        |        |
| 9     | Securities-Publicly traded                  |                               |   |   |              |                          |        |        |
| 10    | Securities-Closely held stock               |                               |   |   |              |                          |        |        |
| 11    | Securities-Partnership, LLC,                |                               |   |   |              |                          |        |        |
|       | or trust interests                          |                               |   |   |              |                          |        |        |
| 12    | Securities-Miscellaneous                    |                               |   |   |              |                          |        |        |
| 13    | Qualified conservation                      |                               |   |   |              |                          |        |        |
|       | contribution (historic                      |                               |   |   |              |                          |        |        |
|       | structures)                                 |                               |   |   |              |                          |        |        |
| 14    | Qualified conservation                      |                               |   |   |              |                          |        |        |
|       | contribution (other)                        |                               |   |   |              |                          |        |        |
| 15    | Real estate-Residential                     |                               |   |   |              |                          |        |        |
| 16    | Real estate-Commercial                      |                               |   |   |              |                          |        |        |
| 17    | Real estate-Other                           |                               |   |   |              |                          |        |        |
| 18    | Collectibles                                |                               |   |   |              |                          |        |        |
| 19    | Food inventory.                             |                               |   |   |              |                          |        |        |
| 20    | Drugs and medical supplies                  |                               | 101                                     | 1,091,848.  |              | 117                      |        |        |
| 21    | - · · · · · · · · · · · · · · · · · · ·     |                               | 101                                     | 1,091,040.  | FAIR VALU    | ) 다                      |        |        |
| 22    | Taxidermy                                   |                               |   |   |              |                          |        |        |
|       |   |                               |   |   |              |                          |        |        |
| 23    | Scientific specimens                        |                               |   |   |              |                          |        |        |
| 24    | Archeological artifacts                     |                               |   |   |              |                          |        |        |
| 25    | Other ►()                                   |                               |   |   |              |                          |        |        |
| 26    | Other ►()                                   |                               |   |   |              |                          |        |        |
| 27    | Other ►()                                   |                               |   |   |              |                          |        |        |
| 28    | Other ►()                                   |                               |   |   |              |                          |        |        |
| 29    | Number of Forms 8283 received by            |                               |   |   | 20           |                          |        |        |
|       | which the organization completed F          | orm 8283,                     | Part IV, Donee Acknowledg               | gement  | 29           |                          | V      | N -    |
|       | Design the core did the consistent          | ·                             | harantalka dha a ana ana                | and a second of the David I. Ha                       | - 4 00 45 -4 |                          | Yes    | No     |
| 30 a  | During the year, did the organiza           |                               | • |   |              |                          |        |        |
|       | it must hold for at least three yea         |                               |   |   | •            | 20-                      |        |        |
|       | used for exempt purposes for the e          |                               | period?                                 |   |              | 30a                      |        | X      |
|       | If "Yes," describe the arrangement i        |                               |   |   |              |                          |        |        |
| 31    | Does the organization have a contributions? |                               |   |   |              | 31                       | Х      |        |
| 32 a  | Does the organization hire or use           | e third parti                 | ies or related organization             | s to solicit, process, or s                           | sell noncash |                          |        |        |
|       | contributions?                              |                               |   |   |              | 32a                      |        | Χ      |
| b     | If "Yes," describe in Part II.              |                               |   |   |              |                          |        |        |
| 33    | If the organization did not report re       | evenues in c                  | column (c) for a type of pro            | perty for which column (a)                            | is checked,  |                          |        |        |
|       | describe in Part II.                        |                               |   |   |              |                          |        |        |
| For F | Privacy Act and Paperwork Reduction A       | Act Notice, se                | ee the Instructions for Form 990        | 0.  | Schedul      | e M (Fo                  | rm 990 | ) 2008 |

04-3567502 Schedule M (Form 990) 2008 **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Part II PIH TRACKS THE CONTRIBUTIONS RECEIVED BY DONOR, DURING FY09 PIH RECEIVED CONTRIBUTIONS FROM 112 INDIVIDUAL DONORS AND CORPORATIONS.

