



2007 Income Tax Return

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

PUBLIC INSPECTION COPY

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: PARTNERS IN HEALTH, A NONPROFIT CORPORATION. D Employer identification number: 04-3567502. E Telephone number: (617) 432-5256. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.PIH.ORG

J Organization type (check only one) X 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 63,404,477.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other; 8b Less: cost or other basis; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>22,561,531.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22,561,531.	22,561,531.	STMT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	550,468.	186,473.	226,490.	137,505.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	7,098,656.	6,256,572.	443,692.	398,392.
27	Pension plan contributions not included on lines 25a, b, and c	60,085.	42,149.	7,403.	10,533.
28	Employee benefits not included on lines 25a - 27	317,789.	242,806.	38,899.	36,084.
29	Payroll taxes	946,171.	866,223.	43,099.	36,849.
30	Professional fundraising fees				
31	Accounting fees	129,382.	NONE	129,382.	NONE
32	Legal fees	566.		566.	
33	Supplies	598,253.	575,432.	15,678.	7,143.
34	Telephone	147,651.	67,098.	80,108.	445.
35	Postage and shipping	59,569.	29,860.	7,250.	22,459.
36	Occupancy				
37	Equipment rental and maintenance	41,314.	33,650.	7,664.	
38	Printing and publications	163,822.		12,270.	151,552.
39	Travel				
40	Conferences, conventions, and meetings	709,562.	709,562.	NONE	NONE
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	181,677.	174,429.	7,248.	NONE
43	OTHER expenses not covered above (itemize):				
43a	STMT 9	17,020,613.	16,229,581.	403,011.	388,021.
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	50,587,109.	47,975,366.	1,422,760.	1,188,983.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 10 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 11</u> (Grants and allocations \$ <u>22,561,531.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	47,975,366.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	47,975,366.

Part IV Balance Sheets (See the instructions.)

Table with columns for description, (A) Beginning of year, and (B) End of year. Rows include Assets (45-59) and Liabilities (60-66). Sub-sections include Organizations that follow SFAS 117 (67-69) and Organizations that do not follow SFAS 117 (70-74). Total assets and liabilities are reported on lines 59 and 66 respectively.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	52,689,624.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-1,476,790.
2	Donated services and use of facilities	b2	311,730.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	-1,165,060.
c	Subtract line b from line a	c	53,854,684.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	53,854,684.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	50,898,839.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	311,730.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	311,730.
c	Subtract line b from line a	c	50,587,109.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	50,587,109.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 27		489,061.	29,330.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>13</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) <u>STMT 31</u> .	X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a statement that includes the information described in the instructions.		X
d Does the organization have a written conflict of interest policy? 75d <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b If "Yes," enter the name of the organization <u>STMT 32</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational activities, dues, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country **SEE STATEMENT 35**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	64,024.	
96 Dividends and interest from securities			14	770,907.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	392,334.	
101 Net income or (loss) from special events			01	56,975.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 36				50,732.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,334,972.	
105 Total (add line 104, columns (B), (D), and (E))					1,334,972.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 37			
b				
c				
Totals				15,549,089.

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		N/A

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00636769
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
KPMG LLP 345 PARK AVENUE - 22ND FLOOR NEW YORK, NY 10154-0102	13-5565207		212-758-9700

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 38				

Total number of other employees paid over \$50,000 . . . ▶ 9

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 39		

Total number of others receiving over \$50,000 for professional services ▶ 1

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 217,841. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .S.T.M.T. 40

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	196,057.	196,057.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	21,784.	21,784.
38	Total lobbying expenditures (add lines 36 and 37)	217,841.	217,841.
39	Other exempt purpose expenditures	49,322,615.	49,322,615.
40	Total exempt purpose expenditures (add lines 38 and 39)	49,540,456.	49,540,456.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	1,000,000.	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	250,000.	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures	217,841.	NONE	NONE	NONE	217,841.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures	196,057.	NONE	NONE	NONE	196,057.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

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

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

Name of organization **PARTNERS IN HEALTH, A NONPROFIT CORPORATION**

Employer identification number

04-3567502

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,407,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,442,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 2,585,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,043,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,722,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **PARTNERS IN HEALTH, A NONPROFIT CORPORATION**

Employer identification number

04-3567502

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,310,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,087,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,491,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT I
PART IV, LINE 57A AND 57B AND PART II LINE 42

(A) PROPERTY, PLANT AND EQUIPMENT

LAND	\$	300,985
BUILDINGS AND IMPROVEMENTS		728,594
EQUIPMENT		1,035,435
VEHICLES		951,437
CAPITALIZED SOFTWARE		279,234

		3,295,685
LESS: ACCUMULATED DEPRECIATION		(680,197)

TOTAL PROPERTY, PLANT AND EQUIPMENT		2,615,488
		=====

(B) DEPRECIATION EXPENSE		181,677
		=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT II
FORM 990, PART VI, LINE 84A

NON-DEDUCTIBLE CONTRIBUTIONS

ALL AMOUNTS SOLICITED BY PIH WITHIN THE U.S. ARE TAX-DEDUCTIBLE. PIH SOLICITS CONTRIBUTIONS IN COUNTRIES OUTSIDE THE U.S., WHOSE LAWS MAY OR MAY NOT PROVIDE THAT SUCH CONTRIBUTIONS ARE TAX-DEDUCTIBLE. FOR GIFTS FROM RESIDENTS OF THOSE COUNTRIES, PIH DOES NOT INCLUDE AN EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS ARE NOT TAX-DEDUCTIBLE. DONORS OUTSIDE THE U.S. MUST CONSULT WITH THEIR PERSONAL TAX ADVISORS IN ORDER TO DETERMINE DEDUCTIBILITY OF THEIR CONTRIBUTIONS IN COUNTRIES OUTSIDE THE U.S.

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

DESCRIPTION -----	AMOUNT -----
FUNDRAISING DINNER AT RIALTO	441,334.
TOTAL	----- 441,334. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	NET INCOME -----
FUNDRAISING DINNER AT RIALTO	56,975.	56,975.
TOTALS	56,975.	56,975.

=====

=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CURRENCY TRANSLATION ADJUSTMENTS	133,202.
TOTAL	----- 133,202. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	1,476,790.
TOTAL	----- 1,476,790. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
ZANMI LASANTE HAITI C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	FOR COSTS OF OPERATIONS INCLUDING SALARIES AND BENEFITS, PHARMACEUTICALS, CONSTRUCTION, EQUIPMENT AND FURNISHINGS, ETC. EXPANDING THE HIV EQUITY INITIATIVE; OPENING NEW CLINICAL FACILITIES; FORTIFYING HUMAN RESOURCES FOR CHILD SURVIVAL	20,000,000.
THE TOMSK TB DISPENSARY RUSSIA C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	TO STORE AND DISTRIBUTE MEDICATIONS TO TB PATIENTS THROUGHOUT THE SIBERIAN REGION	744,000.
THE TOMSK OBLAST PENITENTIARY SYSTEM C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	TO FUND AND TO OPERATE THE TREATMENT OF ALL TB-INFECTED PATIENTS CURRENTLY INCARCERATED IN THE SIBERIAN REGION	240,000.
RUSSIAN RED CROSS C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	TO DISTRIBUTE MEDICATIONS AND SOCIAL SUPPORT TO PATIENTS IN THE MORE REMOTE, RURAL AREAS OF TOMSK STATE.	216,000.
BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	PARTNER ORGANIZATION EXEMPT	FOR THE PREVENTION AND ACCESS TO CARE AND TREATMENT PROGRAM (PACT), PRIMARILY FOR SALARY SUPPORT FOR PROGRAM STAFF AND COMMUNITY HEALTHCARE WORKERS	1,100,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR
=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
VILLAGE HEALTH WORKS C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02215	PARTNER ORGANIZATION EXEMPT	FOR COSTS OF OPERATIONS AND CONSTRUCTION OF A CLINIC IN BURUNDI	178,000.
EAPSEC C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	FOR COSTS OF COMMUNITY HEALTHCARE OPERATIONS IN IN CHIAPAS, MEXICO	81,000.
OTHER GRANTS C/O PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	PARTNER ORGANIZATION EXEMPT	FOR COSTS OF OPERATIONS	2,531.
TOTAL CONTRIBUTIONS PAID			----- 22,561,531. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PROGRAM EXPENSES	2,096,403.	2,096,403.	NONE	NONE
PROCUREMENT	1,740,894.	1,740,894.	NONE	NONE
FOOD	1,554,185.	1,554,185.	NONE	NONE
CULTURE TESTING	17,677.	17,677.	NONE	NONE
PATIENT ASSISTANCE	668,834.	668,834.	NONE	NONE
PHARMACEUTICALS	2,593,671.	2,593,671.	NONE	NONE
OUTSIDE SERVICES	2,898,774.	2,721,449.	NONE	177,325.
COMMUNICATIONS AND UTILITIES	655,773.	573,341.	75,321.	7,111.
TEMPORARY LABOR	164,740.	NONE	164,740.	NONE
BANK, PAYROLL AND INV. FEES	110,899.	NONE	110,899.	NONE
CONSTRUCTION & RENOVATION	1,945,086.	1,945,086.	NONE	NONE
PROCESSING FEE	142,330.	NONE	NONE	142,330.
FOREIGN CURRENCY LOSS & OTHER	550,160.	522,432.	19,252.	8,476.
TRAVEL AND TRANSPORTATION	1,881,187.	1,795,609.	32,799.	52,779.
TOTALS	17,020,613.	16,229,581.	403,011.	388,021.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO PROVIDE DIRECT HEALTH SERVICES AND TO CONDUCT RESEARCH AND
ADVOCACY WORK FOR THE SICK AND IMPOVERISHED THROUGHOUT THE WORLD.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

HAITI/ZANMI LASANTE

ZANMI LASANTE (ZL) STRENGTHENED ITS PROGRAMS, FACILITIES, AND STAFF DRAMATICALLY, BOTH ACROSS THE CENTRAL PLATEAU, WHERE WE HAVE BEEN WORKING FOR ALMOST 25 YEARS, AND IN THE LOWER ARTIBONITE VALLEY INTO WHICH WE STARTED EXPANDING IN 2005. WITH THIS EXPANSION, ZL IS NOW THE MAIN PROVIDER OF HEALTH CARE FOR CENTRAL HAITI, SERVING A POPULATION OF 1.2 MILLION PEOPLE IN AN AREA THAT EXTENDS FROM THE BORDER WITH THE DOMINICAN REPUBLIC TO THE COAST.

HIGHLIGHTS OF THE YEAR:

IMPROVED PUBLIC HEALTH INFRASTRUCTURE: WITH SUPPORT FROM AMERICARES, ZL CONSTRUCTED A NEW 54-BED HOSPITAL IN LACOLLINE. THE HOSPITAL RELIEVED OVERCROWDING AT THE SMALL, CRAMPED CLINIC IN NEARBY LASCAHOBAS, WHERE THE NUMBER OF PATIENTS HAD SOARED FROM A HANDFUL EACH DAY TO AS MANY AS 400 SINCE ZL STARTED PROVIDING HIV TREATMENT AND COMPREHENSIVE PRIMARY CARE. THE LASCAHOBAS FACILITY HAS BEEN RENOVATED TO SERVE AS A WOMEN'S HEALTH CENTER AND MALNUTRITION CLINIC.

