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)

OMB No 1545-0047

Department of the Tressury Internal Revenue Service

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

Open to Public Inspection

A	For the 20	102 calendar year, or tax year period beginning JUL 1, 2002 and ending DEC 31,	2002	
В	Check if applicable:	I Picasa I	mployer	dentification number
_	···]Address	use IRS PARTNERS IN HEALTH, A NONPROFIT Industry CORPORATION	በ4. ጋ	567502
F	change Name			<del></del>
  S	ichange	Number and street (or P 0 box if mail is not delivered to street address)  Specific 6 4 1 HUNTINGTON AVENUE, 1ST FLOOR	elephone (617	
F-6	Initial return Float	Instruct	Cocounting me	<del>*</del>
F	—iretum —iAmender	<del></del>	Other (specify)	
F	return Applicati			
<u> </u>	ipending	must attach a completed Schedule A (Form 990 or 990-EZ)  H(a) Is this a group return		
G 1	Web site	►HTTP://WWW.PIH.ORG H(b) If Yes, enter number		
		ion type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 H(c) Are all affiliates inclu		N/A Yes No
_	Check her	//4 "No " ottoob a list		W 2D 25
		on need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered t		
		I, it should file a return without financial data. Some states require a complete return.		
		M Check ► if th	e organiza	tion is not required to attach
<u>L (</u>		eipts Add lines 6b, 8b, 9b, and 10b to line 12 > 10, 108, 935.   Sch B (Form 990, 9	90-EZ, or	990-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, grits, grants, and similar amounts received		
	a	Direct public support 1a 9,974,641	<b>-</b> ∮ `	
}	b	Indirect public support 1b	_	
1	C	Government contributions (grants)	4001	
	1	Total (add lines 1a through 1c) (cash \$ 9,974,641. noncash \$)	10	9,974,641.
Į	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
'	1	Membership dues and assessments	3	
i	4	Interest on savings and temporary cash investments	4	3,966.
	5	Dividends and interest from securities	5	56,806.
	) 6 a	Gross rents 6a	_  ∾ 1	
	b	Less rental expenses	_ે ઃી	
) •		Net rental income or (loss) (subtract line 6b from line 6a)	6c	
ر و	1	Other investment income (describe	7	
Hevenue		Gross amount from sale of assets other (A) Securities (B) Other	-  .	
큪	1	than inventory 73,522 · Ba	- -''	
_	1	Less cost or other basis and sales expenses 99,433.8b	-  ;	
		Gain or (loss) (attach schedule)  Net main or (loss) (compine line 8c. columns (A) and (B))  STMT 1	Ⅎ╌ᡘ᠋	∠25 011 <b>&gt;</b>
	REC	Ne gan of loss) (compine line 8c, columns (A) and (B))  Statial evants and activities (attach schedule)	80	<25,911.>
	1-1	Special evenus and activities (attach schedule)  Gross revenue (not book doing \$ of contributions	f l	
16		· · · · · · · · · · · · · · · · · · ·	1 . 1	
7	AUG	reforted politing 1a Control Section 1	┦`.	
<u> </u>			90	
L	၂ပူဇူ၊	Net income or floss) from special events (subtract line 9b from line 9a)  Gross sales of inventory, less returns and allowances  10a	96	
		Less cost of goods sold 10b	7	
	1	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	100	
	1	Other revenue (from Part VII, line 103)	11	
	ı	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,009,502.
		Program services (from line 44, column (8))	13	5,698,496.
96	1	Management and general (from line 44, column (C))	14	306,489.
Expenses	1	Fundraising (from line 44, column (D))	15	50,371.
Д ф		Payments to affiliates (attach schedule)	16	•
	1	Total expenses (add lines 16 and 44, column (A))	_17	6,055,356.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,954,146.
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,210,973.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<281,919.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,883,200.
2230	01	HA For Panerwork Reduction Act Notice see the congrete instructions		Form 990 /2002\

CORPORATION Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (B) Program (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services 22 Grants and allocations (attach schedule) 5,698,496 cash \$5698496 - noncesh \$ 5,698,496. 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 60,558. 0 60,558 25 Compensation of officers, directors, etc. 25 142,588. 118,348 26 26 Other salaries and wages 27 27 Pension plan contributions 24,359 20,218 4,141 28 Other employee benefits 28 15,880. 2,700. 13,180 29 Payroll taxes 29 Professional fundraising fees 30 439 364 75. Accounting fees 31 32 32 Legal fees 28,988. 24,060. 4,928. Supplies 33 8,738. 10,528. 1,790. 34 Telephone 4,353. 3,613 740. Postage and shipping 35 35 38 36 Occupancy Equipment rental and maintenance 37 38 20,158. 16,731. 3,427. Printing and publications 4,337. 3,600. 737. 39 39 40 40 Conferences, conventions, and meetings 149 124. 25. 41 9,012 42 7,480. 532. 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) a INSURANCE 1,443 1,198. 245. 43a DUES & SUBSCRIPTIONS 426. 354. 72. 43h c PROFESSIONAL FEES 11,452 9,505. 1,947. 43c dREPAIRS & MAINTENANCE 266 221. 45. 436 e MISCELLANEOUS 21,924 3,727.18,197. 438 Total functional expenses (add lines 22 Organizations completing columns (B)-(D), carry 6,055,356. 5,698,496 306,489 Joint Costs Check - [\_\_\_] if you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 What is the organization's primary exempt purpose? > SEE STATEMENT Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Flequired for 501(c)(3) and (4) orgs and 4947(a)(1) busts but optional for others) vements 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 12 FOR PART II LINE 22 AND PART a SEE STATEMENT 5,698,496.) 5,698,496. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$ 5,698,496. f Total of Program Service Expenses (should equal line 44, column (8), Program services; 223011 Form 990 (2002)

#### Part IV Balance Sheets (A) Where required, attached schedules and amounts within the description column Beginning of year End of year should be for end-of-year amounts only 921,666. 750,744. 45 45 Cash - non-interest-bearing 3,891,647. 46 46 Savings and temporary cash investments 571,023. 47a 47 a Accounts receivable 72,693 571,023. b Less allowance for doubtful accounts 47b 47c 15. 48 a Piedges receivable 48a 48b b Less allowance for doubtful accounts 48c 99,240. 60,372. 49 49 Grants receivable Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b 51c b Less allowance for doubtful accounts 52 inventories for sale or use 52 53 53 Prepaid expenses and deferred charges Cost FMV 54 54 Investments - securities 55 a Investments - land, buildings, and equipment basis 55a 55b 55c b Less accumulated depreciation SEE STATEMENT 4 1,597,530. 1,101,788. 56 Investments - other 1,083,010. 57a 57 a Land, buildings, and equipment basis 796<u>,102</u>. 286,908. 824,990 <u>5</u>7b 57c b Less accumulated depreciation Other assets (describe ► STOCK OF MEDICINES 5,009. 58 1,395,050. 58 3,482,260 8,605,594. 59 Total assets (add lines 45 through 58) (must equal line 74) 255,388. Accounts payable and accrued expenses 68 60 61 61 Grants payable 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 64 a 64 a Tax-exempt bond liabilities 271,287. 1,467,006. STMT 5 b Mortgages and other notes payable 64b Other liabilities (describe 65 65 271,287. 1,722,394. 66 Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 3,150,973. 2,518,946. 67 67 Unrestricted 4,304,254. 68 68 Temporanty restricted 60,000. 60,000. 69 Permanently restricted Organizations that do not follow SFAS 117, check here - and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 71 71 Paid-in or capital surplus or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 3,210,973 6,883,200. column (A) must equal line 19, column (B) must equal line 21) 73

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.

Total liabilities and net assets / fund balances (add lines 66 and 73)

482,260.

8,605,594.