Schedule M (Form 990) 2008

### **SCHEDULE O** (Form 990)

### **Supplemental Information to Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

| de               | 2008            |
|------------------|-----------------|
| he               | Open to Public  |
|                  | Inspection      |
| Employer identif | fication number |

| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                        | 04-3567502 |
|--|------------|
| FORM 990, PART III, LINE 4D  |            |
| PROGRAM SERVICES   |            |
| IN ADDITION TO THOSE PROGRAMS LISTED, PIH HAS PROGRAMS IN MEXICO A | AND        |
| GUATEMALA. OTHER MAJOR EXPENDITURES IN OTHER PROGRAMS INCLUDE THE  | DSE FOR    |
| TRAINING AND ELECTRONIC MEDICAL RECORDS.                           |            |
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Schedule O (Form 990) 2008 Page **2** 

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                              | 04-3567502                     |
| FORM 990, PART VI  |                                |
| GOVERNANCE, MANAGEMENT, DISCLOSURE                                       |                                |
|  |                                |
| SECTION A  |                                |
| GOVERNING BODY AND MANAGEMENT  |                                |
|  |                                |
| LINE 2   |                                |
| FAMILY RELATIONSHIP:   |                                |
| DIRECTORS AL AND DIANE KANEB ARE MARRIED TO ONE ANOTHER.                 |                                |
| _DIRECTORS_AL_AND_DIANE_RANES ARE MARKIED_TO_ONE_ANOTHER.                |                                |
|  |                                |
| LINE 10  |                                |
| PROCESS TO REVIEW THE FORM 990:  |                                |
| THE FORM 990 IS PREPARED BY THE FINANCE OFFICE STAFF AND IS REVIE        | WED                            |
| CAREFULLY BY THE PIH CHIEF FINANCIAL OFFICER. THE FORM 990 IS TH         | EN                             |
| REVIEWED BY KPMG, PIH'S ACCOUNTING FIRM. A COMPLETE DRAFT OF THE         | _FORM                          |
| 990 IS THEN REVIEWED BY THE PIH EXECUTIVE DIRECTOR, THE CHIEF OPE        | RATING                         |
| OFFICER, AND THE CHIEF PROGRAM OFFICER. THE DRAFT OF THE PUBLIC          | VERSION                        |
| OF THE FORM 990, WHICH EXCLUDES SPECIFIC DONOR NAMES IN SCHEDULE         | B, PART                        |
| I, IS THEN PROVIDED TO THE AUDIT AND INVESTMENT COMMITTEE FOR THE        | <u>IR</u>                      |
| REVIEW. FINALLY, THE DRAFT OF THE PUBLIC VERSION IS PROVIDED TO          | THE FULL                       |
| BOARD OF DIRECTORS. ANY AND ALL QUESTIONS AND COMMENTS ARE ADDRE         | SSED BY                        |
| THE PIH CHIEF FINANCIAL OFFICER, WHO ENGAGES KPMG IN THE DISCUSSI        | ŌN                             |
| WHENEVER RELEVANT OR NECESSARY.  |                                |
| SECTION B  |                                |
| DISCLOSURE   |                                |
|  |                                |
| LINE 12  |                                |
|  |                                |
| <u>EACH YEAR, ALL PIH OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REV</u> | TEM LHE                        |

<u>Schedule O (Form 990) 2008</u> Page **2** 

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                        | 04-3567502                     |
| ORGANIZATION'S CONFLICT OF INTEREST POLICY AND INDICATE THEIR COM  | PLIANCE                        |
| IN WRITING. THROUGHOUT THE YEAR, PIH SENIOR LEADERSHIP REVIEW MA   | JOR                            |
| CONTRACTS AND EXPENDITURES. ANY ARRANGEMENTS OR EXPENDITURES THAT  | I_MIGHT                        |
| GIVE RISE TO A CONFLICT OF INTEREST EITHER IN FACT OR APPEARANCE V | WOULD BE                       |
| RAISED TO THE EXECUTIVE COMMITTEE FOR DISCUSSION AND DISPOSITION.  |                                |
|  |                                |
| LINE 15  |                                |
| SETTING OF COMPENSATION:   |                                |
| COMPENSATION FOR THE OFFICERS AND EXECUTIVE DIRECTOR IS DETERMINE  | D BY THE                       |
| PARTNERS IN HEALTH EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ( | WHO ALSO                       |
| FUNCTIONS AS THE COMPENSATION COMMITTEE. THERE ARE CURRENTLY NO I  | KEY                            |
| EMPLOYEES FOR WHOM COMPENSATION MUST BE DETERMINED. NO INDIVIDUA   | LS_WITH                        |
| A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETERM  | INATION                        |
| PROCESS. COMPARABILITY DATA FOR SIMILARILY QUALIFIED PERSONS IN    |                                |
| FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARILY SITUATED ORGANIZA  | TIONS IS                       |
| PREPARED BY THE ORGANIZATION AND REVIEWED BY THE EXECUTIVE COMMIT  | TEE OF                         |
| THE BOARD OF DIRECTORS. THE MINUTES OF THE EXECUTIVE COMMITTEE OF  | _THE                           |
| BOARD OF DIRECTORS DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DEC  | ISIONS                         |
| REGARDING COMPENSATION.  |                                |
|  |                                |
| SECTION C  |                                |
| DISCLOSURE   |                                |
|  |                                |
| _LINE_19   |                                |
| PARTNERS IN HEALTH POSTS A COPY OF ITS ANNUAL REPORT, ITS AUDITED  |                                |
| FINANCIAL STATEMENTS, AND ITS FORM 990 ON ITS WEBSITE AND PROVIDE  | S_COPIES                       |
| TO ANYONE WHO INQUIRES. BEGINNING IN APRIL 2010, PIH ALSO POSTED   | A_COPY                         |