IMPROVED MOTHER AND CHILD SURVIVAL: ZL'S PROGRAM FOR WOMEN'S HEALTH (PROJE SANTE FANM) -WHICH HAS PROVIDED PRENATAL CARE, TREATMENT OF SERVICES SINCE 1990-FACED BOTH AN OPPORTUNITY AND A CHALLENGE WHEN THE HAITIAN GOVERNMENT LAUNCHED A NATIONAL PROGRAM OF FREE OBSTETRICAL CARE IN APRIL 2008, WITH SUPPORT FROM THE WORLD HEALTH ORGANIZATION AND THE CANADIAN GOVERNMENT. THE NUMBER OF WOMEN SEEKING SANTE FANM SERVICES INCREASED SHARPLY AT ALL ZL SITES AND DOUBLED AT SEVERAL. ATTENDANCE ALSO GREW RAPIDLY AT POST-NATAL CLINIC, WHICH HISTORICALLY HAS HAD VERY LOW ATTENDANCE RATES, PRESENTING AN OPPORTUNITY TO PROVIDE BADLY NEEDED FAMILY PLANNING SERVICES, CERVICAL CANCER SCREENING, AND TESTING FOR SEXUALLY TRANSMITTED INFECTIONS.

EXPANDED AGRICULTURAL INITIATIVES TO IMPROVE NUTRITION AND PROVIDE ECONOMIC OPPORTUNITIES: ZL BEGAN MANUFACTURING ITS OWN LOCALLY-PRODUCED PEANUT-BUTTER MEDICINE TO TREAT SEVERELY MALNOURISHED CHILDREN. PRODUCTION OF NOURIMANBA PROVIDES JOBS FOR 23 LOCAL PEOPLE AND GUARANTEES A MARKET FOR LOCAL FARMERS WHO GROW PEANUTS, CORN, AND BEANS. IN ADDITION, 240 FAMILIES WITH MALNOURISHED CHILDREN JOINED OUR FAMILY ASSISTANCE PROGRAM, AND RECEIVED AGRICULTURAL TRAINING, SEEDS, TOOLS, FERTILIZER, A GOAT, AND IN MANY

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

CASES LAND TO FARM. MOST IMPORTANTLY, ZL OFFERED ON-GOING SUPPORT AND HOME VISITS FROM AGRICULTURAL TECHNICIANS AND COMMUNITY AGRICULTURE AGENTS.

STRENGTHENED SURGICAL CAPACITY THROUGH TRAINING: ZL CONTINUED ITS EFFORTS TO STRENGTHEN HUMAN RESOURCES, WITH AN EMPHASIS ON BUILDING A STRONG SURGICAL TEAM. THREE ZL NURSES COMPLETED A RIGOROUS 18-MONTH ANESTHESIOLOGY TRAINING IN CANGE, THROUGH A PARTNERSHIP WITH DOCTORS WITHOUT BORDERS. THE NURSE-ANESTHETISTS HAVE PLEDGED TO WORK FOR ZL FOR FIVE YEARS. IN ADDITION, THREE OTHER ZL NURSES TRAVELED TO BOSTON TO RECEIVE ADVANCED TRAINING IN OPERATING ROOM NURSING THROUGH A PARTNERSHIP WITH REGIS COLLEGE IN WESTON, MASSACHUSETTS.

BY THE NUMBERS:

1.9 MILLION PATIENT VISITS
3,562 AIDS PATIENTS ON ANTIRETROVIRALS
13,647 HIV-POSITIVE PATIENTS MONITORED
6,395 CHILDREN RECEIVING EDUCATIONAL ASSISTANCE
3,325 ADULTS RECEIVING LITERACY TRAINING
9,315 STUDENTS RECEIVED FREE LUNCHESES AT 27 SCHOOLS
454 METRIC TONS OF FOOD DISTRIBUTED TO PATIENTS
419 BIRTHS AND 756 FAMILY PLANNING VISITS PER MONTH AT ZL FACILITIES

SOCIOS EN SALUD

IN PARTNERSHIP WITH THE PERUVIAN MINISTRY OF HEALTH, SOCIOS EN SALUD (SES) CONTINUED TREATMENT AND SOCIAL SUPPORT FOR MDR TB AND HIV PATIENTS. AT THE SAME TIME, SES ALSO STRENGTHENED AND EXPANDED PRIMARY HEALTH CARE, MENTAL HEALTH AND SOCIAL SUPPORT SERVICES IN THE SHANTYTOWNS AROUND LIMA AND OTHER POOR COMMUNITIES.

HIGHLIGHTS OF THE YEAR:

CONTINUED TREATMENT FOR DRUG-RESISTANT TB: THE SES PROGRAM CONTINUED TO FLOURISH AS MORE THAN A THOUSAND PATIENTS COMPLETED TREATMENT AND SES PROVIDED COMPREHENSIVE SUPPORT TO EVEN MORE PATIENTS THROUGH THE TWO LONG YEARS OF EXTREMELY DIFFICULT TREATMENT. AS ALWAYS, SES SUPPORTED PATIENTS ECONOMICALLY, BY PAYING FOR MEDICAL EXAMS, DIAGNOSTIC TESTS, SURGERY, AND MEDICATIONS TO TREAT ADVERSE REACTIONS TO DRUGS, AND BY PROVIDING HOUSING, FOOD, AND TRANSPORTATION.

EXPANDED HIV/AIDS CARE: IN 2005, SES BEGAN A PILOT PROGRAM WITH HIV/AIDS PATIENTS, PROVIDING THE SAME HIGH LEVEL OF

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SOCIAL AND ECONOMIC SUPPORT MDR TB PATIENTS HAVE RECEIVED OVER THE LAST DECADE. OF THE 108 ORIGINAL PATIENTS, 52 ARE STILL RECEIVING ACCOMPANIMENT AND REGULAR SUPPORT FROM A DEDICATED COMMUNITY HEALTH WORKER. OVER ONE THIRD ARE NOW CLINICALLY AND ECONOMICALLY STABLE ENOUGH NOT TO REQUIRE THE INTENSIVE INTERVENTION THEY NEEDED DURING INITIATION OF ANTIRETROVIRAL TREATMENT. THESE PATIENTS NOW WORK WITH A FRIEND OR FAMILY MEMBER TO STAY ON TRACK WITH THEIR TREATMENT, RECEIVING ONLY PERIODIC FOLLOW-UP VISITS FROM THE SES HIV TEAM.

STRENGTHENED PRIMARY CARE SERVICES: PRIMARY HEALTH CARE CONTINUES TO BE A MAJOR PRIORITY FOR SES, PARTICULARLY IN THE SHANTYTOWN OF CARABAYLLO AND THE SURROUNDING AREAS ON THE OUTSKIRTS OF LIMA. SES NOW OPERATES 16 BOTIQUINES--SMALL RURAL HEALTH POSTS THAT SERVE PATIENTS WHO WOULD OTHERWISE HAVE NO ACCESS TO PRIMARY CARE. THE BOTIQUINES ARE RUN BY A TEAM OF 25 COMMUNITY HEALTH WORKERS, WHO RECEIVE SUPERVISION FROM THREE DISTRICT COORDINATORS AND ONGOING TRAINING THROUGH WORKSHOPS ON TOPICS RANGING FROM EARLY CHILDHOOD DEVELOPMENT TO NUTRITION AND FIRST AID.

EXPANDED MENTAL HEALTH SERVICES FOR MDR TB AND HIV PATIENTS AND FAMILIES: BUILDING ON ITS SUCCESSFUL THERAPY PROGRAM IN CARABAYLLO, SES EXTENDED BOTH GROUP THERAPY AND ONE-ON-ONE PEER COUNSELING OPTIONS TO THE NORTHERN REGION OF LA LIBERTAD AND OTHER AREAS WHERE NO SERVICES PREVIOUSLY EXISTED. SES ALSO BROUGHT THE DEPARTMENT OF MENTAL HEALTH AND THE NATIONAL TB PROGRAM TOGETHER; THEY NOW COLLABORATE TO PROVIDE VITAL MENTAL HEALTH SERVICES TO ALL MDR TB PATIENTS.

IMPROVED ACADEMIC PERFORMANCE OF AT-RISK CHILDREN: SES ENROLLED HUNDREDS OF CHILDREN IN A PILOT PROGRAM EMPHASIZING THE USE OF GAMES AND LOGIC PROBLEMS TO IMPROVE MATH SKILLS. UNDER THE SUPERVISION OF THE SES EDUCATION STAFF, THE YOUTH PROMOTERS OF CARABAYLLO--ADOLESCENTS AND YOUNG ADULTS BETWEEN THE AGES 13 AND 20-- TUTORED 70 PRIMARY SCHOOL CHILDREN WHO HAD BEEN IDENTIFIED BY THEIR TEACHERS AND PARENTS AS NEEDING EXTRA ATTENTION IN ORDER TO PERFORM AT GRADE LEVEL. MORE THAN THREE QUARTERS OF THE CHILDREN INVOLVED SHOWED A SIGNIFICANT IMPROVEMENT IN THEIR ACADEMIC PERFORMANCE.

BY THE NUMBERS:

1,072 MDR TB PATIENTS COMPLETED TREATMENT
2,792 PATIENTS RECEIVED NUTRITIONAL SUPPORT
22 MICRO-ENTERPRISES LAUNCHED AS INCOME-GENERATING OPPORTUNITIES FOR PATIENTS

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

1,297 PEOPLE OBTAINED PRIMARY CARE SERVICES AT BOTIQUINES
 287 PATIENTS RECEIVED GROUP THERAPY
 420 PATIENTS RECEIVED HOUSING SUPPORT
 1,000 ADOLESCENTS EDUCATED ON HIV/AIDS PREVENTION

RWANDA/INSHUTI

PIH AND OUR RWANDAN PARTNER ORGANIZATION, INSHUTI MU BUZIMA (IMB), ACHIEVED SEVERAL MAJOR MILESTONES DURING OUR THIRD YEAR OF OPERATIONS. WE 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.

HIGHLIGHTS OF THE YEAR:

HELPED LAUNCH RWANDA'S RURAL HEALTH INITIATIVE: WORKING WITHIN A GOVERNMENT FRAMEWORK THAT INCORPORATES KEY ELEMENTS OF THE PIH MODEL AS WELL AS OTHER INNOVATIONS FROM AROUND RWANDA, IMB AND PIH HELPED THE MINISTRY OF HEALTH BRING COMPREHENSIVE CARE TO BURERA, A DISTRICT IN NORTHERN RWANDA WHOSE 400,000 PEOPLE HAD PREVIOUSLY BEEN SERVED BY A SINGLE DOCTOR AND NO FUNCTIONING HOSPITAL. WE TRANSFORMED A DECREPIT BUILDING INTO A 55-BED HOSPITAL, LAID PLANS FOR A NEW DISTRICT HOSPITAL, AND WORKED WITH LOCAL MINISTRY OF HEALTH OFFICIALS TO RECRUIT FOUR NEW DOCTORS, AND HIRE 13 NURSES, A PHARMACIST, AND A LABORATORY TECHNICIAN. WE ALSO WORKED TO HARMONIZE THE PIH ACCOMPAGNATEUR MODEL PIONEERED IN HAITI WITH THE RWANDAN GOVERNMENT'S NATIONAL COMMUNITY HEALTH WORKER PROGRAM. PIH IS COMMITTED TO TRAINING AND COMPENSATING 1,200 COMMUNITY HEALTH WORKERS ELECTED BY VILLAGERS THROUGHOUT THE DISTRICT. WITHIN A FEW MONTHS, MORE THAN 100 HIV PATIENTS WERE RECEIVING DAILY VISITS FROM COMMUNITY HEALTH WORKERS.