Part IV-A Reconciliation of Revenue per Audited	Part IV-B Reconciliation of Expenses per Audited
Financial Statements with Revenue per Return	Financial Statements with Expenses per Return
a Total revenue, gains, and other support per audited financial statements   ▶ a 12,214,421	
b Amounts included on line a but not on line 12, Form 990	line 17, Form 990 (1) Donated services
(1) Net unrealized gains	and use of facilities \$ 41,125.
on investments \$	(2) Pnor year adjustments
(2) Donated services	reported on line 20,
and use of facilities \$ 41,125.	Form 990 \$
(3) Recoveries of prior year grants \$	line 20, Form 990 \$
(4) Other (specify) STMT 6 \$ 2,163,794.	(4) Other (specify) STMT 7 \$ 5,928,693.
Add amounts on lines (1) through (4) b 2,204,919	
c Line a minus line b	
d Amounts included on line 12, Form 990 but not on line a	d Amounts included on line 17, Form
(1) Investment expenses	(1) Investment expenses
not included on	not included on
line 6b, Form 990 \$	line 6b, Form 990 \$
(2) Other (specify)	(2) Other (specify)
\$	
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2) $\blacktriangleright$ d 0.
e Total revenue per line 12, Form 990	e Total expenses per line 17, Form 990
(line c plus line d)	
Part + List of Officers, Directors, Trustees, und recy	(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense
(A) Name and address	per week devoted to position (if not paid, enter plans & deferred compensation other allowances
SEE STATEMENT 8	60,558. 2,951. 0.
SEE STRIEMENT 0	00,330. 2,331. 0.
75 Did any officer, director, trustee, or key employee receive aggregate compensations.	thon of more than \$100 000 from your organization and all related
organizations, of which more than \$10,000 was provided by the related organizations.	

PARTNERS IN HEALTH, A NONPROFIT

100	990 (2002) CORPORATION 04-3567	<u> 502</u>		Page 5
Pa	rf VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Х
	If "Yes," attach a statement			
80 a				
•••	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	×	
b	A DIVER AMBREM BELLET OBVENIO BOLDEN MICH.	UUQ		-
	and check whether it is X exempt or nonexempt			1
81 a	Enter direct or indirect political expenditures. See line 81 instructions    812   0		6	
		† ``		х
b 02 a	Did the organization file Form 1120-POL for this year?	81b		_
82 a			v	
	fair rental value?	82a	X	<del></del>
D	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III ) 82b 669,745.	-	;	ĺ
83 a		83a	X	<b></b>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	_X_	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	r 1	-	İ
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? $N/A$	85b		<u></u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year			ĺ
C	Dues, assessments, and similar amounts from members 85c N/A		-	
đ	Section 162(e) lobbying and political expenditures 85d N/A			ĺ
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		.	
t	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A			
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues	-		
	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
ь	Gross receipts, included on line 12, for public use of club facilities  86b N/A	,	`	
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			į
ъ.	Gross income from other sources (Do not net amounts due or paid to other sources	ı `		
	against amounts due or received from them )  87b  N/A			;
00	· · · · · · · · · · · · · · · · · · ·	*	·	i
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	pa		X
<b>0</b> 0 -	If "Yes," complete Part IX	88		
02 g	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •		Ì	
0	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		Ì	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	.		v
	If "Yes," attach a statement explaining each transaction	89b		<u>X</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			^
	sections 4912, 4955, and 4958			0.
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
b	Number of employees employed in the pay period that includes March 12, 2002			27
91	The books are in care of ▶ OPHELIA DAHL Telephone no ▶ 617-43	<u>2-5:</u>	<u> 256</u>	
			_	
	Located at ► 641 HUNTINGTON AVENUE, BOSTON, MA ZIP+4 ► 0	<u> 211:</u>	5	
			_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
0000	and enter the amount of tax-exempt interest received or accrued during the tax year	N/2		
223041 01 22-0	man and the second seco	Form	990 (	(2002)