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| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                       | 04-3567502 |
|---|------------|
| OF ITS ARTICLES OF ORGANIZATION, ITS BY-LAWS, AND ITS CONFLICT OF |            |
| INTEREST POLICY TO ITS WEBSITE FOR ANY INTERESTED PERSON TO VIEW. |            |
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| Schedule O (Form 990) 2008  | Page <b>2</b>                  |
|---|--------------------------------|
| Name of the organization  | Employer identification number |
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                       | 04-3567502                     |
| FORM 990, PART X  |                                |
| ASSETS: RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES        |                                |
| CHARGES WERE INCURRED ON A PIH AMERICAN EXPRESS CARD RELATED TO T | HE                             |
| TRAVEL OF THE 3 YEAR OLD SON OF THE CHIEF MEDICAL OFFICER, WHO    |                                |
| OCCASIONALLY NEEDS TO BRING HER SON ON WORK TRIPS TO PIH SITES. T | HE FULL                        |
| AMOUNT OF THE RECEIVABLE WAS PAID OFF IN SEPTEMBER.               |                                |
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Schedule O (Form 990) 2008 Page **2** 

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                        | 04-3567502                     |
| FORM 990, SCH R, PART V, LINE 2                                    |                                |
|  |                                |
| TRANSACTION WITH RELATED ORGANIZATIONS                             |                                |
| NAME OF OTHER ORGANIZATION TRANSACTION TYPE (A-R) TRANSACTION TYPE | _( <u>A-R)</u>                 |
|  |                                |
|  |                                |
| INSHUTI MU BUZIMA- RWANDA (B) 10,540,277                           |                                |
| THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES   |                                |
|  |                                |
|  |                                |
| INSHUTI MU BUZIMA - RWANDA (K) 183,285                             |                                |
| THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CON  | TRACTORS                       |
| DEDECOMING MUEED TODG AM MUE COUMMDY CIMES                         |                                |
| PERFORMING THEIR JOBS AT THE COUNTRY SITES                         |                                |
|  |                                |
| INSHUTI MU BUZIMA - RWANDA (K) 365,387                             |                                |
|  |                                |
| PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES   | AKE                            |
| ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO   | THE                            |
| TOTAL PROGRAM EXPENSES ACROSS ALL SITES                            |                                |
|  |                                |
|  |                                |
| INSHUTI MU BUZIMA - RWANDA (N) 264,111                             |                                |
| THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH I  | N_BOSTON                       |
| TO THE OVERS DEPRODUTES THE TOPS FOR THE STATES                    |                                |
| TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES                   |                                |
|  |                                |
| PARTNERS IN HEALTH - MALAWI (B) 2,081,387                          |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES   |                                |
|  |                                |
| PARTNERS IN HEALTH - MALAWI (K) 134,252                            |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CON  | TRACTORS                       |
| PERFORMING THEIR JOBS AT THE COUNTRY SITES                         |                                |
|  |                                |
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Page 2 Schedule O (Form 990) 2008

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                       | 04-3567502                     |
| PARTNERS IN HEALTH - MALAWI (K) 100,480                           |                                |
| PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES  | ARE                            |
| ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO  | THE                            |
| TOTAL PROGRAM EXPENSES ACROSS ALL SITES                           |                                |
|   |                                |
| PARTNERS IN HEALTH - MALAWI (N) 288,442                           |                                |
| THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH I | N_BOSTON                       |
| TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES                  |                                |
|   |                                |
|   |                                |
| PARTNERS IN HEALTH - LESOTHO (B) 2,500,484                        |                                |
| THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES  |                                |
|   |                                |
| PARTNERS IN HEALTH - LESOTHO (K) 156,758                          |                                |
| THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CON | TRACTORS                       |
| PERFORMING THEIR JOBS AT THE COUNTRY SITES                        |                                |
|   |                                |
| PARTNERS IN HEALTH - LESOTHO (K) 126,827                          |                                |
| PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES  | ARE                            |
| ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO  | THE                            |
| TOTAL PROGRAM EXPENSES ACROSS ALL SITES                           |                                |
|   |                                |
| PARTNERS IN HEALTH - LESOTHO (N) 94,070                           |                                |
| THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH I | N_BOSTON                       |
| TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES                  |                                |
|   |                                |
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Schedule O (Form 990) 2008 Page **2** 