IMPROVED PUBLIC HEALTH INFRASTRUCTURE IN EASTERN RWANDA: WITH A POPULATION OF OVER 260,000, KIREHE WAS ONE OF THE FEW DISTRICTS IN RWANDA WITHOUT A FUNCTIONING DISTRICT HOSPITAL. IMB COMMITTED TO HELP THE MINISTRY OF HEALTH BUILD A NEW FACILITY. PHASE ONE CONSTRUCTION GOT UNDERWAY IN APRIL 2007 AND WAS SCHEDULED TO BE COMPLETED IN AUTUMN 2008. IN THE MEANTIME, IMB RENOVATED THE EXISTING AMBULATORY HEALTH CENTER AND STRENGTHENED THE STAFF, LEADING TO AN INCREASE OF PATIENT VISITS TO ALMOST 200 PATIENTS PER DAY. IMB ALSO COLLABORATED WITH UNICEF AND OTHER DONORS TO CONSTRUCT A NEW PEDIATRIC BUILDING AT

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====
 RWINKWAVU HOSPITAL. THE NEW FACILITY HOUSES DEDICATED PEDIATRIC CONSULTATION AND COUNSELING ROOMS, ROOMS FOR FAMILY PLANNING AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV SESSIONS, A LARGE PLAYROOM, A PHARMACY, AND OFFICE SPACE.

PROVIDED TREATMENT AND TRAINING FOR MANAGEMENT OF CHRONIC DISEASE: IMB ESTABLISHED CHRONIC CARE CLINICS AT SEVEN SITES THAT ARE NOW PROVIDING MANAGEMENT OF LONG-TERM ILLNESSES SUCH AS ASTHMA, DIABETES, EPILEPSY, HEART DISEASE, AND SPLENOMEGALY FOR ALMOST 1,000 PATIENTS. NURSES WHO STAFF THE CLINICS RECEIVED SPECIALIZED TRAINING, STARTING WITH SEMINARS ON DIAGNOSIS AND MANAGEMENT OF ASTHMA AND DIABETES. IMB IS ALSO DEVELOPING PROTOCOLS FOR THE MANAGEMENT OF THESE ILLNESSES, WHICH WILL BE PUT INTO A HANDBOOK FOR NURSES AND DOCTORS WORKING IN HOSPITALS AND CLINICS IN THE DEVELOPING WORLD.

EXPANDED TO A SEVENTH SITE IN SOUTHEASTERN RWANDA: IMB EXPANDED TO NDEGO, MAKING IT THE SEVENTH SITE IN THE EASTERN PROVINCE OPERATED JOINTLY WITH THE RWANDAN MINISTRY OF HEALTH. IMB MOVED QUICKLY TO UPGRADE THE CRAMPED AND DILAPIDATED HEALTH CENTER FACILITIES AND COLLABORATED WITH THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA TO CONSTRUCT A NEW BUILDING WITH THREE CONSULTING ROOMS, TWO LABORATORIES AND A BATHROOM. A NEW INFECTIOUS DISEASE CLINIC WAS ESTABLISHED TO IMPROVE CARE FOR PATIENTS WITH AIDS AND TUBERCULOSIS. AND IMB DOCTORS BEGAN MAKING WEEKLY VISITS TO SUPPORT THE INFECTIOUS DISEASE CLINIC, SUPERVISE ROUNDS ON HOSPITALIZED PATIENTS AND PROVIDE TESTING, TREATMENT AND PSYCHOSOCIAL SUPPORT FOR HIV-POSITIVE CHILDREN.

BY THE NUMBERS:

3,171 AIDS PATIENTS ON THERAPY
 26,704 PATIENTS TESTED FOR HIV
 161,831 PATIENT VISITS (152,772 OUTPATIENT, 9,059 HOSPITALIZATIONS)
 13,544 CASES OF MALARIA DIAGNOSED AND TREATED
 3,276 DELIVERIES IN SEVEN HEALTH FACILITIES
 1,100 FOOD PACKETS DISTRIBUTED EACH MONTH
 747 CHILDREN RECEIVED SECONDARY SCHOOL FEES

LESOTHO/BO-MPHATO LITŠEBELETSONG TSA BOPHELO

DURING ITS SECOND YEAR OF OPERATION, PIH LESOTHO (PIHL) EXPANDED ITS RURAL INITIATIVE TO BRING COMPREHENSIVE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

PRIMARY HEALTH CARE AND HIV TESTING AND TREATMENT TO FIVE MORE REMOTE MOUNTAIN COMMUNITIES. AND WE LAUNCHED A PATHBREAKING NATIONAL PROGRAM TO PROVIDE COMMUNITY-BASED TREATMENT FOR A DEVASTATING DUAL EPIDEMIC OF DRUG-RESISTANT TUBERCULOSIS AND HIV/AIDS.

HIGHLIGHTS OF THE YEAR:

EXPANDED THE COMPREHENSIVE HEALTHCARE PROGRAM IN RURAL AREAS: BUILDING ON OUR SUCCESS AT A SINGLE SITE IN 2006, PIHL EXPANDED TO A TOTAL OF SIX RURAL HEALTH CENTERS IN FOUR MOUNTAIN DISTRICTS SERVING A POPULATION OF MORE THAN 300,000 PEOPLE. THE RURAL INITIATIVE UPGRADED OR REPLACED CLINIC BUILDINGS, STAFFED THEM WITH DOCTORS AND NURSES, STOCKED THEM WITH ESSENTIAL SUPPLIES AND EQUIPMENT, AND INSTALLED SOLAR POWER AND SATELLITE COMMUNICATIONS AT FOUR SITES THAT PREVIOUSLY HAD NO ELECTRICITY OR TELECOMMUNICATIONS CAPABILITY. ALL OF THE SITES NOW PROVIDE TESTING AND TREATMENT FOR HIV AND TUBERCULOSIS, PROGRAMS TO PREVENT TRANSMISSION OF HIV FROM MOTHERS TO CHILDREN, VACCINATIONS AND CLINICS FOR CHILDREN UNDER THE AGE OF FIVE, WOMEN'S THE YEAR HEALTH SERVICES, AND TRAUMA CARE. ESTABLISHED A NATIONAL TREATMENT PROGRAM FOR DRUG-RESISTANT TB: WITH SUPPORT FROM THE OPEN SOCIETY INSTITUTE, PIHL RESPONDED TO A MAJOR EPIDEMIC BY LAUNCHING A COMMUNITY-BASED PROGRAM TO TREAT MULTIDRUG-RESISTANT AND EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS. THE PROGRAM IS NOW TREATING PATIENTS IN ALL 10 DISTRICTS OF LESOTHO. PATIENTS ARE HOSPITALIZED ONLY UNTIL THEY ARE STABLE ENOUGH TO GO HOME OR MOVE INTO SMALL HOUSES RENTED BY PIHL NEAR THE HOSPITAL. THERE THEY RECEIVE DAILY VISITS FROM TREATMENT SUPPORTERS TRAINED AND EMPLOYED BY PIHL, AS WELL AS FOOD, TRANSPORTATION AND OTHER SOCIAL SUPPORTS. TO DATE, NOT A SINGLE PATIENT HAS DEFAULTED FROM THE ARDUOUS TWO-YEAR COURSE OF TREATMENT.

STRENGTHENED PUBLIC HEALTH INFRASTRUCTURE: PIHL TRANSFORMED AN OLD LEPROSY HOSPITAL INTO A STATE-OF-THE-ART TUBERCULOSIS FACILITY, COMPLETE WITH NEGATIVE AIR-PRESSURE AND VENTILATION SYSTEMS TO PREVENT CROSS-INFECTION. WORKING WITH THE FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS (FIND) AND THE LESOTHO MINISTRY OF HEALTH AND SOCIAL WELFARE, PIHL ALSO REFURBISHED THE NATIONAL TB REFERENCE LABORATORY AND PROVIDED ON-THE-JOB TRAINING IN MICROSCOPY AND CULTURE TESTING FOR THE LAB TECHNICIANS. FOR THE FIRST TIME, THE LABORATORY IS NOW PERFORMING CULTURE AND FIRST-LINE DRUG SENSITIVITY TESTING.

PROVIDED FOOD FOR THE HUNGRY: CONFRONTED BY AN ALARMING

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

INCREASE IN THE NUMBER OF MALNOURISHED CHILDREN, WITH HELP FROM THE GOVERNMENT OF IRELAND, PIHL LAUNCHED A SUPPLEMENTARY FEEDING PROGRAM TO PROVIDE NUTRITIONAL SUPPORT TO ALL MALNOURISHED CHILDREN IN THE MOUNTAINS. THE FAMILY OF EVERY CHILD ENROLLED IN THE PROGRAM RECEIVES A MONTHLY PACKAGE CONTAINING 60 KILOGRAMS OF MAIZE MEAL, NINE KILOGRAMS OF BEANS, FOUR LITERS OF COOKING OIL, AND SIX KILOGRAMS OF A NUTRITIOUS CORN-SOY BLEND TO HELP THEM GAIN WEIGHT. IN ADDITION, ALL SEVERELY OR MODERATELY MALNOURISHED CHILDREN OLDER THAN SIX MONTHS RECEIVE A SPECIAL HIGH-PROTEIN, HIGH-ENERGY PEANUT BUTTER FORTIFIED WITH VITAMINS, MILK POWDER, AND SUGAR.

BY THE NUMBERS:

13,887 PATIENTS TESTED FOR HIV, OF WHOM 4,521 TESTED POSITIVE
 2,354 HIV PATIENTS RECEIVING ANTIRETROVIRAL THERAPY
 790 CASES OF TB DIAGNOSED OF WHOM 75% ARE CO-INFECTED WITH HIV
 117 MDR-TB PATIENTS RECEIVING TREATMENT
 3,485 HOUSEHOLDS RECEIVING FOOD SUPPLEMENTS
 900 COMMUNITY HEALTH WORKERS TRAINED (AS OF JUNE 30, 2008)

MALAWI/ABWENZI PA ZA UMOYO

IN FEBRUARY 2007, PIH LAUNCHED ABWENZI PA ZA UMOYO (APZU) IN NENO, A RURAL DISTRICT IN SOUTHERN MALAWI. BUILDING ON THE MOMENTUM CREATED BY PROVIDING CARE FOR HIV PATIENTS, APZU UNDERTOOK A WIDE VARIETY OF INFRASTRUCTURE AND STAFFING IMPROVEMENTS TO STRENGTHEN THE OVERALL HEALTH SYSTEM AND LAUNCHED PROGRAMS TO PROVIDE SOCIAL AND ECONOMIC SUPPORT FOR THE SURROUNDING COMMUNITIES. THESE LED TO MORE THAN 100,000 PATIENT VISITS IN THE DISTRICT DURING THIS TIME.

HIGHLIGHTS OF THE YEAR:

SCALED UP HIV TESTING AND TREATMENT: APZU HIT THE GROUND RUNNING BY TRAINING 20 NEW HIV TESTING COUNSELORS, WHO WERE QUICKLY DEPLOYED THROUGHOUT THE DISTRICT. MORE THAN 12,000 PEOPLE WERE TESTED IN 2007 ALONE, AND THE NUMBER OF HIV PATIENTS RECEIVING ANTIRETROVIRAL THERAPY (ART) INCREASED FROM LESS THAN 200 TO MORE THAN 1,100. A SECOND ART CLINIC WAS OPENED IN THE POPULOUS LISUNGWI AREA OF THE DISTRICT, WHICH ALSO CONTRIBUTED TO THE RAPID EXPANSION OF PATIENTS ENROLLED ON ART. IN ADDITION, ALL NEW PATIENTS WERE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

ENROLLED IN A SIX-MONTH FOOD SUPPORT PROGRAM, RECEIVING MONTHLY HOUSEHOLD FOOD PACKAGES TO SUPPORT THE NUTRITIONAL NEEDS OF THE PATIENTS THEMSELVES, AND THE MEMBERS OF THEIR HOUSEHOLDS.