Page 6

Amount service revenue Bearings Amount service revenue Bearings Amount service revenue Bearings Amount service revenue Bearings and reproduced by service and contracts from povernment agencies Amount service and contracts from povernment agencies Amount and service and contracts from povernment agencies Bearings and temporary cash investments 1.14 3, 9.66 .  10 Declaration and interest from securities 1.14 5.6 , 80.6 .  11 Net rental income or (test) from rail estate a debi-frament property but of debi-frament of (test) from rail estate a debi-frament property but of debi-frament property	Note En	nter gross amounts unless other	wise 📙		ed business income		ded by section 512 513 or 514	(E)
Amount was an accordance for the first of th		_				(C)	, <i>,</i>	1 ' '
I Medicarn/Medical payments  9 Fees and contracts from government agencies  4 Membrashing does and assessments  5 Interest on axings and tampopary cash investments  5 Interest on axings and tampopary cash investments  5 Interest on axings and tampopary cash investments  1 14 3, 966.  6 Devictions and interest from securities  1 14 56, 806.  7 Mit redat ancome or (foss) from real estate  a debt-financed property  9 The redat ancome or (foss) from sales of seasons  1 14 56, 806.  9 Other investment mornie  9 Gain or (foss) from sales of assets  1 14 56, 806.  9 Other investment mornie  9 Gain or (foss) from sales of assets  1 14 56, 806.  9 Other investment mornie  9 Gain or (foss) from sales of investory  1 Net redail income or (foss) from sales of investory  2 clares profit or (foss) from sales of investory  3 Other revenue  9 Subtotal (add columns (8), (0), and (5))  1 Total (add into 164, columns (8), (0), and (5))  1 Total (add into 164, columns (8), (0), and (5))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  1 Total (add into 164, columns (8), (0), and (6))  2 Total (add into 164, columns (8), (0), and (6))  2 Total (add into 164, columns (8), (0), and (6))  3 Total (add into 164, columns (8), (0), and (6))  3 Total (add into 164, columns (8), (0), and (6))  4 Subtotal (add columns (8), (0), and (6))  1 Total (64, add into 164, columns (8), (0), and (6))  2 Total (64, add into 164, columns (8), (0), and (6))  3 Total (64, add into 164, columns (8), (0), and (6))  3 Total (64, add into 164, columns (8), (0), and (6))  4 Subtotal (add into 164, columns (8), (0), and (6), an	93 Prog	ram service revenue	<u> </u>		Amount	sion	Amount	l .
b c c c c c c c c c c c c c c c c c c c		•						
I Medicarn/Medical payments  I Reas and contracts from government agencies  I Membership date and assessments  I I Medicarn/Medical payments  I Reas and contracts from government agencies  I Membership date and assessments  I I I I I I I I I I I I I I I I I I I								
I Medicare/Medicard payments grees and contracts from government agencies 4 Membership does and assessments 5 Interest to naxings and temporary cash investments 5 Interest to naxings and temporary cash investments 6 Individual and interest from securities 7 Net reartal income or (toss) from real estate 8 and-financed property 9 The reartal income or (toss) from passonal property 9 The reartal income or (toss) from sales of sasets 14 \$3,966.  8 Net real ancome or (toss) from passonal property 9 The real ancome or (toss) from sales of sasets 14 \$3,966.  9 Other investment income 9 Gain or (fess) from sales of sasets 15 Interest income or (toss) from sales of sasets 16 Interest income or (toss) from sales of inventory 17 Interest income or (toss) from sales of inventory 18 Other revenue 19 Section of the saset of inventory 19 Section of the saset of inventory 20 Carcias profit or (fess) from sales of inventory 30 Cities and the saset of inventory 31 Cities and the saset of inventory 4 Subtotal (add columns (8), (0), and (8)) 4 Subtotal (add columns (8), (0), and (8)) 5 Total (add ine 104, columns (8), (0), and (8)) 5 Total (add ine 104, columns (8), (0), and (8)) 5 Total (add ine 104, columns (8), (0), and (8)) 5 Total (add ine 104, columns (8), (0), and (8)) 5 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 6 Total (add ine 104, columns (8), (0), and (8)) 7 Total (add ine 104, columns (8), (0), and (8)) 7 Total (add ine 104, columns (8), (0), and (8)) 7 Total (add ine 104, columns (8), (0), and (8)) 7 Total (add ine 104, columns (8), (0), and (8)) 8 Total (add ine 104, columns (8), (0), and (8)) 8 Total (add ine 104, columns (8), (0), and (8)) 8 Total (add ine 104, columns (8), (0), and (8)) 8 Total (add ine 104, columns (8), (0), and (8)) 8 Total (add ine 104, columns (8),	_					<u> </u>		
Modicare/Medicard payments  g Fees and contracts from government apeaces  4 Membership dues and assessments  5 Decidents on securities  6 Decidents and interest from securities  7 Not interest on securities  8 decidents and interest from securities  8 decidents and interest from securities  9 Other reventments  1 4 3, 966.  1 4 556, 806.  7 Not interest on securities  1 4 56, 806.  9 Other investment income  9 Other reventment income  9 Other reventment  2 Gross profit or (fees) from sales of assets  other than inventory  1 Net morning from sales of assets  other than inventory  1 Net morning from sales of inventory  2 Gross profit or (fees) from sales of inventory  3 Other revenue  4 Subtotal (add columns (8), (0), and (6))  1 State (add in the 40, columns (8), (0), and (6))  1 Total (add in the 40, columns (8), (0), and (6))  1 Into 105 pitus lane 104, Part I, chaotif equal the amount on line 12, Part I  2 Total (add in the voice and story for which income is reported in column (6) of Part VII contributed importantly to the accomplishment of the organization's  9 warmet purposes (other than by proving funds for such purposes)  9 O LOSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT  AS REQUIRED  2 Total information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  10 Did the organization, during the year, receive any funds, directly or indirectly, in a lane of the organization, during the year, as year permisms, directly or indirectly, in a lane of the organization, during the year, as year permisms, directly or indirectly, in a lane of the organization, during the year, as year year permisms, directly or indirectly, in a lane of the organization, during the year, as year year permisms, directly or indirectly, in a lane of securities of the organization, during the year, as year year permisms, directly or indirectly, in a lane of securities of the organization of the permisms of the permisms of the permisms of the permisms of the permismost of the perm								
Medicarn/Medicad payments   Green and confects from government aperiods								
A femotrating down and sassessments  5 interest on savings and temporary cash investments  6 Devidends and different on cross year. The teretal accords of costs of the manuscript of the devidends of property  8 Net rental accords or (test) from personal property  9 Other investment income.  9 Other investment incom	_	icare/Medicaid payments				_		
Manther-thip dues and assessments interest on savings and temporary cash investments in I.4 3,966. Interest on savings and temporary cash investments in I.4 56,806. In I.4		• •	iencies -			_	<del>_</del> -	<del>                                     </del>
15 Intervation is awings and temporary cash investments in Devictions of Microbial Activations (1985) from securities (1985) from securities (1985) from personal property (1985) from personal property (1985) from personal property (1985) from personal property (1986) from security (1985) from personal property (1986) from personal property (1986) from personal property (1986) from security (1986) from personal property (1986) from security (1986) from	_		-	_	<del></del>	_	<del> </del>	<del>                                     </del>
15 Dividencis and mirerest from securibles 7 Not retail incurre or (1053) from selection 8 Not retail ancorne or (1053) from personal property 9 Other investment income 10 Gain or (1063) from sales of selection 10 Gain or (1063) from sales of selection 10 Gain or (1063) from sales of selection 11 Not Income or (1053) from sales of inventory 12 Office revenue 2 Gross profit or (1053) from sales of inventory 13 Other revenue 2 Gross profit or (1053) from sales of inventory 14 Subtotal (add columns (8), (10), and (8)) 15 Total (add time 104, columns (8), (10), and (8)) 16 Line 105 plus line 14, Part I, should equal the amount on line 12, Part I 2 Total (11) Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions) 15 Total (add time 104, columns (8), (10), and (8)) 16 Line 105 plus line 14, Part I, should equal the amount on line 12, Part I 2 Total (11) Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions) 16 Line 105 plus line 14, Part I, should equal the amount on line 12, Part I 2 Total (11) Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions) 17 As REQUIRED  2 As REQUIRED  2 As REQUIRED  2 As REQUIRED  3 As REQUIRED  3 And Formation Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 10 As Regarding Instruction (10) Percentage of overlaship interest (10) Percen			Investments		<del></del>	14	3,966	
7. Net rental moorns or (loss) from real estate a debt-financed property b. not debt-financed pr		•			<del></del>			
a debt-financed property b not debt-financed property b not debt-financed or property 9 Other investment income 10 Gan or (10ss) from sales of assets other than investory 1 Net income or (10ss) from special events 2 Gross princh (10ss) from sales of inventory 3 Other revenue 4 Subtotal (add columns (8), (0), and (E)) 5 Total (add line 104, columns (8), (0), and (E))  1 Line 105 pits line 14, Part I, should equal the amount on line 12, Part I 2 Total (add line 104, columns (8), (0), and (E))  1 Line 105 pits line 14, Part I, should equal the amount on line 12, Part I 2 Total (add line 104, columns (8), (0), and (E))  2 Total (add line 105, Columns (8), (0), and (E))  3 A J, 861  1 Line 105 pits line 14, Part I, should equal the amount on line 12, Part I 2 Total (Internation Regarding Total line Internation Regarding Total line Regarding Register of Register Registe		•	ate	*33	7,7			
b not debt-financed property 8		···					<u>*</u>	· · · · · · · · · · · · · · · · · · ·
8 Net rental income or (loss) from personal property 9 Other investment income 10 Gain or (loss) from sales of assets other than inventory 1 Net income or (loss) from sales of inventory 3 Other revenue 2 4 Subtotal (add columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 6 Line 105 plus line 1c4, Part I, should equal the amount on line 12, Part I 7 TOTAL (Add line 104, columns (B), (D), and (E)) 8 Subtotal (add columns (B), (D), and (E)) 9 Cart VIII, Petatonship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions) Into No 2 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's 9 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 10 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 11 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 12 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 13 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 14 Cart XIII Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions) 15 Cart XIII Information Regarding Transfers Associated w 16 Did the organization, during the year, receive any funds, directly or inforectly, to 17 Cart XIII Information, during the year, pay premise because the page 32 cart Axii Received or descriptions and page 32 cart Axii Receiv					,,,	<del>  </del>	<del></del>	<del> </del>
3 Other investment income 3 Gan or (foss) from sales of assets other than inventory 1 Net income or (foss) from special events 2 Gross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 2 Cross profit or (foss) from sales of inventory 3 Other revenue 3 Other foss from sales of inventory 4 Subtotal (add columns (8), (0), and (E)) 5 Intal (add line 104, columns (8)		· · · · · · · · · · · · · · · · · · ·	al nronarty		·	+		<del> </del>