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION                        | 04-3567502                     |
| PARTNERS IN HEALTH - RUSSIA (B) 1,241,666                          |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES   |                                |
|  |                                |
| PARTNERS IN HEALTH - RUSSIA (K) 114,121                            |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CON  | TRACTORS                       |
| PERFORMING THEIR JOBS AT THE COUNTRY SITES                         |                                |
|  |                                |
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| PARTNERS IN HEALTH - RUSSIA (K) 61,883                             |                                |
| PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES A | ARE                            |
| ALLOCATED DAGED ON THE DECEMBER WITH THE CITE DADDING DEAD TO      | 7117                           |
| ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO   |                                |
| TOTAL PROGRAM EXPENSES ACROSS ALL SITES                            |                                |
|  |                                |
|  |                                |
| PARTNERS IN HEALTH - RUSSIA (N) 170,006                            |                                |
| THIS AMOUNT REPRESENTS SALARIES AND FRINGE BENEFITS PAID BY PIH I  | N_BOSTON                       |
| TO EMPLOYEES PERFORMING THEIR JOBS FOR THE SITES                   |                                |
|  |                                |
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| _SOCIOS_EN_SALUDPERU(B)3,886,431                                   |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PIH BOSTON OPERATING SUPPORT TO THE SITES   |                                |
|  |                                |
| SOCIOS EN SALUD - PERU (K) 247,444                                 |                                |
|  |                                |
| THIS AMOUNT REPRESENTS PAYMENTS PROCESSED BY PIH IN BOSTON TO CON  | IRACTORS                       |
| PERFORMING THEIR JOBS AT THE COUNTRY SITES                         |                                |
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| SOCIOS EN SALUD - PERU (K) 115,627                                 |                                |
| PIH IN BOSTON RAISES FUNDS FOR ALL COUNTRY SITES. THESE EXPENSES A | ARE                            |
|  |                                |
| ALLOCATED BASED ON THE PROPORTION THAT THE SITE EXPENSES BEAR TO   | T ur                           |

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| Schedule O (Form 990) 2008                  |                                |  |  |  |  |
|---|--------------------------------|--|--|--|--|
| Name of the organization                    | Employer identification number |  |  |  |  |
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION | 04-3567502                     |  |  |  |  |
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### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047
2008

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

| Name of the organization                      | Employer identification number |
|---|--------------------------------|
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION   | 04-3567502                     |
| Part I Identification of Disregarded Entities |                                |

| (A)  | (B)              | (C)                                       | (D)          | (E)                              | (F)                                   |
|--|------------------|---|--------------|----------------------------------|---------------------------------------|
| Name, address, and EIN of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | <b>(E)</b><br>End-of-year assets | ( <b>F)</b> Direct controlling entity |
|  |                  |   |              |                                  |                                       |
|  |                  |   |              |                                  |                                       |
|  |                  |   |              |                                  |                                       |
|  |                  |   |              |                                  |                                       |
|  |                  |   |              |                                  |                                       |
|  |                  |   |              |                                  |                                       |

### Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | <b>(B)</b><br>Primary activity | (C) Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E) Public charity status (if section 501(c)(3)) | <b>(F)</b> Direct controlling entity |     |
|--|--------------------------------|---|----------------------------|--|--------------------------------------|-----|
| THE RIVER STREET DEVELOPMENT FOUNDATION            | 52-2117495                     |   |                            |  |                                      |     |
| C/O 888 COMMONWEALTH AVE, 3RD BOSTON, MA 02        | 2199                           | SUPPORT PIH                                   | MA                         | 501(C)(3)  | 11 TYPE II                           | N/A |
| SOCIOS EN SALUD SUCURSAL PERU                      |                                |   |                            |  |                                      |     |
| AV MERINO REYNA 575 06 PORRAS B, CAR               | RABAYLLO PE                    | HEALTHCARE                                    | PE                         |  |                                      | N/A |
| PARTNER IN HEALTH - RUSSIA                         |                                |   |                            |  |                                      |     |
| 11 13 TREKHPRUDNIY PEREULOK 10 MOSCOW, RS          |                                | HEALTHCARE                                    | RS                         |  |                                      | N/A |
| INSHUTI MU BUZIMA (RWANDA)                         |                                |   |                            |  |                                      |     |
| RWINKWAVU RWINKWAVU, F                             | RW                             | HEALTHCARE                                    | RW                         |  |                                      | N/A |
| PARTNERS IN HEALTH - LESOTHO                       |                                |   |                            |  |                                      |     |
| NEW EUROPA 438 POPE JOHN PAUL MASERU, LT           |                                | HEALTHCARE                                    | LT                         |  |                                      | N/A |
| PARTNERS IN HEALTH - MALAWI                        |                                |   |                            |  |                                      |     |
| PO BOX 56 NENO BOMA 624200 NENO DISTRICT           | r, MI                          | HEALTHCARE                                    | MI                         |  |                                      | N/A |
|  |                                |   |                            |  |                                      |     |