ADDRESSED THE HEALTH WORKER SHORTAGE: APZU TRAINED AND EMPLOYED 300 FULL-TIME COMMUNITY HEALTH WORKERS TO PROVIDE SUPPORT TO PATIENTS AT THE FOUR BUSIEST HEALTH CENTERS IN THE DISTRICT. THE CHW PROGRAM CONTRIBUTED TO THE RAPID ENROLLMENT OF NEW PATIENTS AND WAS A MAJOR FACTOR IN APZU'S IMPRESSIVELY LOW RATE OF PATIENTS LOST TO FOLLOW UP (LESS THAN 2 PERCENT). APZU ALSO FOCUSED ON RETAINING MEDICAL STAFF WORKING FOR THE MINISTRY OF HEALTH BY RENOVATING AND BUILDING IMPROVED STAFF HOUSING; INITIATING A PERFORMANCE BASED SALARY TOP-OFF FOR ALL MOH STAFF WORKING WITH APZU; AND PROVIDING OPPORTUNITIES FOR WEEKLY TRAINING. MOH STAFF HAVE CITED THESE TRAINING OPPORTUNITIES AND INCREASED RESOURCES, INCLUDING STOCKING OF SUFFICIENT PHARMACEUTICAL AND LAB SUPPLIES, AS A SOURCE OF INCREASED JOB SATISFACTION.

BUILT HEALTH INFRASTRUCTURE: WHEN APZU ARRIVED IN NENO, MOST OF THE DISTRICT'S 10 HEALTH CENTERS HAD NOT BEEN MAINTAINED IN THE LAST 20 TO 30 YEARS. APZU INITIATED RENOVATION AND CONSTRUCTION PROJECTS AT EIGHT OF THE TEN FACILITIES. FOUR OF THESE MAJOR RENOVATION PROJECTS HAD BEEN COMPLETED BY THE END OF JUNE 2008. THE CENTERPIECE OF APZU'S INFRASTRUCTURE IMPROVEMENTS WAS CONSTRUCTION OF A NEW DISTRICT HOSPITAL IN NENO, COMPLETE WITH INPATIENT WARDS FOR WOMEN, MEN AND CHILDREN, A PEDIATRIC INTENSIVE CARE UNIT, A LABORATORY, BLOOD BANK, TWO SURGICAL THEATERS, A PHARMACY, AND AN EMERGENCY ROOM. BY THE END OF JUNE 2008, THE FACILITY WAS MORE THAN 90 PERCENT COMPLETED.

LAUNCHED A TB PROGRAM: TUBERCULOSIS IS THE LEADING CAUSE OF DEATH FOR HIV PATIENTS IN AFRICA, MAKING TESTING AND TREATMENT FOR TB ESSENTIAL TO ACHIEVING GOOD OUTCOMES FOR PATIENTS ON ART. AFTER OBTAINING PERMISSION FROM MALAWI'S NATIONAL TUBERCULOSIS PROGRAM, APZU LAUNCHED A TB REGISTRATION SITE IN JANUARY 2008. OVER THE NEXT SIX MONTHS, APZU DIAGNOSED AND TREATED MORE THAN 200 TB PATIENTS WITH A STANDARD OF CARE THAT INCLUDES DIRECTLY OBSERVED THERAPY, FOOD PACKAGES, AS WELL AS CLOSE MONITORING AND FOLLOW-UP.

BUILT COMMUNITY CENTERS, HOMES, AND HOPE: APZU'S PROGRAM ON SOCIAL AND ECONOMIC RIGHTS (POSER) WORKED CLOSELY WITH SIX DIFFERENT COMMUNITY-BASED ORGANIZATIONS TO TACKLE THE CONDITIONS OF POVERTY THAT LEAD TO DISEASE AND TO PROVIDE SUPPORT TO PATIENTS WITH HIV, AS WELL AS ORPHANS AND

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

VULNERABLE CHILDREN. POSER HELPED BUILD COMMUNITY CENTERS, ESTABLISHED NEW VOCATIONAL TRAINING PROGRAMS, AND PROVIDED SUPPORT FOR AGRICULTURAL ACTIVITIES. IN ADDITION, THE PROGRAM BUILT NEW HOMES FOR 15 PATIENTS, AND PROVIDED MONEY FOR TUITION, SCHOOL UNIFORMS, AND SCHOOL SUPPLIES FOR 100 CHILDREN. POSER ALSO HELPED IDENTIFY POOR PEOPLE WHO DESPERATELY NEEDED EMPLOYMENT, SO THAT APZU COULD PROVIDE FULL-TIME JOBS TO SOME OF THE MOST VULNERABLE PEOPLE, ESPECIALLY THOSE AFFECTED BY HIV.

BY THE NUMBERS:

12,000 PATIENTS TESTED FOR HIV
 1,100 HIV PATIENTS RECEIVING ANTIRETROVIRAL THERAPY
 200 PATIENTS TREATED FOR TB DURING FIRST SIX MONTHS OF 2008

4 MAJOR RENOVATIONS COMPLETED AT HEALTH CENTERS
 51 HOUSING UNITS RENOVATED OR CONSTRUCTED FOR STAFF
 15 HOUSES BUILT FOR FAMILIES OF PATIENTS
 100 CHILDREN RECEIVING TUITION SUPPORT
 300 COMMUNITY HEALTH WORKERS TRAINED

RUSSIA

PIH RUSSIA EXPANDED BOTH ITS SERVICES TO IMPROVE TREATMENT AND OUTCOMES FOR TB PATIENTS IN TOMSK OBLAST IN SIBERIA AND ITS TRAINING AND TECHNICAL SUPPORT FOR DOCTORS TREATING MULTIDRUG-RESISTANT TB ELSEWHERE IN RUSSIA AND IN OTHER COUNTRIES IN EASTERN EUROPE AND CENTRAL ASIA THAT HAD BEEN PART OF THE FORMER SOVIET UNION.

HIGHLIGHTS OF THE YEAR:

EXPANDED SERVICES TO IMPROVE MDR TB CARE AND OUTCOMES IN TOMSK OBLAST: WITH SUPPORT FROM THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, PIH RUSSIA CREATED AND EXPANDED SEVERAL PROGRAMS TO IMPROVE TB TREATMENT AND OUTCOMES IN SIBERIA'S TOMSK OBLAST. NEW SERVICES INCLUDED: TB SCREENING FOR HIV-POSITIVE PATIENTS AND PROPHYLACTIC TB TREATMENT FOR MORE THAN 160 HIV PATIENTS WITH LATENT TB INFECTIONS; PSYCHOLOGICAL AND SOCIAL SUPPORT FOR THE ESTIMATED 50 PERCENT OF TB PATIENTS WHO ARE ADDICTED TO ALCOHOL; AN EARLY TB DETECTION PROGRAM TO SCREEN FOR CASES AMONG HIGH-RISK GROUPS INCLUDING THE UNEMPLOYED, HOMELESS AND EX-PRISONERS; EXPANSION OF THE SPUTNIK PROGRAM THAT PROVIDES HOME-BASED TREATMENT FOR HIGH-RISK PATIENTS AND HAS RAISED ADHERENCE RATES FROM 52 PERCENT TO MORE THAN 90 PERCENT.
 PROVIDED MDR TB TRAINING FOR DOCTORS FROM FORMER SOVIET

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

REPUBLICS: WORKING WITH COLLEAGUES FROM THE TUBERCULOSIS OFFICE AND THE PENITENTIARY SYSTEM OF TOMSK OBLAST, AND WITH FINANCIAL SUPPORT FROM THE ELI LILLY FOUNDATION, PIH PROVIDED INTENSIVE TRAINING FOR 93 DOCTORS REPRESENTING THE MAJORITY OF THE FORMER SOVIET UNION COUNTRIES. DURING THE SEMINARS, PARTICIPANTS WERE INSTRUCTED BY RUSSIAN AND INTERNATIONAL EXPERTS ON PROPER TREATMENT OF PATIENTS WITH MDR TB, TOOK PART IN CASE-BASED CLINICAL DISCUSSIONS, AND SHARED BEST PRACTICES.

PROVIDED TECHNICAL ASSISTANCE FOR OTHER REGIONS OF SIBERIA: IN FEBRUARY 2008, PIH/RUSSIA STARTED PROVIDING INTENSIVE TECHNICAL ASSISTANCE TO TWO RUSSIAN TERRITORIES IN SIBERIA-NOVOSIBIRSK AND ALTAY KRAY. PIH STAFF VISITED THE TERRITORIES SEVERAL TIMES AND CONSULTED WITH TB DOCTORS ON MDR TB PROGRAM IMPLEMENTATION.

BY THE NUMBERS:

856 NEW TB PATIENTS AND 171 NEW MDR TB PATIENTS ENROLLED
DEFAULT RATES REDUCED TO 1.2% FOR TB AND 9.7% FOR MDR TB
1,235 TB AND MDR TB PATIENTS RECEIVED NUTRITIONAL SUPPORT
93 DOCTORS FROM 10 COUNTRIES IN THE FORMER SOVIET UNION
TRAINED IN MDR TB MANAGEMENT

USA/PACT

THE PREVENTION AND ACCESS TO CARE AND TREATMENT (PACT) PROJECT STRENGTHENED ITS HEALTH PROMOTION AND DIRECTLY OBSERVED THERAPY SERVICES FOR MARGINALIZED HIV/AIDS PATIENTS IN BOSTON AND MOVED TO MAKE ITS MODEL OF COMMUNITY-BASED CARE MORE WIDELY AVAILABLE IN OTHER CITIES AND TO ADAPT IT TO PATIENTS SUFFERING FROM DIABETES AND OTHER CHRONIC DISEASES.

HIGHLIGHTS OF THE YEAR:

ADAPTED THE PIH MODEL OF COMMUNITY-BASED HIV CARE TO DIABETES: PACT TOOK SEVERAL IMPORTANT STEPS TOWARD ADAPTING ITS MODEL OF ACCOMPANIMENT BY COMMUNITY HEALTH WORKERS TO SUPPORT DIABETES PATIENTS WHO HAVE DIFFICULTY ADHERING TO TREATMENT. THE PACT TEAM MAPPED COMMUNITY NEEDS, RESEARCHED EXISTING BEST PRACTICES OF DIABETES CARE, INTERVIEWED PATIENTS TO LEARN ABOUT THEIR NEEDS, AND FIGURED OUT HOW THE PACT MODEL COULD BE TAILORED TO ADDRESS THEM. PACT ALSO DEVELOPED A PARTNERSHIP WITH A LOCAL HEALTH CENTER TO PILOT THE MODEL.

IMPROVED DIRECTLY OBSERVED THERAPY (DOT) TO REACH MORE PATIENTS: AFTER A THOROUGH REVIEW OF ITS DIRECTLY OBSERVED THERAPY (DOT) PROGRAM, PACT WAS ABLE TO OFFER SERVICES TO

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

MORE PATIENTS BY OPTIMIZING DOT APPOINTMENT TIMES AND TRAVEL ROUTES. ADDITIONAL SLOTS WERE OPENED BY GIVING PATIENTS THE OPTION OF RECEIVING DOT EITHER SEVEN OR FIVE DAYS A WEEK, DEPENDING ON THEIR NEEDS AND PREFERENCES. BUILT A REPLICATION TEAM TO SUPPORT SIMILAR PROJECTS: PACT RESPONDED TO FREQUENT REQUESTS TO REPLICATE ITS MODEL IN OTHER US CITIES BY CREATING A TEAM TO PROVIDE TRAINING AND SUPPORT. PACT HAS ALREADY TRAINED AND COLLABORATED WITH FOUR PROGRAMS IN NEW YORK CITY AND THREE OTHERS IN MIAMI, CINCINNATI, AND NORFOLK, VIRGINIA.