3 Gan or (loss) from sales of assets other than inventory  1 Net income or (loss) from special events  2 Gross profit or (loss) from sales of inventory  3 Other revenue  2 Gross profit or (loss) from sales of inventory  3 Other revenue  4 Subtotal (add columns (B), (D), and (E))  5 Total (add line 104, columns (B), (D), and (E))  5 Total (add line 104, columns (B), (D), and (E))  1 Line 105 plus line 104, Part I, should equal the amount on line 12, Part I  2 Tart VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  1 Inside No Explain how each activity for which incomes is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  2 OL LOSSES ON STOCK SALES—TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  2 Total Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  (E)  1 Name, address, and EN of corporation, partnership, or disregarded entity  2 No A St.  3 Information Regarding Transfers Associated W  3 Information Regarding Transfers Associated W  3 Other revenue  2 Information Regarding Transfers Associated W  3 Other revenue  2 Other revenue  3 A REPUTATION Of the programation, during the year, pay premiums, directly or indirectly, in a long of the programation, during the year, pay premiums, directly or indirectly, on a long of the programation of purpose plane when the programation of the programation of purpose plane when the programation of the programation of the programation of purpose plane when the program of the programation of the programation of purpose plane when the program is program is program in the programation of the programation of purpose plane when the program is program is programative to the programation of the programation of purpose plane when the program is program is program in the program is program in the program is program in the program is program in			ar property		<del>.</del> .	1 1		<del> </del>
other than inventory  1 Net income or (loss) from special events  2 Gross profit or (loss) from special events  2 Gross profit or (loss) from special events  2 Gross profit or (loss) from special events  4 Subtotal (add columns (B), (0), and (E))  5 Total (add line 104, columns (B), (0), and (E))  5 Total (add line 104, columns (B), (0), and (E))  1 Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  1 Tart VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  1 and Explain how each activity for which morans 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)  1 OLOSSES ON STOCK SALES—TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  2 A REQUIRED  2 Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  3 A Nature of activities  3 A Nature of activities  4 Subtotal (add columns (B), (0), and (E))  5 A Start X Information Regarding Transfers Associated We also accomplishment of the organization, during the year, pay premiums, directly or indirectly, to b) Did the organization, during the year, receive any funds, directly or indirectly, to b) Did the organization, during the year, receive any funds, directly or indirectly, to complete the proposed of part of the proposed of part of the proposed o			<u> </u>	<del></del>	<u> </u>	+	· <del></del>	<del> </del>
11 Net income or (loss) from special events 22 Gross profit or (loss) from sales of inventory 3 Other revenue 4 Subtotal (add columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 6 Percent VIII   Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions) Ine No					•			<25 011
2 Gross profit or (loss) from sales of inventory 3 Other revenue 4 Subtotal (add columns (B), (D), and (E)) 5 Total (add columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E)) 5 Total (add line 104, columns (B), (D), and (E))  2 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) 0 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  2 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  (A) Name, address, and Ein of corporation, partnership, or disregarded entity  (B) Name, address, and Ein of corporation, partnership, or disregarded entity  (B) No Martin of Activities  (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		•	. ⊢					~23,311
3 Other revenue  a   a   b   c   d   d   Subtotal (add columns (B), (D), and (E))  15 Total (add line 104, columns (B), (D), and (E))  16 Line 105 pilos line 104, columns (B), (D), and (E))  17 Total (add line 104, columns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  18 Line 105 pilos line 104, ecolumns (B), (D), and (E))  29 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  20 Line 105 pilos line 104, ecolumns (B), (D), and (E)  21 Line 105 pilos line 104, ecolumns (B), (D), and (E)  22 Line 105 pilos line 104, ecolumns (B), (D), and (E)  23 Line 105 pilos line 104, ecolumns (B), (D), and (E)  22 Line 105 pilos line 104, ecolumns (B), (D), and (E)  22 Line 105 pilos line 104, ecolumns (B), (D), and (E)  22 Line 105 pilos line 104, ecolumns (B), ecol							<del></del>	<del> </del>
a b  d  d  Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Struct (A)  Explain how each activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  Figure (F)  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)  LOSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Separatix Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  (A)  (A)  (B)  (C)  (D)  Percentage of ownership infarest of sure purposes and EN of corporation, partnership, or disregarded entity  Percentage of ownership infarest ownership infarest ownership infarest ownership infarest assets  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (d)  Percentage of ownership infarest ownership infar			itory –		<u>.                                    </u>			
A Subtotal (add columns (B), (0), and (E))  4 Subtotal (add tone fun, columns (B), (0), and (E))  5 Total (add tine fun, columns (B), (0), and (E))  10 It Lane 105 plus time 10, Part, should equal the amount on line 12, Part I  11 Part VIII   Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)  11 Into No  12 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's  2 exempt purposes (other than by providing funds for such purposes)  20 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT  AS REQUIRED  13 AS REQUIRED  16 (C)  17 Name, address, and EIN of corporation, partnership, or disregarded entity  2 A Same Ein of corporation, partnership, or disregarded entity  3 A Same Ein of corporation, partnership, or disregarded entity  4 Suppartnership, or disregarded entity  5 Total income  18 (C)  10 (D)  10 C)  10 C)  10 C)  10 C)  11 Yes  12 Information Regarding Transfers Associated w  13 Old the organization, during the year, pay premiums, directly or indirectly, to the organization, during the year, pay premiums, directly or indirectly, to the partnership of premiums of partnership, or disregarded entity in the partnership of premiums, directly or indirectly, to the partnership of premium of partnership in the partnership of premiums, directly or indirectly, to the partnership of premiums of premiums, directly or indirectly, to the partnership of premium of premium of partnership in the partnership of premium of premium of partnership in the partnership of premium of partnership in the partnership i		r revenue						
Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Beat Unior 105 plus line 1 d, Part I, should equal the amount on line 12, Part I  Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)  Ine 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)  OL LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  (A)  Name, address, and Elin of corporation, partnership, or disregarded entity  Prepart X Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, receive any funds, directly or indirectly, on a Note of Year (b) (b), file Form 4720 (see instructions)  Total income  Total income  End-of-year assets					<del></del>		<del></del> · · · · · · · · · · · · · · · · ·	<u> </u>
4 Subtotal (add columns (B), (D), and (E))  5 Total (add line 104, columns (B), (D), and (E))  5 Total (add line 104, columns (B), (D), and (E))  6 Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  2art VIII] Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)  8 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  9 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  10 (C)  10 (D)  10 (E)  10 (D)  11 (D)  12 (E)  13 (A)  14 (B)  15 (C)  16 (D)  17 (D)  18 (E)  18 (C)  19 (D)  10 (E)  10 (D)  10 (E)  11 (D)  11 (D)  12 (D)  13 (E)  14 (E)  15 (E)  16 (E)  16 (E)  17 (E)  18 (E)				·		-	<del></del>	<del> </del>
Subtotal (add columns (B), (D), and (E))  A Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Be Line 105 plus line 104, Part I, should equal the amount on line 12, Part I  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  Inia No  Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  OD LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)  (A)  (B)  (C)  (D)  (D)  (D)  (D)  (D)  (D)  (E)  (D)  (D	·	<del></del>	<del></del>		·		<del></del>	<u> </u>
A Subtotal (add columns (B), (D), and (E))  5 Total (add line 104, columns (B), (D), and (E))  18 Line 105 plus line 1 d, Part I, should equal the amount on line 12, Part I  18 Line 105 plus line 1 d, Part I, should equal the amount on line 12, Part I  18 Line 105 plus line 1 d, Part I, should equal the amount on line 12, Part I  18 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)  18 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)  19 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)  10 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS Explain the supplies of the supplies of the instructions (C) (D)  10 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT (C)  11 AS REQUIRED  12 (D)  13 4 (B)  13 4 (B)  13 4 (B)  13 4 (B)  14 (B)  15 (B)  16 (C)  17 (D)  16 (E)  17 (D)  18 (E)  18 (C)  18 (C	d	<del></del>	<del></del>				<del></del>	<u> </u>
15 Total (add line 104, columns (B), (D), and (E))  16 Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  18 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)  10 LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  12 Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  13 (E)  14 (F)  15 (F)  16 (F)  16 (F)  17 (D)  18 (F)  18 (F)  19 (F)  20 (F)  21 (F)  22 (F)  23 (F)  24 (F)  25 (F)  26 (F)  26 (F)  27 (F)  28 (F)  29 (F)  29 (F)  29 (F)  29 (F)  29 (F)  20 (F			<u> </u>			-	60 330	105 011
The Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's went purposes (other than by providing funds for such purposes)  O LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)  (C) (E)  Percentage of Nature of activities (See page 32 of the instructions.)  (B) (C) (E)  Percentage of Nature of activities (See page 32 of the instructions.)  (B) (C) (E)  For ordinary interest associated we asset (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest associated we asset (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest associated we asset (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For ordinary interest (See page 32 of the instructions.)  (B) (C) (D) (E)  For o				<u> </u>		<u>• • • • • • • • • • • • • • • • • • • </u>	60,772.	<u> </u>
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions )  Ins 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)  OO LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  (B)  Percentage of Nature of activities Total income End-of-year assets  N/A %  Part X Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, to asset on all information provides of proper forms than official posterior of proper forms that preturn fluiding accompanies of proper forms than official posterior of paper forms that preturn fluiding accompanies of proper forms than official posterior of paper forms that preturn fluiding accompanies of paper forms that preturn fluiding accompanies of proper forms that preturn fluiding accompanies of paper forms that preturn fluiding accompanies of proper forms that preturn fluiding accompanies of paper forms that preturn fluiding accompanies of paper forms that preturn fluiding accompanies of paper forms to paper forms that preturn fluiding accompanies of paper fo							•	34,861
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)  LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  (A)  (B)  (C)  (C)  (D)  (C)  (D)  (E)  (D)  (E)  (E)  (D)  (E)  (F)  (F)  (F)  (F)  (F)  (F)  (F								<del></del> .
exempt purposes (other than by providing funds for such purposes)  LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  (B)  (C)  (B)  (C)  (C)  (D)  (C)  (D)  (E)  (E)  (D)  (E)  (D)  (E)  (E	art V	Relationship of Activ	vities to the A	ccompl	ishment of Exem	<u>ipt Pur</u>	poses (See page 32 of the	e instructions )
LOSSES ON STOCK SALES— TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  (A)  Name, address, and EIN of corporation, partnership, or disregarded entity  (B)  (C)  (D)  (E)  (D)  (D	lae No					ed import	antly to the accomplishment	of the organization's