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

Schedule R (Form 990) 2008

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### Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | <b>(B)</b><br>Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | <b>(F)</b><br>Share of total income | (G)<br>Share of end-of-year<br>assets | Disprop |    | (I)<br>Code V-UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | Gen<br>mar<br>par | ( <b>J)</b><br>eral or<br>naging<br>tner? |
|--|--------------------------------|---|-------------------------------|---|-------------------------------------|---------------------------------------|---------|----|---|-------------------|---|
|  |                                | , ,   |                               |   |                                     |                                       | Yes     | No |   | Yes               | No  |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |
|  |                                |   |                               |   |                                     |                                       |         |    |   |                   |   |

### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | <b>(B)</b><br>Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F)<br>Share of total income | <b>(G)</b><br>Share of<br>end-of-year assets | (H)<br>Percentage<br>ownership |
|--|--------------------------------|---|-------------------------------|---|------------------------------|--|--------------------------------|
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |
|  |                                |   |                               |   |                              |  |                                |

Schedule R (Form 990) 2009 04-3567502 Page **3** 

### Part V Transactions With Related Organizations

| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV.   |           | res | 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?                    |           |     |    |
| а   | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity   | 1a        |     | Х  |
|     | Gift, grant, or capital contribution to other organization(s)   | 1b        | Х   |    |
|     | Gift, grant, or capital contribution from other organization(s)   | 1 c       |     | Х  |
|     | Loans or loan guarantees to or for other organization(s)  | 1d        |     | Х  |
|     | Loans or loan guarantees by other organization(s)   | 1 e       |     | X  |
| e   | Loans of loan guarantees by other organization(s)   |           |     |    |
|     | Cala of accests to other executation(a)   | 1f        |     | Х  |
|     | Sale of assets to other organization(s)   | 1g        |     | X  |
|     | Purchase of assets from other organization(s)   | 1 h       |     | X  |
|     | Exchange of assets  | 1i        |     |    |
| İ   | Lease of facilities, equipment, or other assets to other organization(s)  | 11        |     | Χ  |
|     |   | 4.        |     |    |
|     | Lease of facilities, equipment, or other assets from other organization(s)  |           |     | Χ  |
| k   | Performance of services or membership or fundraising solicitations for other organization(s)  |           | Х   |    |
| ı   | Performance of services or membership or fundraising solicitations by other organization(s)   |           |     | Χ  |
| m   | Sharing of facilities, equipment, mailing lists, or other assets  | 1 m       |     | Χ  |
| n   | Sharing of paid employees   | 1n        | Х   |    |
|     |   |           |     |    |
| 0   | Reimbursement paid to other organization for expenses   | 10        |     | Х  |
|     | Reimbursement paid by other organization for expenses   | 1p        |     | Х  |
| •   |   |           |     |    |
| а   | Other transfer of cash or property to other organization(s)   | 1q        |     | Х  |
| r   | Other transfer of cash or property from other organization(s)   | 1r        |     | Х  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thre | sholds    | S.  |    |
|     | (P)   |           |     |    |
|     | (A) Name of other organization(s)  (A)  Transaction type (a-r)  | it involv | /ea |    |
|     |   |           |     |    |
| (1) | SEE SCHEDULE O FOR DISCLOSURE   |           |     |    |
|     |   |           |     |    |
| (2) |   |           |     |    |
|     |   |           |     |    |
| (3) |   |           |     |    |
| (0) |   |           |     |    |
| (4) |   |           |     |    |
| (7) |   |           |     |    |
| (5) |   |           |     |    |
| (5) |   |           |     |    |
| (6) |   |           |     |    |
| (0) |   |           |     |    |

Schedule R (Form 990) 2008 94-3567502 Page **4** 

### Part VI Unrelated Organizations Taxable as a Partnership

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>(B)</b><br>Primary activity | ivity (C) Legal domicile (state or foreign country) |     | D)<br>partners<br>ction<br>(c)(3)<br>cations? | (E)<br>Share of<br>end-of-year<br>assets | (F) Disproportionate allocations? |    | (G)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (H)<br>General or<br>managing<br>partner? |  |
|--------------------------------------|--------------------------------|---|-----|---|--|-----------------------------------|----|---|---|--|
|                                      |                                |   | Yes | No  |  | Yes                               | No | (1 01111 1000)  | Yes                                       |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |
|                                      |                                |   |     |   |  |                                   |    |   |   |  |