BY THE NUMBERS:

147 PATIENTS RECEIVED COMMUNITY-BASED CARE
 86 NEW PATIENTS ENROLLED ON TREATMENT
 43 PATIENTS SERVED WITH DIRECTLY OBSERVED THERAPY (DOT)
 7,217 DOT VISITS MADE
 2,975 HEALTH PROMOTER VISITS MADE
 299 TOTAL PATIENTS SERVED SINCE THE PROGRAM WAS STARTED

CHIAPAS/EAPSEC

EQUIPO DE APOYO EN SALUD Y EDUCACIÓN COMUNITARIA (EAPSEC) INCREASED THE QUALITY AND BREADTH OF COMMUNITY HEALTH PROMOTER (CHP) TRAINING BY PROVIDING PHYSICIAN SUPERVISION OF HANDS-ON PRIMARY CARE, OFFERING WORKSHOPS FROM INTERNATIONAL RESIDENTS AND STUDENTS, AND TAILORING TRAINING TO UNIQUE CHALLENGES SUCH AS EPILEPSY AND TUBERCULOSIS. IN ADDITION, EAPSEC HELPED BRING TOGETHER CHPS FROM ACROSS CHIAPAS FOR QUARTERLY CONFERENCES AND COLLABORATED ON CREATING A NEW COMMUNITY HEALTH CERTIFICATE PROGRAM.

HIGHLIGHTS OF THE YEAR:

PROVIDED MEDICAL TRAINING FOR HEALTH PROMOTERS: COMMUNITY HEALTH PROMOTERS (CHPS) TOOK PART IN OVER 500 PRIMARY CARE TRAINING EXPERIENCES, IN WHICH PHYSICIANS ACCOMPANY AND ADVISE THEM AS THEY TREAT AND EDUCATE PEOPLE IN THEIR COMMUNITIES. IN ADDITION, MEDICAL STUDENTS FROM TEC DE MONTERREY (ONE OF MEXICO'S FINEST MEDICAL SCHOOLS), HARVARD AND THE UNIVERSITY OF WASHINGTON, AS WELL AS RESIDENTS FROM HARVARD'S BRIGHAM AND WOMEN'S HOSPITAL, LED TRAINING WORKSHOPS FOR CHPS AND ACCOMPANIED THEM ON PRIMARY CARE VISITS.

PROVIDED TRAINING AND MEDICINES TO TAKE ON EPILEPSY AND MDR TB: IN RESPONSE TO AN ALARMINGLY HIGH RATE OF EPILEPSY IN THE MUNICIPALITY OF SILTEPEC, CHPS AND FAMILIES RECEIVED ACCESS TO ANTI-SEIZURE MEDICATIONS FOR THE FIRST TIME AS

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

WELL AS TRAINING IN HOW TO MANAGE THE DISEASE. PIH AND EAPSEC ALSO WORKED WITH LOCAL NGOS AND INTERNATIONAL GROUPS TO SECURE TREATMENT FROM THE FEDERAL MEXICAN TB PROGRAM FOR A YOUNG FATHER SUFFERING FROM UNTREATED MDR TB. THIS CASE IS A PILOT FOR MDR TB TREATMENT IN THE STATE OF CHIAPAS. IN ADDITION, PIH AND EAPSEC MET WITH REPRESENTATIVES FROM THE PAN AMERICAN HEALTH ORGANIZATION AND CHIAPAS MINISTRY OF HEALTH, WHICH CONTRIBUTED TO THE CERTIFICATION OF A LOCAL INDEPENDENT HOSPITAL FOR TB LABORATORY TESTING AND TREATMENT.

HELPED CREATE A CERTIFICATE PROGRAM FOR COMMUNITY HEALTH PROMOTERS: EAPSEC COLLABORATED WITH A STATE UNIVERSITY AND OTHER NGOS TO LAUNCH AN INNOVATIVE CERTIFICATE PROGRAM IN COLLECTIVE HEALTH WITH CONCENTRATIONS IN MULTICULTURALISM OR DETERMINANTS OF HEALTH.

ELECTRONIC MEDICAL RECORDS

THE PIH INFORMATICS TEAM CONTINUED TO DEVELOP OPENMRS, AN OPEN SOURCE ELECTRONIC MEDICAL RECORD SYSTEM (EMR), IN COLLABORATION WITH A GROWING NUMBER OF PROGRAMMERS FROM AROUND THE WORLD. USE OF OPENMRS EXPANDED TO NEW SITES IN RWANDA, MALAWI AND LESOTHO, AND THE PROGRAMMING TEAM DEVELOPED A NUMBER OF NEW TOOLS TO IMPROVE PATIENT CARE AND REPORTING CAPABILITIES. ADDITIONALLY, THE TEAM ORGANIZED THE ELECTRONIC HEALTH RECORDS TRACK OF THE ROCKEFELLER FOUNDATION'S MAKING THE EHEALTH CONNECTION CONFERENCE, BRINGING TOGETHER 25 LEADING MEMBERS OF THE MEDICAL INFORMATICS FIELD IN BELLAGIO, ITALY.

HIGHLIGHTS OF THE YEAR:

DESIGNED SOFTWARE TO IMPROVE PATIENT CARE: WITH SUPPORT FROM THE WORLD HEALTH ORGANIZATION, A COMPREHENSIVE NEW SOFTWARE MODULE WAS BUILT TO SUPPORT THE CARE OF MDR TB PATIENTS WITHIN OPENMRS. THIS MODULE ALLOWS CLINICAL STAFF TO EASILY TRACK COMPLEX DRUG REGIMENS, BACTERIOLOGY DATA AND DST RESULTS AND PROVIDES TOOLS FOR REPORTING AND DRUG FORECASTING. PROGRAMMERS ALSO DEVELOPED SOFTWARE TO ALLOW DATA SYNCHRONIZATION, SO THAT PATIENT DATA CAN BE VIEWED INSTANTANEOUSLY AT ALL CLINICAL SITES IN A COUNTRY.

EXPANDED TO NEW SITES: THE INFORMATICS TEAM INSTALLED A NEW, OPENMRS-BASED SYSTEM IN MALAWI, WHERE IT IS PARTNERING WITH A LOCAL ORGANIZATION, BAOBAB HEALTH. A TOUCH SCREEN INTERFACE WAS DEVELOPED THROUGH THIS COLLABORATION THAT IS NOW USED TO ENROLL AND MONITOR PATIENTS IN THE HIV PROGRAM IN NENO. IN LESOTHO, THE EMR TEAM INSTALLED SATELLITE INTERNET AT SIX CLINICAL SITES AND DATA IS NOW BEING

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

ENTERED FROM MOUNTAIN SITES.

SCALED UP EXISTING IMPLEMENTATIONS: USE OF E-CHASQUI, A WEB-BASED LABORATORY INFORMATION SYSTEM THAT TRACKS TB TESTS, WAS EXPANDED TO OVER 300 CLINICAL SITES IN PERU, COVERING A POPULATION OF 3.1 MILLION PEOPLE. A STUDY OF THE SYSTEM SHOWED THAT IT DECREASED THE COMMUNICATION TIME OF LAB RESULTS BY 50 PERCENT AND REDUCED ERRORS IN DELIVERING THESE RESULTS. IN RWANDA, THE EMR TEAM STARTED PRODUCING REPORTS TO IDENTIFY HIV PATIENTS WHO WERE MISSING VISITS, WHOSE WEIGHT AND CD4 COUNTS WERE TOO LOW, OR WHO DEFAULTED.

TRAINING

WITH FUNDING SUPPORT FROM THE BILL & MELINDA GATES FOUNDATION, AS WELL AS OTHER DONORS, PIH HAS INVESTED HEAVILY IN STRENGTHENING AND EXPANDING OUR TRAINING PROGRAM. MOST NOTABLE OVER THE PAST YEAR HAVE BEEN EFFORTS TO BUILD DEDICATED TRAINING TEAMS AND CAPACITY IN BOSTON AND OUR COUNTRY SITES, THE OPENING OF A TRAINING FACILITY IN RWANDA, AND THE PRODUCTION AND DISSEMINATION OF OUR NEW CURRICULUM FOR TRAINING ACCOMPAGNATEURS.

HIGHLIGHTS OF THE YEAR:

PRODUCED AND PILOT TESTED A TRAINING CURRICULUM FOR ACCOMPAGNATEURS: ACCOMPAGNATEURS (COMMUNITY HEALTH WORKERS) ARE THE BACKBONE OF PIH'S MODEL OF COMMUNITY-BASED CARE. PRODUCING AND SHARING A NEW CURRICULUM FOR ACCOMPAGNATEURS GIVES PIH A POWERFUL TOOL FOR STRENGTHENING THAT BACKBONE AND ENABLING OTHER ORGANIZATIONS TO ADOPT OUR MODEL. THE CURRICULUM CONSISTS OF A FACILITATOR'S MANUAL, A PARTICIPANT'S MANUAL, AND VISUAL AIDS THAT INCLUDE FLIP CHARTS, POWERPOINT SLIDES, AND POSTERS. USING SIMPLE TEXT, PROFUSE ILLUSTRATIONS AND ENGAGING ACTIVITIES, THE CURRICULUM COVERS A BROAD RANGE OF TOPICS, INCLUDING HIV/AIDS, TB, STIGMA AND DISCRIMINATION, HUMAN RIGHTS, PSYCHOSOCIAL SKILLS, AND THE ROLES AND RESPONSIBILITIES OF ACCOMPAGNATEURS.

COMPLETED CONSTRUCTION OF A TRAINING CENTER IN RWANDA: THE RWANDA TRAINING CENTER IS SITUATED ON THE GROUNDS OF RWINKWAVU HOSPITAL, OUR MAIN DISTRICT HOSPITAL SITE IN RWANDA. IT INCLUDES A 150-SEAT AUDITORIUM, TWO TRAINING ROOMS, A COMPUTER LAB, A LIBRARY, OFFICES, DORMITORIES, AND A CAFETERIA WITH FULL KITCHEN FACILITIES. THE STATE-OF-THE-ART COMPLEX WILL HOST TRAINING SESSIONS FOR ALL LEVELS OF STAFF, BOTH NATIONALLY AND INTERNATIONALLY. PIH AND THE RWANDAN GOVERNMENT PLAN TO MAKE IT THE LEADING

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

TRAINING SITE FOR HIV TREATMENT IN RWANDA AND FOR NEIGHBORING COUNTRIES IN CENTRAL AND EASTERN AFRICA. LAUNCHED AN ONLINE WAREHOUSE OF TOOLS AND RESOURCES: THE PIH MODEL ONLINE (MODEL.PIH.ORG) WAS LAUNCHED EARLY IN 2008, SHOWCASING THE WAY WE WORK AND SHARING TOOLS THAT OTHERS CAN USE TO STRENGTHEN COMMUNITY-BASED CARE. PIHMO CURRENTLY HOSTS OUR TRAINING MATERIALS, INCLUDING THE NEW ACCOMPAGNATEUR CURRICULUM, AND PROVIDES DETAILS ABOUT OUR PROGRAMS FOR COMMUNITY HEALTH WORKERS, FOOD AND NUTRITION, PROCUREMENT AND ELECTRONIC MEDICAL RECORDS. SINCE PIHMO WAS LAUNCHED, PEOPLE FROM 93 DIFFERENT COUNTRIES HAVE VISITED THE WEBSITE.