AS REQUIRED  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions )  (A) Name, address, and EIN of corporation, partnership, or disregarded entity  (B) Percentage of ownership interest  (B) Percentage of ownership interest  (B) Nature of activities  (B) Percentage of ownership interest  (C) Nature of activities  (D) Total income  End-of-year assets  (A)  (B) Percentage of ownership interest  (B) Note the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note the "Yes" to (b). File Form 8870 and Form 4720 (see instructions)  Under penalties of perfur 1 descript that Inexplanational dispersion for than official passed on all informations and performance that pleased on all informations and performance than official passed on all informations and performance than the performance than							<del></del>	
Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)  (A) Name, address, and EIN of corporation, partnership, or disregarded entity  (B) Percentage of ownership interest  (C) Nature of activities  (C) Total Income End-of-year assets  (E) Percentage of ownership interest  (N/A)  (A) (B) Percentage of ownership interest  (B) Nature of activities  (C) (D) (D) (E) (E) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					OW PMPDCPNC	Y ME	DICAL SUPPLIE	ES TO BE SENT
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		<del></del>	SALES- TO	<u>ىايلA ر</u>	ON EMERGENC			
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		<del></del>	SALES- TO	) ALL	OW EMERGENC			
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		<del></del>	SALES- TO	) ALL	OW EMERGENC			
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  Information Regarding Transfers Associated w  a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Under pensists of partny 1 declars that I have bearinged on all inform a line of correct, and complete pectantics of prepare fother than officer Date  Preparer's signature  Firm a name (or AMERICAN EXPRESS TAX & F yours if yours indicated in yours indicated when yours indicated we have yours if yours		AS REQUIRED						
partnership, or disregarded entity  N/A  N/A  N/A  Part X Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a  Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Base  Under penalates of Pertury 1 declars that I have examined this return, fictualing and competition of preparation		AS REQUIRED  Information Regardi	ng Taxable Su		ies and Disregar			
N/A  %  **Art X Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  **Bass Under penaless of Jerlury   declaration of prepare fother than official spread on all inform correct, and complete Declaration of prepare fother than official spread on all informs  **Signature** Officer**  **Preparer** Signature**  **Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE**	art IX	AS REQUIRED  ( Information Regardi	ing Taxable Su		ies and Dısregar (C)		(D)	(E)
Part X Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a  Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Under penalest of perjury 1 declars that 1 have examined this return, ficuiding accomp correct, and complete Declaration of prepare (other than option) subseed on all inform  Signature of officer Date  Preparer's Signature  Preparer's Signature  AMERICAN EXPRESS TAX & F yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation,	ng Taxable Su (B) Percentage of		ies and Dısregar (C)		(D)	(E) End-of-year
Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a  Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Base  Under penalted of befury I declaration of prepara fother than officer is fased on all inform  Correct, and complete Declaration of prepara fother than officer is fased on all inform  Signature of officer Date  Preparer's  Firm a name (or yours if self-employed), 2 300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation,	ng Taxable Su (B) Percentage of ownership interest		ies and Dısregar (C)		(D)	(E) End-of-year
Information Regarding Transfers Associated w  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a  Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Bassa  Under penaltal of perjury I declarate that have examined this return fictualing accompanies  Correct, and complete. Declaration of prepare fother than officer is larged on all inform  Signature of officer  Date  Preparer's  Signature of officer  AMERICAN EXPRESS TAX & Film a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation, nership, or disregarded entity	ing Taxable Su  (B)  Percentage of ownership interest %		ies and Dısregar (C)		(D)	(E) End-of-year
(a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note If "Yes" to (b), file Form 8870 and Form 4720 (see Instructions)  Base  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury I declarge that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury I declarge that I have examined this return, fictualing accompanies  Base  Firm a name (or AMERICAN EXPRESS TAX & Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation, nership, or disregarded entity	ing Taxable Su  (B)  Percentage of ownership interest  %		ies and Dısregar (C)		(D)	(E) End-of-year
(a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note If "Yes" to (b), file Form 8870 and Form 4720 (see Instructions)  Base  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury Identify that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury I declarge that I have examined this return, fictualing accompanies  Base  Under penaltics of perjury I declarge that I have examined this return, fictualing accompanies  Base  Firm a name (or AMERICAN EXPRESS TAX & Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation, nership, or disregarded entity	ng Taxable Su  (B)  Percentage of ownership interest  %  %		ies and Dısregar (C)		(D)	(E) End-of-year
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Under pension of perjury I declar that I have examined this return, fictualing accomposition of prepare fother than officer is placed on all inform of the pension of prepare fother than officer is placed on all inform of the pension of pension of prepare fother than officer is placed on all inform of the pension of	Part IX Name, a partr	AS REQUIRED  ( Information Regardi (A) address, and EIN of corporation, nership, or disregarded entity  N/A	ng Taxable Su (B) Percentage of ownership interest % % %	ıbsidiar	ies and Disregar (C) Nature of activities		(D)	(E) End-of-year
Note if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  Under penaltic of perjury   decrease that   have examined this return   fictualing accomp correct, and complete. Declaration of prepare (other than officer) is based on all inform    Signature   Date	art IX	AS REQUIRED  ( Information Regardication (A)  (A)  (A)  (B)  (A)  (B)  (A)  (A)	ring Taxable Su  (B)  Percentage of ownership interest  %  %  %  %  ng Transfers A	ibsidiar	ies and Disregar (C) Nature of activities ted w		(D)	(E) End-of-year
Under penalties of perjury I declarated this return, including accompanies of perpension of prepare (other than officer) is placed on all inform Signature  Preparer's signature  Prims reme (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX	AS REQUIRED  ( Information Regardication, nership, or disregarded entity  N/A  Information Regardication Regardication Regardication Regardication, during the year, re	Percentage of ownership interest % % % % mg Transfers A	Ibsidiar	ies and Disregar (C) Nature of activities ted w		(D)	(E) End-of-year
Signature of officer  Date  Preparer's signature  Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, a parti	AS REQUIRED  ( Information Regardication (A) address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardication (auring the year, rethe organization, during the year, particular (auring the year))	ng Taxable Su  (B) Percentage of ownership interest % % % % ng Transfers A	Associa city or indirect	ies and Disregar (C) Nature of activities  ted w rectly, to		(D)	(E) End-of-year
Signature of officer  Date  Preparer's signature  Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, a partr Part X (a) Old (b) Old Note If	AS REQUIRED  ( Information Regarding (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, rethe organization, during the year, per "Yes" to (b), file Form 8870 and	Percentage of ownership interest % % % % mg Transfers Aceive any funds, directly appreniums, directly a form 4720 (see in	Associa ctly or indirect restrugition	ies and Disregar (C) Nature of activities  ted w rectly, to		(D)	(E) End-of-year
Preparer's signature Firm a name (or yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, a part	AS REQUIRED  ( Information Regarding (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, rethe organization, during the year, per "Yes" to (b), file Form 8870 and	Percentage of ownership interest % % % % mg Transfers Aceive any funds, directly appreniums, directly a form 4720 (see in	Associa ctly or indirect restrugition	ies and Disregar (C) Nature of activities  ted w rectly, to tity, on a s)		(D)	(E) End-of-year
signature eparer's firm a name (or AMERICAN EXPRESS TAX & F yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, ampart Part X (a) Did (b) Did Note If	AS REQUIRED  ( Information Regardical (A)	Percentage of ownership interest % % % % mg Transfers Aceive any funds, directly appreniums, directly a form 4720 (see in	Associa ctly or indirect restrugition	ies and Disregar (C) Nature of activities  ted w rectly, to thy, on a s) g accomp all inform  f / Z		(D)	(E) End-of-year
signature Firm a name (or AMERICAN EXPRESS TAX & F yours if self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, a parti	AS REQUIRED  ( Information Regarding (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, restricted to the organization, during the year, restricted to the organization, during the year, particularly of the organization of private organization of private organization of private organization of private of officer	Percentage of ownership interest % % % % mg Transfers Aceive any funds, directly appreniums, directly a form 4720 (see in	Associa ctly or indirect restrugition	ies and Disregar (C) Nature of activities  ted w rectly, to thy, on a s) g accomp all inform  f / Z		(D)	(E) End-of-year
a Only self-employed, 2300 CROWN COLONY DRIVE	Part IX Name, a partr Part X (a) Did (b) Did Note if ease	AS REQUIRED  ( Information Regarding (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, results of periors, and complete periods, and compl	Percentage of ownership interest % % % % mg Transfers Aceive any funds, directly appreniums, directly a form 4720 (see in	Associa ctly or indirect restrugition	ies and Disregar (C) Nature of activities  ted w rectly, to thy, on a s) g accomp all inform  f / Z		(D)	(E) End-of-year
self-employed), 2300 CROWN COLONY DRIVE	Part IX Name, a partr Part X (a) Did (b) Did (b) Note // ease gn	AS REQUIRED  ( Information Regardication (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardication (auring the year, restricted organization, during the year, restricted organization, during the year, particularly of property of property of complete Declaration of property of officer  Preparer's signature	Percentage of ownership interest % % % % mg Transfers A greated any funds, directly at premiums, directly at hever examined this re- many fother than officer	Associa etty or indirect or indirect instruction	ies and Disregar (C) Nature of activities  ted w rectly, to tity, on a s) g accomp all inform  E / Z Date		(D)	(E) End-of-year
	Part IX Name, a part.  Name, a part.  (a) Did (b) Did (b) Did (b) Did (c) Note if (c) ease gn (c) ere	AS REQUIRED  ( Information Regardication (A)  address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardication (auring the year, restricted organization, during the year, restricted organization, during the year, per "Yes" to (b), file Form 8870 and Under penalists of Preparer's Signature of officer  Preparer's signature  Firm a name (or AMERIC or	Percentage of ownership interest % % % % % ng Transfers A pective any funds, directly ap premiums, directly at premiums, directly a premium this reference other than officer.  AN EXPRESS	Associa city or indirect instruction turn fictualing	ies and Disregar (C) Nature of activities  ted w rectly, to tly, on a s) g accomp ell linform & / \lambda Date		(D)	(E) End-of-year