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

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

#### 4A PROGRAM SERVICE

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#### HAITI / ZANMI LASANTE

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

#### HIGHLIGHTS OF THE YEAR:

- "PROVIDED EMERGENCY RELIEF AND LONG-TERM RECONSTRUCTION FOR HURRICANE VICTIMS: WHEN DISASTER STRUCK, ZL STEPPED UP IMMEDIATELY TO PROVIDE SHELTER, FOOD, CLEAN WATER, AND MEDICAL ASSISTANCE FOR THOUSANDS OF PEOPLE WHO HAD BEEN FLOODED OUT OF THEIR HOMES. SINCE THE FLOOD WATERS RECEDED, ZL HAS HELPED HUNDREDS OF FAMILIES GET BACK ON THEIR FEET BY BUILDING AND REPAIRING HOUSES, ASSISTING WITH SCHOOL FEES, DISTRIBUTING FOOD SUPPORT, AND PROVIDING TOOLS, SEEDS AND TRAINING FOR FARMERS. CONSTRUCTION AND RENOVATIONS WERE ACCELERATED AT THE DILAPIDATED HOSPITAL IN ST. MARC, WHICH WAS OVERWHELMED WITH PATIENTS FROM THE DEVASTATED CITY OF GONAÏVES. ZL AND THE MINISTRY OF HEALTH ALSO ACCELERATED PLANS TO BUILD A NEW HOSPITAL IN MIREBALAIS. IN THE MEANTIME, ZL IMPROVED CAPACITY TO TREAT THE PEOPLE OF MIREBALAIS BY TRAINING A CADRE OF COMMUNITY HEALTH WORKERS, PURCHASING AN AMBULANCE, AND STRENGTHENING NEARBY ZL HOSPITALS.
- "STRENGTHENED INFRASTRUCTURE AND SERVICES IN THE LOWER ARTIBONITE: HAVING RECENTLY EXPANDED FROM HAITI'S CENTRAL PLATEAU ACROSS THE LOWER ARTIBONITE TO THE COAST, ZL MADE IT A PRIORITY TO REBUILD THE BATTERED PUBLIC HEALTH INFRASTRUCTURE AND EXPAND COMPREHENSIVE HEALTH CARE SERVICES IN THE AREA. DURING THE YEAR, ZL CONSTRUCTED A NEW WARD FOR INTERNAL MEDICINE, AN IMAGING CENTER, AN ADMINISTRATION WING AND A KITCHEN AT HôPITAL SAN NICOLAS IN ST. MARC. IN ADDITION, WE BEGAN CONSTRUCTION ON A NEW PEDIATRIC WARD AND PHARMACY DEPOT AND RENOVATIONS ON THE MEN'S AND WOMEN'S WARDS. AT PETITE RIVIÈRE, WE BUILT A NEW OPERATING ROOM, A LYING-IN CENTER, AND AN X-RAY ROOM, AND LAUNCHED A NEW MALNUTRITION PROGRAM. PATIENT ENCOUNTERS IN THE LOWER ARTIBONITE REGION INCREASED TO 700,000, DRIVING GROWTH FOR ZL AS A WHOLE TO MORE THAN 2.5 MILLION.
- " INTEGRATED PSYCHOSOCIAL SUPPORT SERVICES AS PART OF COMPREHENSIVE CARE: ZL EXPANDED PSYCHOSOCIAL SERVICES BY TRAINING AND HIRING NEW STAFF, INCLUDING SEVERAL JUNIOR PSYCHOLOGISTS AND SOCIAL WORKERS, AND BY CONDUCTING SPECIALIZED TRAININGS ON TOPICS

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

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

### BY THE NUMBERS:

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

#### 4B PROGRAM SERVICE

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#### RWANDA/INSHUTI MU BUZIMA:

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

#### HIGHLIGHTS OF THE YEAR:

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

STATEMENT 3

IN RWANDA, ELECTED TWO BINOMES OR COMMUNITY HEALTH WORKERS. THE BINOMES VISIT EACH HOUSEHOLD IN THEIR VILLAGE MONTHLY, AND SERVE AS THE COMMUNITIES' CONNECTION TO THE HEALTH SYSTEM. IN BURERA, IMB SUPPORTED ROLLING OUT THE NATIONAL COMMUNITY HEALTH MODEL ACROSS A DISTRICT WITH 400,000 PEOPLE AND 13 HEALTH CENTERS BY PROVIDING TRAINING AND SUPPORTING THE SALARIES OF COMMUNITY HEALTH NURSES AND SUPERVISORS, AS WELL AS COMMUNITY HEALTH WORKERS. OPENED A NEW DISTRICT HOSPITAL IN KIREHE: IN PARTNERSHIP WITH THE MINISTRY OF HEALTH, IMB BUILT A NEW DISTRICT HOSPITAL IN KIREHE IN EASTERN RWANDA TO SERVE A POPULATION OF MORE THAN 260,000. THE HOSPITAL OPENED ON OCTOBER 17, 2008. THE HOSPITAL HOLDS 108 BEDS IN TOTAL AND INCLUDES BOTH WOMEN'S AND MEN'S WARDS, MATERNITY, SURGERY, A LABORATORY, AND A PEDIATRIC WARD COMPLETE WITH A CLINIC, A PLAY ROOM AND COUNSELING SPACE. IMB ALSO OPENED A TEMPORARY OPERATING ROOM IN WHICH MORE THAN 200 CAESAREAN-SECTIONS WERE PERFORMED BETWEEN FEBRUARY AND THE END OF JUNE. IMPROVED FOOD SECURITY THROUGH AGRICULTURAL ASSISTANCE AND DEVELOPMENT: IN AUGUST 2008, IMB LAUNCHED A NEW PROGRAM TO ADDRESS HUNGER AND MALNUTRITION BY DELIVERING AGRICULTURAL EDUCATION AND RESOURCES BOTH AT THE HOSPITAL AND AT PATIENTS' HOMES. THE AGRICULTURAL TRAINING CENTER AT RWINKWAVU HOSPITAL PRODUCES FOOD FOR HOSPITAL PATIENTS AND PROVIDES FREE AGRICULTURAL EDUCATION FOR PARENTS OF MALNOURISHED CHILDREN AND HIV/ AIDS PATIENTS. THE CENTER ALSO TRAINS AGRICULTURAL ASSISTANCE WORKERS WHO VISIT PATIENTS' HOMES WEEKLY TO OFFER TECHNICAL SUPPORT AND WORK WITH THE HOUSEHOLDS TO DEVELOP AND ACHIEVE WEEKLY AGRICULTURAL GOALS. STRENGTHENED WOMEN'S HEALTH SERVICES IN BURERA: WHEN PIH ARRIVED IN BURERA, RESIDENTS RECOUNTED STORIES OF WOMEN BEING ROWED ACROSS LAKE BURERA FOR EMERGENCY OBSTETRICAL CARE AT THE NEAREST DISTRICT HOSPITAL IN RUHENGERI. UPON ARRIVING, IMB SET TO WORK RIGHT AWAY TO RENOVATE A TEMPORARY HOSPITAL FACILITY WITH A NEW MATERNITY WARD, A TEMPORARY OPERATING SUITE, AN ULTRASOUND MACHINE, AND A FLEET OF THREE AMBULANCES. IMB ALSO SUPPORTED SALARIES FOR TWO RWANDAN NURSE-ANESTHETISTS AND TRAINED COMMUNITY HEALTH WORKERS IN REPRODUCTIVE HEALTH, EQUIPPING THEM WITH THE SKILLS TO MOBILIZE WOMEN AND EDUCATE THEM ON THE IMPORTANCE OF SEEKING ANTENATAL CARE AND DELIVERING AT HEALTH FACILITIES. EXPANDED PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS: CHILDREN INFECTED OR AFFECTED BY HIV/AIDS OFTEN EXPERIENCE DISCRIMINATION AND REJECTION IN THEIR COMMUNITIES AND SCHOOLS. TO GIVE MUCH NEEDED SUPPORT TO THESE VULNERABLE CHILDREN, IMB PROVIDES PSYCHOSOCIAL SUPPORT THROUGH SATURDAY SUPPORT GROUPS. CHILDREN MEET WITH SOCIAL WORKERS ONCE A MONTH, BOTH INDIVIDUALLY AND IN A GROUP, WHERE THEY LEARN ABOUT HIV, TALK ABOUT THEIR FEARS, EXPERIENCES, AND ASPIRATIONS, AND PARTICIPATE IN AGE-APPROPRIATE GAMES AND OTHER ACTIVITIES. THIS YEAR, MORE THAN

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300 CHILDREN RECEIVED COUNSELING EACH MONTH ACROSS SEVEN SITES.

#### BY THE NUMBERS:

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

### 4C PROGRAM SERVICE

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#### LESOTHO:

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

#### HIGHLIGHTS OF THE YEAR:

- " EXPANDED THE COMPREHENSIVE HEALTHCARE PROGRAM IN RURAL AREAS: THE LESOTHO PROJECT EXPANDED OUR RURAL INITIATIVE TO A SEVENTH REMOTE MOUNTAIN CLINIC IN MANAMANENG. WITH THE HELP OF OVER 1,000 TRAINED VILLAGE HEALTH WORKERS, THE CLINICS PROVIDE INTEGRATED PRIMARY CARE, HIV/AIDS TREATMENT, AND TB TREATMENT, AS WELL AS FOOD DISTRIBUTION AND SUPPLEMENTATION SERVICES. SEVERAL INFRASTRUCTURE PROJECTS WERE COMPLETED, MAKING IT POSSIBLE TO TRANSPORT STAFF, PATIENTS, FOOD, AND SUPPLIES TO THE RURAL CLINIC SITES MORE SAFELY AND RAPIDLY. THE PROJECTS INCLUDED A NEW ROAD AT THE LEBAKENG CLINIC AND A TEMPORARY BRIDGE OVER A RIVER NEAR
- " INITIATED CHILD-FOCUSED ACTIVITIES: ONE OUT OF FOUR CHILDREN IN LESOTHO HAS LOST ONE OR BOTH PARENTS TO HIV, GIVING LESOTHO THE HIGHEST ORPHAN RATE IN THE WORLD. PIH LESOTHO HAS COLLABORATED WITH CATHOLIC RELIEF SERVICES AND OTHER PARTNERS TO SCALE UP SERVICES TO THOUSANDS OF ORPHANS IN THE AREAS SURROUNDING THREE OF OUR HEALTH CENTERS. PROJECTS INCLUDE A COMPREHENSIVE PREVENTION OF MOTHER-TO CHILD TRANSMISSION PROGRAM, WEEKLY CLINIC DAYS FOCUSED ON PRIMARY CARE FOR YOUNG CHILDREN, AND THE INCORPORATION OF CHILDREN'S HEALTH INTO THE VILLAGE HEALTH WORKER TRAINING.
- " PILOTED WOMEN'S HEALTH PROJECTS: THE LESOTHO TEAM IMPLEMENTED A NUMBER OF EFFECTIVE, WIDE-RANGING WOMEN'S HEALTH

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

PRE- AND POST-NATAL CARE AND ASSISTED DELIVERIES.

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

#### BY THE NUMBERS:

HTV

- " 12,168 PATIENTS TESTED FOR HIV IN FY2009, OF WHOM 2,381 TESTED POSITIVE
- 1,674 HIV PATIENTS ENROLLED ON ANTIRETROVIRAL THERAPY 714 CASES OF TB DIAGNOSED OF WHOM 49% ARE CO-INFECTED WITH
- 320 MDR-TB PATIENTS RECEIVED TREATMENT
- 3,200 HOUSEHOLDS RECEIVING FOOD SUPPLEMENTS
- 1,000 (APPROX.) COMMUNITY HEALTH WORKERS TRAINED (AS OF JUNE 30, 2009)

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

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

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

RWANDA RUSSIA PERU LESOTHO MALAWI

## FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

| NAME AND ADDRESS  | DESCRIPTION OF SERVICES CO | MPENSATION |
|---|----------------------------|------------|
| ACCOUNTING MANAGEMENT SOLUTIONS<br>800 SOUTH STREET, SUITE 195<br>WALTHAM, MA 02453 | ACCOUNTING/FINANCE         | 154,926.   |
| KPMG LLP<br>99 HIGH STREET<br>BOSTON, MA 02110                                      | AUDIT AND TAX FEES         | 151,598.   |
| TOTAL COMPENSAT   | ION                        | 306,524.   |

## FORM 990, PART VIII - INVESTMENT INCOME

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

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

DESCRIPTION AMOUNT

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

TOTAL 1,662,624.

## FORM 990, PART VIII - FUNDRAISING EVENTS

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

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STATEMENT 14

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

# PARTNERS IN HEALTH, A NONPROFIT CORPORATION Schedule D Detail of Short-term Capital Gains and Losses

| Description                                | Date<br>Acquired | Date<br>Sold | Gross Sales<br>Price | Cost or Other<br>Basis | Short-term<br>Gain/Loss |
|--|------------------|--------------|----------------------|------------------------|-------------------------|
| CADIMAL CAINO (LOCCEO) EDOM CECUDIMIEC     |                  |              |                      |                        |                         |
| CAPITAL GAINS (LOSSES) FROM SECURITIES     |                  |              |                      |                        |                         |
| REALIZED LOSS ON INVESTMENTS               | VAR              | VAR          | 11,329,665.          | 15,334,893.            | -4,005,228.             |
| TOTAL CAPITAL GAINS (LOSSES) FROM SECURITI | ES               |              | 11,329,665.          | 15,334,893.            | -4,005,228.             |
|  |                  |              |                      |                        |                         |
|  |                  |              |                      |                        |                         |
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|  |                  |              |                      |                        |                         |
|  |                  |              |                      |                        |                         |
|  |                  |              |                      |                        |                         |
| Tital                                      |                  |              | 11 220 665           | 15 224 022             | 4 005 000               |
| Totals                                     |                  |              | <u>  11,329,665.</u> | 15,334,893.            | -4,005,228.             |

JSA 8F0971 1.000

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