ADVOCACY

PIH DRAMATICALLY INCREASED THE SCALE, SCOPE, AND IMPACT OF ITS ADVOCACY WORK AIMED AT INFLUENCING POLICIES, INCREASING FUNDING, AND BUILDING A MOVEMENT FOR GLOBAL HEALTH EQUITY. WITH VIGOROUS NEW LEADERSHIP AND FUNDING SUPPORT FROM THE SKOLL FOUNDATION, OUR ADVOCACY AND POLICY ARM-THE INSTITUTE FOR HEALTH AND SOCIAL JUSTICE FOCUSED ON FOUR KEY INITIATIVES AND ACHIEVED SIGNIFICANT PROGRESS ON ALL OF THEM.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH AND CASH EQUIVALENTS	13,854,715.	11,626,973.	FMV
FIXED INCOME BONDS & NOTES	2,008,718.	2,676,808.	FMV
EQUITY SECURITIES	6,547,922.	7,699,900.	FMV
	-----	-----	
TOTALS	22,411,355.	22,003,681.	
	=====	=====	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
PRIVATE EQUITY & HEDGE FUNDS	1,054,802.	1,058,790.	FMV
	-----	-----	
TOTALS	1,054,802.	1,058,790.	
	=====	=====	

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
OPHELIA DAHL 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	EXEC DIR/PRES/DIRECTOR 60.00	74,127.	671.	NONE
DR PAUL FARMER 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	EXECUTIVE VP 30.00	NONE	NONE	NONE
PAUL ZINTL 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	COO 40.00	69,606.	532.	NONE
CRAIG KAPLAN 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	CFO/TREASURER 40.00	84,759.	9,669.	NONE
THROUGH 08/31/2007				
DONELLA RAPIER 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	CFO/TREASURER 60.00	37,137.	952.	NONE
EFFECTIVE 09/01/2007				

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
EDWARD CARDOZA 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	VP DEVELOPMENT 60.00	91,713.	5,284.	NONE
THEODORE CONSTAN 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	VP PROGRAM MANAGER 50.00	71,252.	11,760.	NONE
KRISTIN NELSON 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	CLERK 30.00	60,467.	462.	NONE
DR JIM YONG KIM 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
HOWARD HIATT 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
DIANE KANEB 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
BRYAN STEVENSON	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115				
JACK CONNORS 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
TED PHILIP 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
TODD MCCORMACK 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
ALBERT KANEB 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
GARY GOTTLIEB 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT HEINE 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY WHITE 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		489,061.	29,330.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

=====

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	DIANE KANEB
NAME OF RELATED ENTITY:	ALBERT KANEB
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	FAMILY

NAME OF OFFICER, DIRECTOR, ETC:	ALBERT KANEB
NAME OF RELATED ENTITY:	DIANA KANEB
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	FAMILY

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: RIVER STREET DEVELOPMENT FOUNDATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: SOCIOS EN SALUD SUCURSAL PERU

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PARTNERS IN HEALTH-RUSSIA

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: INSHUTI MU BUZIMA (RWANDA)

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PARTNERS IN HEALTH-LESOTHO

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PARTNERS IN HEALTH-MALAWI

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: VILLAGE HEALTH WORKS

EXEMPT: X NONEXEMPT:

FORM 990, PART VI, LINE 90A - STATES

=====

AZ, CA, CT, FL, GA,
IL, ME, MD, MA, MI, MN, MT, NJ, NM,
NY, NC, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

FORM 990, PART VI, LINE 91B - FOREIGN COUNTRIES

=====

RWANDA
RUSSIA
PERU
LESOTHO
MALAWI

FORM 990, PART VI, LINE 91C - FOREIGN COUNTRIES

=====

RWANDA
RUSSIA
PERU
LESOTHO
MALAWI

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
SALE OF MERCHANDISE			01	23,131.	
OTHER INCOME			01	17,532.	
FOREIGN EXCHANGE-DEVELOPMENT					
CURRENCY TRANSLATION REPORTED BY SITES			01	10,069.	
		-----		-----	-----
TOTALS				50,732.	
		=====		=====	=====

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: PARTNERS IN HEALTH PERU
CONTROLLED ENTITY'S ADDRESS: AV MERINO REYNA 575 06
CITY, STATE & ZIP: PORRAS B CARABAYLLO
FOREIGN COUNTRY: PERU
EIN: 99-9999999
TRANSFER AMOUNT: 3,782,007.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT OF HEALTHCARE SERVICES IN PERU

CONTROLLED ENTITY'S NAME: PARTNERS IN HEALTH RUSSIA
CONTROLLED ENTITY'S ADDRESS: 11 13 TREKHPRUDNIY PEREULOK 103001
CITY, STATE & ZIP: MOSCOW
FOREIGN COUNTRY: RUSSIA
EIN: 99-9999999
TRANSFER AMOUNT: 1,855,200.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT OF HEALTHCARE SERVICES IN RUSSIA

CONTROLLED ENTITY'S NAME: INSHUTI MU BUZIMA RWANDA
CONTROLLED ENTITY'S ADDRESS: RINKWAYU
CITY, STATE & ZIP: RINKWAVU
FOREIGN COUNTRY: RWANDA
EIN: 99-9999999
TRANSFER AMOUNT: 7,283,485.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT OF HEALTHCARE SERVICES IN RWANDA

CONTROLLED ENTITY'S NAME: PARTNERS IN HEALTH LESOTHO
CONTROLLED ENTITY'S ADDRESS: NEW EUROPA 438 POPE JOHN PAUL II ST 100
CITY, STATE & ZIP: MESERU
FOREIGN COUNTRY: LESOTHO
EIN: 99-9999999
TRANSFER AMOUNT: 772,937.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT OF HEALTHCARE SERVICES IN LESOTHO

CONTROLLED ENTITY'S NAME: PARTNERS IN HEALTH MALAWI
CONTROLLED ENTITY'S ADDRESS: P. O. BOX 56 NENO BOMA 624200
CITY, STATE & ZIP: NENO DISTRICT
FOREIGN COUNTRY: MALAWI
EIN: 99-9999999
TRANSFER AMOUNT: 1,855,460.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT OF HEALTHCARE SERVICES IN MALAWI

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
SUSAN SAYERS 641 HUNTINGTON AVE BOSTON, MA 02115	DIR OF INSTITUT DVLP 60.00	80,728.	13,267.	NONE
. . . COMPENSATION SHOWN FOR EACH NAMED PERSON ON THIS RETURN IS BASED ON 2007 FORM W-2 CALENDAR YEAR REPORTING.				
JILL HACKETT 641 HUNTINGTON AVE BOSTON, MA 02115	TRAINING MANAGER 60.00	71,632.	9,497.	NONE
DARIUS JAZAYERI 641 HUNTINGTON AVE BOSTON, MA 02115	COMPUTER PROGRAMMER 60.00	71,431.	5,978.	NONE
HENRY EPINO 641 HUNTINGTON AVE BOSTON, MA 02115	CLINICIAN 60.00	67,493.	4,375.	NONE
SARA STULAC 641 HUNTINGTON AVE BOSTON, MA 02115	CLINICIAN 60.00	67,064.	4,111.	NONE
TOTAL COMPENSATION		----- 358,348. =====	----- 37,228. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
ACCOUNTING MANAGEMENT SOLUTIONS 800 SOUTH STREET SUITE 195 WALTHAM, MA 02453	ACCOUNTING FINANCE	228,417.
KPMG LLP 99 HIGH STREET BOSTON, MA 02110 AMOUNT PAID IN FY08 FOR SERVICES RENDERED FY05 THROUGH FY08.	AUDIT TAX	162,584.
MAXI RAYMONVILLE 6475 W OAKLAND PARK BLVD 409 LAUDERHILL, FL 33313	PROGRAM MANAGER	78,445.
JAIIME BAYONA C O SOCIOS EN SALUD AV MERINO REYNA LIMA PERU	MEDICAL DIRECTOR	75,491.
JUSTIN MIRANDA 1829 VAN HISE AVENUE MADISON, WI 53726	COMPUTER PROGRAMMER	65,390.
	TOTAL COMPENSATION	----- 610,327. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PIH PAYS COMPENSATION SHOWN IN PART V-A. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REIMBURSED FOR THEIR DIRECTLY RELATED EXPENSES THROUGH AN ACCOUNTABLE PLAN WHEREBY ALL EXPENSES REPORTS ARE SUBMITTED PRIOR TO REIMBURSEMENT.

DIDI BERTRAND IS PAID FOR HER WORK FOR PIH IN THE AREAS OF COMMUNITY HEALTH AND SOCIAL DEVELOPMENT. SHE IS THE WIFE OF EXECUTIVE VICE PRESIDENT DR. PAUL FARMER.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2007, and ending 06/30/2008

Attachment Sequence No. **121**

Name of person filing this return PARTNERS IN HEALTH, A NONPROFIT CORPORATION		A Identifying number 04-3567502
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 641 HUNTINGTON AVENUE 1ST FLOOR		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02115		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning 07/01/2007, and ending 06/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SEE STATEMENT 1					

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation PARTNERS IN HEALTH- RUSSIA 11 13 TREKHPRUDNIY PEREULOK MOSCOW, RS				b Employer identification number, if any FOREIGN	
				c Country under whose laws incorporated RUSSIA	
d Date of incorporation RS	e Principal place of business RS	f Principal business activity code number 624200	g Principal business activity HEALTHCARE	h Functional currency RUBLE	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States PARTNERS IN HEALTH, A NONPROFIT CORPORATION 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
	NONE	NONE

For Paperwork Reduction Act Notice, see instructions.

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
PARTNERS IN HEALTH, A NON PROFIT CORPORATION BOSTON MA 02115 04-3567502	FOREIGN CORPORATION	NONE	NONE	

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1 a Gross receipts or sales	45,499,953.	1,865,731.
	b Returns and allowances		
	c Subtract line 1b from line 1a	45,499,953.	1,865,731.
	2 Cost of goods sold		
	3 Gross profit (subtract line 2 from line 1c)	45,499,953.	1,865,731.
	4 Dividends		
	5 Interest		
	6 a Gross rents		
	b Gross royalties and license fees		
7 Net gain or (loss) on sale of capital assets			
8 Other income (attach schedule)			
9 Total income (add lines 3 through 8)	45,499,953.	1,865,731.	
Deductions	10 Compensation not deducted elsewhere	8,446,413.	346,346.
	11 a Rents		
	b Royalties and license fees		
	12 Interest		
	13 Depreciation not deducted elsewhere	213,888.	8,771.
	14 Depletion		
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	1,232,097.	50,522.
	16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes)	37,053,477.	1,519,381.
17 Total deductions (add lines 10 through 16)	46,945,875.	1,925,020.	
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	-1,445,922.	-59,290.
	19 Extraordinary items and prior period adjustments (see instructions)		
	20 Provision for income, war profits, and excess profits taxes (see instructions)		
	21 Current year net income or (loss) per books (combine lines 18 through 20)	-1,445,922.	-59,290.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 RUSSIA	NONE	24.3872	NONE
3			
4			
5			
6			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	329,951.	283,986.
2a Trade notes and accounts receivable	2a	12,306.	10,784.
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule)	4		
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7		
8a Buildings and other depreciable assets	8a	9,190.	28,423.
b Less accumulated depreciation	8b	(1,838.)	(NONE)
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	349,609.	323,193.
Liabilities and Shareholders' Equity			
14 Accounts payable	14		
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	349,609.	323,193.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	349,609.	323,193.