#### 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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

2002

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Employer identification number 04 3567502

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None") (b) Title and average hours per week devoted to (B) Expense account and other allowances (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation more than \$50,000 position NONE Total number of other employees paid 0 over \$50 000 Part II 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") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service

223101/01 22 03 LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

0

Total number of others receiving over

\$50,000 for professional services

(a) Name(s) of supported organization(s)

(b) Line number from above

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2002

14

Pa	Support Schedule (C	Complete only if you ch he worksheet in the ins	ecked a box on line 19 tructions for convertin	0, 11, or 12 ) <b>Use cash</b> a from the accrual to ti	n method of accounting the cash method of acc	ng countina
	idar year (or fiscal year ining in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants and contributions received (Do not include unusual grants See line 28)	6.617.511.	9.783.119.	5,132,327.	2.640.260.	24,173,217.
16	Membership fees received	1.0,0,2,7,0,2,2,9	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7102702.	2,010,200	21/1/0/21/0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	189,965.	108,340.	39,332.	29,217.	366,854.
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			SEE STATEME <25,074.	1	<25,074.>
23	Total of lines 15 through 22	6,807,476.	9,891,459.		2,669,477.	24,514,997.
24	Line 23 minus line 17		9,891,459.		2,669,477.	24,514,997.
25	Enter 1% of line 23	68,075.	98,915.	51,466.	26,695.	
26	Organizations described on lines 10		• • •		<b>▶</b> 26a	490,300.
b	Prepare a list for your records to sho		•	,	1 1	1.5%
	unit or publicly supported organization	. •	-	ded the amount shown in	1 ' ' T	7,040,348.
	Do not file this list with your return Total support for section 509(a)(1) to				► 26b ► 26c	24,514,997.
	Add Amounts from column (e) for if		66,854. <sub>19</sub>		200	<del></del>
_	(0)	22 <	25,074.> 26b	7,040,34	8. ▶ 26d	7,382,128.
e	Public support (line 26c minus line 2		<del></del>		<b>▶</b> 26e	17,132,869.
f	Public support percentage (line 26)	e (numerator) divided by	line 26¢ (denominator))		≥ 261	69.8873%
27		tal amounts received in ea	ch year from, each "disqi	ualified person " Do not fil	e this list with your retur	-
	(2001)	(2000)	•	999)	(1998)	
b	For any amount included in line 17 than damount received for each year, to described in lines 5 through 11, as with larger amount described in (1) of (2001).	that was more than the lai vell as individuals ) Do not	rger of (1) the amount of file this list with your re se differences (the excess	n line 25 for the year or (2 turn: After computing the	2) \$5,000 (Include in the difference between the a	list organizations
c	Add Amounts from column (e) for li	• •		•	(-300)	
				21	<b>▶</b> 27c	N/A
đ	Add Line 27a total	and	i line 27b total		▶ 27d	N/A
8	Public support (line 27c total minus	•		- ll -	► 27e	N/A
1 -	Total support for section 509(a)(2) to			<u> </u>	N/A	27.43
g	Public support percentage (line investment income percentage		-		ori) 27g	N/A % N/A %
	nusual Grants For an organization					
to	show, for each year, the name of the our return. Do not include these grant	contributor, the date and	amount of the grant, and	a brief description of the	nature of the grant. Do no	ot file this list with

223121 01 22-03

Schedule A (Form 990 or 990-EZ) 2002

Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

**B** Educational policies?

Use of facilities?

g Athletic programs?

h Other extracurncular activities?

1

35

Part V

chedule A	(Form 990 or 99	O-EZ) 2002	CORP	ORATION
-----------	-----------------	------------	------	---------

Private School Questionnaire (See page 7 of the instructions)

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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 31 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) Does the organization maintain the following 32 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 32c admissions, programs, and scholarships? 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 33a a Students' rights or privileges? **33**b b Admissions policies?

Schedule A (Form 990 or 990-EZ) 2002

33c

33d

33e

331

33g 33h

34a

34b

Sel	hedule A (Form 990 or 990-EZ)		IN HEALTH,	A NONPRO	FIT	0.4	1-3567502 Page
_	art VI-A Lobbying E	Expenditures by Election of the control of the cont	ecting Public Ch		age 9 of th		N/A
Chi	eck 🕨 a 🔲 if the organiza	ition belongs to an affiliated	group Che	ck ▶ b 🔲 if	you chec	ked "a" and "limited contro	l' provisions apply
	Li	mits on Lobbying	Expenditures			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	/ 1110 1011	ii expenditures means an	iounts paid of incurred ;	<del></del> -	1	N/A	
	T-4-13-14-1		a-constants (abbunes)		26	N/ A	
	Total lobbying expenditures to				36		<del> </del>
	Total lobbying expenditures to	<del>-</del>	iy (airect tobbying)		38	-	
38	, , ,	•			39		
39			N		40		
40	Lobbying nontaxable amount	•					1.77
41	If the amount on line 40 is -		ing nontaxable amount is		1, 4,	* S	
	Not over \$500,000	•	mount on line 40	,-	$\mathbb{L}^3$	(3)3	1, 3, 1, 19,
	Over \$500 000 but not over \$1 000		is 15% of the excess over \$50	, non		,	
	Over \$1,000,000 but not over \$1,50		is 10% of the excess over \$1 (		41	, ,	2
	Over \$1,500,000 but not over \$17.0	·	is 5% of the excess over \$1,50		*	······································	
	Over \$17,000 000	\$1,000 000	30.20.00.00	J		* 22 m	1 ( ) ( ) ( ) ( )
42	Grassroots nontaxable amour			-	42	***** *** **	
	Subtract line 42 from line 36	· · · · · · · · · · · · · · · · · · ·	than line 36		43		
	Subtract line 41 from line 38				44		
						\$ . C	9.7
	Caution If there is an amo	unt on either line 43 or l	ine 44, you must file Fo	orm 4720			
	(	Some organizations that m	4-Year Averaging Period lade a section 501(h) elec structions for lines 45 thr	tion do not have t	o complet	e all of the five columns instructions )	
			Lobbying E	xpenditures Durl	ng 4-Year	Averaging Period	N/A
	lendar year (or cal year beginning in)	(a) 2002	(b) 2001	(c) 200		(d) 1999	(8) Total
45	Lobbying nontaxable amount					ļ	0.
46	Lobbying ceiling amount		· ** , ;	,	, 4		´ .