Schedule G Other Information

1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," see the instructions for required attachment.		
2	During the tax year, did the foreign corporation own an interest in any trust?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	-1,445,922.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions	
a	Capital gains or losses		
b	Depreciation and amortization		
c	Depletion		
d	Investment or incentive allowance		
e	Charges to statutory reserves		
f	Inventory adjustments		
g	Taxes		
h	Other (attach schedule).		
3	Total net additions		
4	Total net subtractions		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-1,445,922.
5b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
5c	Combine lines 5a and 5b	5c	-1,445,922.
5d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	-59,290.
	Enter exchange rate used for line 5d ▶ 24.3872		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

•	Was any income of the foreign corporation blocked?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
•	Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ **Attach to Form 5471. See Instructions for Form 5471.**

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH- RUSSIA

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	9,329,267.					9,329,267.
2a Current year E&P						
b Current year deficit in E&P	1,445,922.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	7,883,345.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	7,883,345.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	7,883,345.					7,883,345.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH- RUSSIA

important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ RUBLES 24.3872

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Buy-in payments received					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income),					
10 Interest received,					
11 Premiums received for insurance or reinsurance,					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade,					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Buy-in payments paid					
17 Cost sharing payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services	396,868.				
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23.	396,868.				
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions	10,784.				

PARTNERS IN HEALTH- RUSSIA

FORM 5471, PAGE 1 DETAIL

FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE- HOLDER	OFFICER	DIRECTOR
OPHELIA DAHL	641 HUNTINGTON AVENUE BOSTON, MA 02115	APPLD FOR		X	X

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 15 - TAXES

PAYROLL TAXES	1,232,097.	50,522.
TOTAL	1,232,097.	50,522.

SCH C, LINE 16 - OTHER DEDUCTIONS

TRANSPORTATION	214,106.	8,779.
MEALS & REFRESHMENTS EXPENSES	353,965.	14,514.
PER DIEM TRAVEL EXPENSES	823,153.	33,753.
BANK FEES	71,912.	2,949.
OTHER COMMUNICATION EXPENSES	803,570.	32,950.
SOCIAL ASSISTANCE PAYMENTS	30,163,807.	1,236,870.
OFFICE SUPPLIES & EQUIPMENT	785,311.	32,202.
OTHER ACTIVITIES	723,265.	29,658.
OTHER OFFICE EXPENSES	12,926.	530.
CURRENCY TRANSLATION	980,654.	40,212.
LAND/BUILDINGS	2,120,808.	86,964.
TOTAL	37,053,477.	1,519,381.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2007, and ending 06/30/2008

Attachment Sequence No. **121**

Name of person filing this return PARTNERS IN HEALTH, A NONPROFIT CORPORATION		A Identifying number 04-3567502
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 641 HUNTINGTON AVENUE 1ST FLOOR		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02115		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning 07/01/2007, and ending 06/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SEE STATEMENT 1					

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation SOCIO EN SALUD SUCURSAL - PERU AV. MERINO REYNA 575 RAUL PORRAS B. CARABAYLLO LIMA, PE				b Employer identification number, if any FOREIGN	
				c Country under whose laws incorporated PERU	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	
	PE	624200	HEALTHCARE	SOL	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States PARTNERS IN HEALTH, A NONPROFIT CORPORATION 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
	NONE	NONE

For Paperwork Reduction Act Notice, see instructions.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 PERU	NONE	2.9701	NONE
3			
4			
5			
6			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	2,273,436.	1,583,412.
2a Trade notes and accounts receivable	2a	94,577.	76,184.
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule) SEE STATEMENT 3	4	NONE	41,719.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7		
8a Buildings and other depreciable assets	8a	NONE	1,583,942.
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a	NONE	26,354.
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	(NONE)	(435,564.)
12 Other assets (attach schedule) SEE STATEMENT 3	12	136,804.	217,702.
13 Total assets	13	2,504,817.	3,093,749.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	175,454.	176,190.
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	2,329,363.	2,917,559.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	2,504,817.	3,093,749.

Schedule G Other Information

1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," see the instructions for required attachment.		
2	During the tax year, did the foreign corporation own an interest in any trust?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	1,345,548.																																
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Net Additions</th> <th style="width: 25%; text-align: center;">Net Subtractions</th> </tr> </thead> <tbody> <tr><td>a Capital gains or losses</td><td></td><td></td></tr> <tr><td>b Depreciation and amortization</td><td></td><td></td></tr> <tr><td>c Depletion</td><td></td><td></td></tr> <tr><td>d Investment or incentive allowance</td><td></td><td></td></tr> <tr><td>e Charges to statutory reserves</td><td></td><td></td></tr> <tr><td>f Inventory adjustments</td><td></td><td></td></tr> <tr><td>g Taxes</td><td></td><td></td></tr> <tr><td>h Other (attach schedule).</td><td></td><td></td></tr> <tr><td>3 Total net additions</td><td></td><td></td></tr> <tr><td>4 Total net subtractions</td><td></td><td></td></tr> </tbody> </table>		Net Additions	Net Subtractions	a Capital gains or losses			b Depreciation and amortization			c Depletion			d Investment or incentive allowance			e Charges to statutory reserves			f Inventory adjustments			g Taxes			h Other (attach schedule).			3 Total net additions			4 Total net subtractions			
	Net Additions	Net Subtractions																																	
a Capital gains or losses																																			
b Depreciation and amortization																																			
c Depletion																																			
d Investment or incentive allowance																																			
e Charges to statutory reserves																																			
f Inventory adjustments																																			
g Taxes																																			
h Other (attach schedule).																																			
3 Total net additions																																			
4 Total net subtractions																																			
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	1,345,548.																																
5 b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b																																	
5 c	Combine lines 5a and 5b	5c	1,345,548.																																
5 d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	453,027.																																
	Enter exchange rate used for line 5d ▶ 2.9701																																		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

•	Was any income of the foreign corporation blocked?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
•	Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ **Attach to Form 5471. See Instructions for Form 5471.**

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION
Name of foreign corporation

04-3567502

SOCIO EN SALUD SUCURSAL - PERU

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			<i>(i)</i> Earnings Invested in U.S. Property	<i>(ii)</i> Earnings Invested in Excess Passive Assets	<i>(iii)</i> Subpart F Income	
1 Balance at beginning of year	10,204,473.					10,204,473.
2a Current year E&P	1,345,548.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	11,550,021.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	11,550,021.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	11,550,021.					11,550,021.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

SOCIO EN SALUD SUCURSAL - PERU

important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ SOL

2.9701

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.) . . .					
4 Buy-in payments received . . .					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income), . . .					
10 Interest received,					
11 Premiums received for insurance or reinsurance,					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade, . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . .					
16 Buy-in payments paid					
17 Cost sharing payments paid . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . .	899,015.				
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23. . . .	899,015.				
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .	76,184.				

SOCIO EN SALUD SUCURSAL - PERU

FORM 5471, PAGE 1 DETAIL

FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE-HOLDER	OFFICER	DIRECTOR
OPHELIA DAHL	641 HUNTINGTON AVE BOSTON, MA 02115	APPLD FOR		X	X

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 15 - TAXES

PAYROLL TAXES	29,206.	9,833.
	-----	-----
TOTAL	29,206.	9,833.
	=====	=====

SCH C, LINE 16 - OTHER DEDUCTIONS

OTHER ACTIVITIES	1,117,033.	376,089.
BANK FEES EXPENSES	-8,878.	-2,989.
CONSULTING EXPENSES	4,338,275.	1,460,635.
CURRENT YEAR RESERVES	181,718.	61,182.
MEDICAL SUPPLIES EXPENSES	280,352.	94,391.
OFFICE EXPENSES	3,163,942.	1,065,254.
CURRENCY TRANSLATION	355,772.	119,783.
FURNITURE AND EQUIPMENT	-2,044,239.	-688,266.
	-----	-----
TOTAL	7,383,975.	2,486,079.
	=====	=====

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	-----	-----
	US CURRENCY	US CURRENCY
	-----	-----
SCH F, LINE 4 - OTHER CURRENT ASSETS		

ADVANCES	NONE	17,947.
MEDICINES ON HAND	NONE	23,772.
	-----	-----
TOTALS	NONE	41,719.
	=====	=====

SCH F, LINE 12 - OTHER ASSETS		

TAX CREDIT RECEIVABLE	NONE	196,385.
PREPAID EXPENSES	136,804.	21,317.
	-----	-----
TOTALS	136,804.	217,702.
	=====	=====

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2007, and ending 06/30/2008

Attachment Sequence No. **121**

Name of person filing this return PARTNERS IN HEALTH, A NONPROFIT CORPORATION		A Identifying number 04-3567502
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 641 HUNTINGTON AVENUE 1ST FLOOR		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02115		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %
Filer's tax year beginning 07/01/2007, and ending 06/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SEE STATEMENT 1					

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation INSHUTI MU BUZIMA - RWANDA				b Employer identification number, if any FOREIGN	
RINKWAVU, RW				c Country under whose laws incorporated RWANDA	
d Date of incorporation RW	e Principal place of business RW	f Principal business activity code number 624200	g Principal business activity HEALTHCARE	h Functional currency FRANC	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States PARTNERS IN HEALTH, A NONPROFIT CORPORATION 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115		b If a U.S. income tax return was filed, enter: (i) Taxable income or (loss) (ii) U.S. income tax paid (after all credits)	
c Name and address of foreign corporation's statutory or resident agent in country of incorporation		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
	NONE	NONE

For Paperwork Reduction Act Notice, see instructions.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 RWANDA	NONE	539.7307	NONE
3			
4			
5			
6			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	77,911.	251,385.
2a Trade notes and accounts receivable	2a	8,779.	91,881.
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule) SEE STATEMENT 3	4	NONE	26,210.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7		
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	86,690.	369,476.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	71,050.	131.
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule). SEE STATEMENT 3	17	NONE	199,205.
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	15,640.	170,140.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	86,690.	369,476.

Schedule G Other Information

1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," see the instructions for required attachment.		
2	During the tax year, did the foreign corporation own an interest in any trust?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	82,871,570.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions	
a	Capital gains or losses		
b	Depreciation and amortization		
c	Depletion		
d	Investment or incentive allowance		
e	Charges to statutory reserves		
f	Inventory adjustments		
g	Taxes		
h	Other (attach schedule).		
3	Total net additions		
4	Total net subtractions		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	82,871,570.
5b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
5c	Combine lines 5a and 5b	5c	82,871,570.
5d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	153,542.
	Enter exchange rate used for line 5d ▶ 539.7307		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

•	Was any income of the foreign corporation blocked?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
•	Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ **Attach to Form 5471. See Instructions for Form 5471.**

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION
Name of foreign corporation

04-3567502

INSHUTI MU BUZIMA - RWANDA

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			<i>(i)</i> Earnings Invested in U.S. Property	<i>(ii)</i> Earnings Invested in Excess Passive Assets	<i>(iii)</i> Subpart F Income	
1 Balance at beginning of year	23,327,390.					23,327,390.
2a Current year E&P	82,871,570.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	106,198,960.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	106,198,960.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	106,198,960.					106,198,960.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

INSHUTI MU BUZIMA - RWANDA

important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ RWANDA- FRANC 539.7307

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.) . . .					
4 Buy-in payments received . . .					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income), . . .					
10 Interest received,					
11 Premiums received for insurance or reinsurance,					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade, . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . .					
16 Buy-in payments paid					
17 Cost sharing payments paid . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . .	3,131,471.				
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23. . . .	3,131,471.				
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .	91,881.				