		Lobbying Expenditures During 4-Year Averaging Period								N/A		
Calendar year (or fiscal year beginning in)		(a) 2002			(b) 2001		(c) 2000		(d) 1999		(e) Total	
45	Lobbying nontaxable amount											0
46	Lobbying ceiling amount (150% of line 45(e))					, ,		,			,	0
47	Total lobbying expenditures											0
48	Grassroots nontaxable amount											0
49	Grassroots ceiling amount (150% of line 48(e))	, ,	>	7		1.01		17			,	0
50	Grassroots lobbying expenditures											0

•	(150% of line 48(e))	, ,		1/2	<u> </u>				0.
50	Grassroots lobbying expenditures							-	0.
P		Activity by Nonelection of the control of the contr			of the instructions )				N/A
Dui	ring the year, did the organization	on attempt to influence nation:	al, state or tocal legis	lation, including	any attempt to	Yes	No	Amou	ent
nfli	uence public opinion on a legis	lative matter or referendum, th	rough the use of			182	Ru	Amu	<i></i>
а	Volunteers							7,	
b	Paid staff or management (Inc	clude compensation in expens	es reported on lines	c through h )				4.4.	
C	Media advertisements								
d	Mailings to members, legislat	ors, or the public					<u> </u>		
8	Publications, or published or	broadcast statements							
t	Grants to other organizations	for lobbying purposes							
9	Direct contact with legislators	, their staffs, government offic	ials or a legislative b	ody					
h	Railies, demonstrations, semi	nars, conventions, speeches,	lectures, or any other	r means					
ī	Total lobbying expenditures (	Add lines a through h )							0.
	If "Yes" to any of the above, al	lso attach a statement giving a	detailed description	of the lobbying	activities				<del></del>

223141 01 22 03

Schedule A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002 CORPORATION	1	04-3	<u>3567502</u>	Page
Part VII Information Regarding Transfers		d Relationships With Noncha	rıtable	
Exempt Organizations (See page 12 o				
51 Did the reporting organization directly or indirectly engage				
501(c) of the Code (other than section 501(c)(3) organizat	= :	olitical organizations?		/ N-
a Transfers from the reporting organization to a nonchantable	le exempt organization of			es No
(I) Cash			51a(i)	X
(II) Other assets			a(li)	X
b Other transactions				<b>,</b>
(I) Sales or exchanges of assets with a noncharitable exe			b(I)	X
(ii) Purchases of assets from a nonchantable exempt orga	anization		b(ii)	X
(III) Rental of facilities, equipment, or other assets			b(iii)	X
(Iv) Reimbursement arrangements			b(iv)	X
(v) Loans or loan guarantees	and the declaration of		b(v)	$\frac{\Lambda}{X}$
(vi) Performance of services or membership or fundraising	-		b(vl)	$\frac{\Lambda}{X}$
s Sharing of facilities, equipment, mailing lists, other assets,	•	alivers above the fair was detirally a of the	<u> </u>	<u> </u>
d If the answer to any of the above is "Yes," complete the follogoods, other assets, or services given by the reporting org.	-	· ·		
transaction or sharing arrangement, show in column (d) th			M	/A
		T		/ A.
(a) (b) Line no Amount involved Name of noncha	(c) ntable exempt organization	Description of transfers, transactions, and	d sharing arran	ngements
	<del></del>	<del></del>	<del></del>	
	<del></del>			
		<del> </del>		
		<del>-</del>		
		<del></del>		
	<del></del>			
52 a Is the organization directly or indirectly affiliated with, or rel Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule	N/A	anizations described in section 501(c) of the		X No
(a) Name of organization	(b) Type of organization	(c) Description of relation	ship	
			<del></del> -	
<del></del>	<del></del>			
		<del></del>		
		<del></del>		
			<del></del>	
	1	1		

223151 01-22-03

FORM 990 GAIN (L	OSS) FROM PUB	SLICLY TI	RADED SECURIT	IES	STATEMENT	1
DESCRIPTION		OSS PRICE	COST OR OTHER BASIS		NET GAI	
SALE OF INVESTMENTS	7	3,522.	99,433.	0.	<25,9	11.>
TO FORM 990, PART I, LI	NE 8 7	3,522.	99,433.	0.	<25,9	11.>
FORM 990 OTHER C	HANGES IN NET	ASSETS	OR FUND BALA	NCES	STATEMENT	
DESCRIPTION					AMOUNT	
UNREALIZED GAIN				_	<281,9	19.>
TOTAL TO FORM 990, PART	I, LINE 20			=	<281,9	 19.> ===
FORM 990 STATEMENT O	F ORGANIZATIO PAR	N'S PRIM T III	IARY EXEMPT P	URPOSE	STATEMENT	3
EXPLANATION						
TO PROVIDE COMMUNITY HE. TO HEALTH CARE FOR THE :						S .
FORM 990	OTHER	INVESTME	NTS		STATEMENT	4
DESCRIPTION			VALUATION METHO		AMOUNT	
DONATED STOCK MUTUAL FUNDS			MARKET MARKET		4,30 1,097,48	
TOTAL TO FORM 990, PART	IV, LINE 56,	COLUMN	В	_	1,101,78	88.

FORM 990	MORTGAGES PAYABLE	STATEMENT	5 —
DESCRIPTION		BALANCE DUE	<u> </u>
MORTGAGE NOTES CITIZENS BANK	PAYABLE-MASS. DEV. FINANCIAL	267,00 1,200,00	
TOTAL INCLUDED	ON FORM 990, PART IV, LINE 64B, COLUMN B	1,467,00	6.
FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAI INCOME AS AT J		<281,91 2,445,71	
TOTAL TO FORM	990, PART IV-A	2,163,79	4.
FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
EXPENSES AS AT	JUNE 30, 2002	5,928,69	3.
TOTAL TO FORM	990, PART IV-B	5,928,69	<u> </u>

	ST OF OFFICERS, DIRECTORS, ES AND KEY EMPLOYEES		STATEMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
DR. PAUL FARMER ELIOT HOUSE, HARVARD UNIVERSITY CAMBRIDGE, MA 02138	DIRECTOR 1	0.	0.	0.
OPHELIA DAHL 173 WILLOW AVENUE SOMERVILLE, MA 02144	DIRECTOR/PRESI 40	DENT 31,800.	0.	0.
TODD MCCORMACK 160 RANDLETT PARK NEWTON, MA 02165	DIRECTOR 1	0.	0.	0.
DR. JIM YONG KIM 90 BUCKMINISTER ROAD BROOKLINE, MA 02146	DIRECTOR 40	0.	0.	0.
HOWARD HAITT 130 MT. AUBURN STREET, #511 CAMBRIDGE, MA 02138	DIRECTOR 1	0.	0.	0.
DIANE KANEB 140 ORCHARD AVENUE WESTON, MA 02493	DIRECTOR 1	0.	0.	0.
JOSEPH MARTIN 4 HAWTHORNE ROAD BROOKLINE, MA 02445	DIRECTOR 1	0.	0.	0.
JOHN MCARTHUR 140 OLD CONNECTICUT PATH WAYLAND, MA 01778	DIRECTOR 1	0.	0.	0.
AMARTYA SEN MASTERS LODGE, TRINITY COLLEGE CAMBRIDGE, ENGLAND CB2 ITQ	DIRECTOR 1	0.	0.	0.
BRYAN STEVENSON 122 COMMERCE STREET MONTOGOMERY, AL 36104	DIRECTOR 1	0.	0.	0.
CRAIG R. KAPLAN 5 OAK HILL ROAD WAYLAND, MA 01778	CHIEF FINANCIA 40	L OFFICER 28,758.	2,951.	0.
TOTALS INCLUDED ON FORM 990, PAR	T V	60,558.	2,951.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT PART III, LINE 3

TRUSTEES REVIEW REQUESTS FOR GRANTS OR GIFTS AND DETERMINE THE INDIVIDUAL'S OR ORGANIZATION'S NEED AND QUALIFICATIONS. AN INVESTIGATION AND FOLLOW-UP PROCEDURE IS IN PLACE TO ENSURE THAT THE PURPOSES AND GOALS OF THE GRANTEES ARE SIMILAR TO THOSE OF PARTNERS IN HEALTH.