INSHUTI MU BUZIMA - RWANDA

FORM 5471, PAGE 1 DETAIL

FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE-HOLDER	OFFICER	DIRECTOR
OPHELIA DAHL	641 HUNTINGTON AVE BOSTON, MA 02115	APPLD FOR		X	X

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 15 - TAXES

	-6,287,297.	-11,649.
	-----	-----
TOTAL	-6,287,297.	-11,649.
	=====	=====

SCH C, LINE 16 - OTHER DEDUCTIONS

PHARMACEUTICALS	931,232,016.	1,725,364.
SUPPLIES, REPAIRS & MAINTENANCE	120,560,123.	223,371.
FOOD	364,019,835.	674,447.
ADVERTISING	3,808,016.	7,055.
TRAINING, EDUCATION & CONFERENCES	60,599,826.	112,278.
MISCELLANEOUS	34,272,949.	63,500.
COMMUNICATION, COMPUTERS&UTILITIES	32,750,867.	60,680.
TRAVEL	44,723,121.	82,862.
PROGRAM EXPENSES	9,126,600.	16,910.
OUTSIDE SERVICES	6,147,106.	11,389.
CONSTRUCTION&RENOVATION	834,632,004.	1,546,386.
	-----	-----
TOTAL	2,441,872,463.	4,524,242.
	=====	=====

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	-----	-----
	US CURRENCY	US CURRENCY
	-----	-----
SCH F, LINE 4 - OTHER CURRENT ASSETS		

GRANTS RECEIVABLE	NONE	26,210.
	-----	-----
TOTALS	NONE	26,210.
	=====	=====
SCH F, LINE 17 - OTHER LIABILITIES		

ACCRUED EXPENSES	NONE	199,205.
	-----	-----
TOTALS	NONE	199,205.
	=====	=====

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2007, and ending 06/30/2008

Attachment Sequence No. **121**

Name of person filing this return PARTNERS IN HEALTH, A NONPROFIT CORPORATION		A Identifying number 04-3567502
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 641 HUNTINGTON AVENUE 1ST FLOOR		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02115		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning 07/01/2007, and ending 06/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SEE STATEMENT 1					

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation PARTNERS IN HEALTH-LESOTHO NEW EUROPA, 438 POPE JOHN PAUL II STREET MESERU, LT				b Employer identification number, if any FOREIGN	
				c Country under whose laws incorporated LESOTHO	
d Date of incorporation LT	e Principal place of business LT	f Principal business activity code number 624200	g Principal business activity HEALTH CARE	h Functional currency LSL	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States 641 HUNTINGTON AVENUE 1ST FLOOR 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
	NONE	NONE

For Paperwork Reduction Act Notice, see instructions.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 LESOTHO	NONE	7.4400	NONE
3			
4			
5			
6			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	50,760.	255,248.
2a Trade notes and accounts receivable	2a	1,582.	5,505.
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule) SEE STATEMENT 3	4	126,628.	265,961.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7		
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	178,970.	526,714.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	1,169.	702.
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	177,801.	526,012.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	178,970.	526,714.

Schedule G Other Information

1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," see the instructions for required attachment.		
2	During the tax year, did the foreign corporation own an interest in any trust?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	2,844,545.																																
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Net Additions</th> <th style="width: 25%; text-align: center;">Net Subtractions</th> </tr> </thead> <tbody> <tr><td>a Capital gains or losses</td><td></td><td></td></tr> <tr><td>b Depreciation and amortization</td><td></td><td></td></tr> <tr><td>c Depletion</td><td></td><td></td></tr> <tr><td>d Investment or incentive allowance</td><td></td><td></td></tr> <tr><td>e Charges to statutory reserves</td><td></td><td></td></tr> <tr><td>f Inventory adjustments</td><td></td><td></td></tr> <tr><td>g Taxes</td><td></td><td></td></tr> <tr><td>h Other (attach schedule).</td><td></td><td></td></tr> <tr><td>3 Total net additions</td><td></td><td></td></tr> <tr><td>4 Total net subtractions</td><td></td><td></td></tr> </tbody> </table>		Net Additions	Net Subtractions	a Capital gains or losses			b Depreciation and amortization			c Depletion			d Investment or incentive allowance			e Charges to statutory reserves			f Inventory adjustments			g Taxes			h Other (attach schedule).			3 Total net additions			4 Total net subtractions			
	Net Additions	Net Subtractions																																	
a Capital gains or losses																																			
b Depreciation and amortization																																			
c Depletion																																			
d Investment or incentive allowance																																			
e Charges to statutory reserves																																			
f Inventory adjustments																																			
g Taxes																																			
h Other (attach schedule).																																			
3 Total net additions																																			
4 Total net subtractions																																			
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	2,844,545.																																
5 b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b																																	
5 c	Combine lines 5a and 5b	5c	2,844,545.																																
5 d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	382,331.																																
	Enter exchange rate used for line 5d ▶ 7.4400																																		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

•	Was any income of the foreign corporation blocked?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
•	Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH-LESOTHO

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	1,232,600.					1,232,600.
2a Current year E&P	2,844,545.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	4,077,145.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	4,077,145.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	4,077,145.					4,077,145.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH-LESOTHO

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ LSL

7.4400

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.) . . .					
4 Buy-in payments received . . .					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income), . . .					
10 Interest received,					
11 Premiums received for insurance or reinsurance,					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade, . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . .					
16 Buy-in payments paid					
17 Cost sharing payments paid . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . .	976,321.				
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23.	976,321.				
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .	5,505.				

PARTNERS IN HEALTH-LESOTHO

FORM 5471, PAGE 1 DETAIL

FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE- HOLDER	OFFICER	DIRECTOR
OPHELIA DAHL	641 HUNTINGTON AVE BOSTON, MA 02115	APPLD FOR		X	X

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 15 - TAXES

	334,016.	44,895.
	-----	-----
TOTAL	334,016.	44,895.
	=====	=====

SCH C, LINE 16 - OTHER DEDUCTIONS

PHARMACEUTICAL & LAB SUPPLIES	3,130,289.	420,738.
TRAVEL	555,979.	74,728.
COMMUNICATION, COMPUTER & UTILITIES	375,018.	50,406.
TRAINING, EDUCATION & CONFERENCES	830,938.	111,685.
SUPPLIES, REPAIRS & MAINTENANCE	3,495,095.	469,771.
FOOD	669,515.	89,989.
SOCIAL & MEDICAL ASSISTANCE	406,780.	54,675.
MISCELLANEOUS	301,256.	40,491.
	-----	-----
TOTAL	9,764,870.	1,312,483.
	=====	=====

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
	-----	-----
	US CURRENCY	US CURRENCY
	-----	-----
SCH F, LINE 4 - OTHER CURRENT ASSETS		

FIXED ASSETS	10,058.	NONE
GRANT RECEIVABLE	116,570.	265,961.
	-----	-----
TOTALS	126,628.	265,961.
	=====	=====

Form **5471**

(Rev. December 2007)

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 07/01/2007, and ending 06/30/2008

Attachment Sequence No. **121**

Name of person filing this return PARTNERS IN HEALTH, A NONPROFIT CORPORATION		A Identifying number 04-3567502
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 641 HUNTINGTON AVENUE 1ST FLOOR		B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
City or town, state, and ZIP code BOSTON MA 02115		C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning 07/01/2007, and ending 06/30/2008		

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
SEE STATEMENT 1					

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation PARTNERS IN HEALTH - MALAWI P. O. BOX 56 NENO BOMA NENO DISTRICT, MI				b Employer identification number, if any FOREIGN	
				c Country under whose laws incorporated MALAWI	
d Date of incorporation	e Principal place of business MI	f Principal business activity code number 624200	g Principal business activity HEALTHCARE	h Functional currency KWACHA	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States PARTNERS IN HEALTH, A NONPROFIT CORPORATION 641 HUNTINGTON AVENUE 1ST FLOOR BOSTON, MA 02115	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
	NONE	NONE

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2007)

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2 MALAWI	NONE	140.1699	NONE
3			
4			
5			
6			
7			
8 Total			NONE

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	96,008.	228,557.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	()	()
3 Inventories	3		
4 Other current assets (attach schedule)	4		
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7		
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	()	()
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	96,008.	228,557.
Liabilities and Shareholders' Equity			
14 Accounts payable	14	2,732.	27,802.
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	93,276.	200,755.
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	96,008.	228,557.

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," see the instructions for required attachment.		
2	During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	15,300,361.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions	
a	Capital gains or losses		
b	Depreciation and amortization		
c	Depletion		
d	Investment or incentive allowance		
e	Charges to statutory reserves		
f	Inventory adjustments		
g	Taxes		
h	Other (attach schedule).		
3	Total net additions		
4	Total net subtractions		
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	15,300,361.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c	Combine lines 5a and 5b	5c	15,300,361.
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	109,156.
	Enter exchange rate used for line 5d ▶		140.1699

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	NONE
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

		Yes	No
•	Was any income of the foreign corporation blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
•	Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If the answer to either question is "Yes," attach an explanation.		

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ **Attach to Form 5471. See Instructions for Form 5471.**

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH - MALAWI

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	12,781,938.					12,781,938.
2a Current year E&P	15,300,361.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	28,082,299.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	28,082,299.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	28,082,299.					28,082,299.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2005)

JSA
7X1665 1.000

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471

Identifying number

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Name of foreign corporation

PARTNERS IN HEALTH - MALAWI

important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ KWACHA

140.1699

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.) . . .					
4 Buy-in payments received . . .					
5 Cost sharing payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income), . . .					
10 Interest received,					
11 Premiums received for insurance or reinsurance,					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade, . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . .					
16 Buy-in payments paid					
17 Cost sharing payments paid . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . .	219,505.				
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23.	219,505.				
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . .					

PARTNERS IN HEALTH - MALAWI

FORM 5471, PAGE 1 DETAIL

FORM 5471 PAGE ONE DETAIL

SEC D - PERSONS WITH WHOM, OR ON WHOSE BEHALF, THIS RETURN IS FILED

(A) NAME	(B) ADDRESS	(C) IDENTIFYING NUMBER	(D) CHECK APPLICABLE BOXES		
			SHARE- HOLDER	OFFICER	DIRECTOR
OPHELIA DAHL	641 HUNTINGTON AVE BOSTON, MA 02115	APPLD FOR		X	X

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 16 - OTHER DEDUCTIONS

PHARMACEUTICALS	39,595,112.	282,479.
INSURANCE	504,007.	3,596.
TRAVEL	3,769,075.	26,889.
COMMUNICATION, COMPUTER & UTILITIES	15,353,538.	109,535.
TRAINING, EDUCATION & CONFERENCES	4,261,400.	30,402.
SUPPLIES, REPAIRS & MAINTENANCE	14,864,154.	106,044.
CONSTRUCTION/EQUIPMENT	90,247,757.	643,846.
FOOD	64,378,935.	459,292.
	-----	-----
TOTAL	232,973,978.	1,662,083.
	=====	=====

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning 07/01, 2007, and ending 06/30, 2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ See instructions.

2007

Return ID (20-digit number) ▶ 1340732007123400516X

Name of exempt organization
PARTNERS IN HEALTH, A NONPROFIT CORPORATION
Name and title of officer

Employer identification number
04-3567502

DONELLA RAPIER, CFO AND TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>53854684.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP ERO firm name to enter my PIN 30799 as my signature
do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Donella M. Rapier Date ▶ May 15, 2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

13407311646
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ Shirley Klee Date ▶ 05/14/2009

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**