SCHEDULE A	OTHER INC	STA	ATEMENT	10	
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
UNREALIZED GAINS (LOSSES)	0.	0.	<25,074.>		0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	<25,074.>		0.

TĄXPAYER	PARTNERS IN HEALTH, A NONPROIT CORPORATION			EIN	04-3567502		
FORM	990				TAX YEAR	12/31/2002	
PART IV. LINE	PART IV, LINE 57, BUILDINGS AND EQUIPMENT						
<u>COST</u>							
Description		<u>Method</u>	Balance @ 7/1/2002	<u>Additions</u>	<u>Disposals</u>	Balance @ 12/31/2002	
		39 YR SL	409,330		0	409,330	
Building Building		39 YR SL-HY	380,912	0	0	380,912	
Office Equipme	nt	5 YR SL-HY	14,342	0	0	14,342	
Office Equipmen		3 YR MCRS-HY	73,038	0	0	73,038	
Office Equipme		5 YR MCRS-HY	146,257	0	Ō	146,257	
Automobiles		5 YR MCRS-HY	59,131	0	0_	59,131	
TOTALS			1,083,010	0_	0	_1,083,010	
<u>ACCUMULATE</u>	D DEPRECIA	<u>TION</u>					
			Balance @			Balance @	
<u>Description</u>		<u>Method</u>	7/1/2002	<u>Additions</u>	<u>Disposals</u>	12/31/2002	
Building **		30 YR SL	(12,728)	(5,248)	0	(17,976)	
Building *		39 YR SL-HY	(25,639)	(4,883)	0	• •	
Bullding		39 1K 3L-H1	(20,039)	(4,003)	U	(30,522)	
Office Equipme	nt	5 YR SL-HY	(10,038)	(1,433)		(11,471)	
Office Equipmen		3YR MCRS-HY	(73,037)	(1,100)		(73,037)	
Office Equipmen		5 YR MCRS-HY	(90,752)	(13,998)		(104,750)	
Omoo Equipmo	,	o monom	(00,102)	(10,000)		(104,700)	
Automobiles *		5 YR MCRS-HY	(45,826)	(3,326)	0	(49,152)	
TOTALS			(258,020)	(28,888)	0	(286,908)	
NET BOOK VAI	LUE		824,990			796,102	
* Portions of this depreciation charged to the SOH program			6,639				
** Portions of this depreciation charged to the TB program			7,230				
30% of depreciation charged to the IHSJ program			4,506				
10% of depreciation charged to the HTCA program			1,502				
Total depreciation per Part II, line 42			(9,012)				

EIN

04-3567502

FORM 990

TAX YEAR 07/01/02 - 12/31/02

#### PART IIIa, STMT OF PROGRAM SERVICE ACCOMPLISHMENTS

a	Zanmi Lasante (ZL), Cange, Haiti PIH's largest partner provides health care and other essential services to residents of Halti's central plateau. This partnership encompasses several programs which include a community health clinic, a 30 bed hospital with special women's health and pediatric wards a clinical laboratory with X-ray facilities, a dental care program, water sanitation projects, AIDS treatment and prevention/education programs, a tuberculosis control and treatment project, children's feeding programs, the construction and funding of 13 primary schools, and a comprehensive community health worker program.	1 528 887
b	Socios En Salud (SES), Carabavilo, Peru In April 1996, the Jack Roussin Center for Community Health was opened in Carabayilo, a settler community on the outskirts of Lima, Peru Through the Center SES supports a community health worker program, diantheal disease control efforts, a children's feeding project and a multi-drug resistant tuberculosis treatment program	2 649,178
С	Institute for Health and Social Justice (IHSJ), Cambridge, MA  The Institute serves as the academic and educational arm of PIH. Its purpose is to bring a critical perspective to the problems afflicting the poor and to translate the fruits of academic investigation into meaningful health care improvements for the disenfranchised	57 419
d	Soldiers of Health (SOH), Roxbury, MA In association with leaders from the Egleston Square neighborhood in Roxbury MA. PIH has initiated a community-based project to improve the health and well-being of local residents who have traditionally had poor access to quality health care. A patient tracking system for Egleston Square residents has been implemented at the Brigham and women's Hospital.	51 630
e	Grupo di Mujeres Chiapas, Mexico  This program provides medical services in both San Cristobal and Chiapas, documents human rights abuses particularly violence against women, in rural communities, in order to provide legal assistance to victims, and provides a group of community health workers including midwives to assist with home births	33 000
f	Office of Minority Health AIDS Project  The goal of this program is to provide a comprehensive and community based program for the members of the poor, urban community of Roxbury. This program will include HIV prevention, assistance in access to health and social services, and exploration of the cultural and structural factors that put this population at risk for infection with HIV.	108 548
g	Russia TB Control Program  PiH is collaborating with several Russian governmental agencies and other international non-profit organizations to expand our successful. TB treatment model to Russia's prison and civilian populations. This project will serve as a stepping stone to an equitable, comprehensive approach to TB treatment in Russia as a whole and the former Soviet Union. In addition, a model of patient centered care is being developed which will be applicable to other diseases that are exploding across this region.	390 043
ħ	Global Investment Plan (GIP)  A team within PIH worked with multiple partners outside of PIH to coordinate the writing assembly and publication of a plan to stop TB on a global scale. The GIP is a five year plan which aims to develop new tools to combat TB. These tools are new drug development new vaccine development, as well as the development of new tools for diagnosis. The GIP will also focus on the expansion of directly observed therapy (DOTS) and the improvement of directly observed therapy	74,169
i	Right to Healthcare Right to Healthcare (RTH) is a program within PIH that identifies and assists individuals both in the United States and at our partner projects with respect to broad healthcare issues. These individuals would otherwise not be able to afford treatment. RTH covers expenses associated with hospital visits, medications, travel, as well as legal expenses for patient care to cite some examples.	46 808
j	Millennium Development Goals The United Nations General Assembly ratified The Millennium Declaration in September of 2000, leading to the creation of the Millennium Development Goals Project, a five-year multi-organizational effort (task forces) to formulate pragmatic and realizable solutions to many of the world's most intractable dispanties, such as hunger, gender and education, maternal and child health, access to technology, and poverty PIH is coordinating the work of one of these specialized task forces on infectious Disease and Access to Essential Medicines. The aim of this project is to formulate realizable goals and devise solutions that can be implemented on both national and subnational levels.	50 671
k	Global Fund to Fight AIDS, TB and Malaria in Haiti The Haitian Ministry of Health received notice on April of 2002 that the first-round grant proposal for HIV that was submitted to the Global Fund to Fight AIDS. TB and Malaria was approved for funding. Zamni Lasante's (PiH partner) component of the grant is to expand the successful comprehensive HIV prevention and care program (HIV Equity Initiative) from our main center in Cange and the Clinique Bon Sauveur to across the Central Department of Haiti. ZL's comprehensive HIV strategy. HIV prevention and treatment itself, the diagnosis and treatment of sexually transmitted infections, the diagnosis and treatment of tuberculosis, and prevention of maternal to child transmission form the backbone or "four pillars" of the clinical and epidemiologic plan for expansion in the Central Department.	705,698
	OTHER GRANTS AND PROGRAMS	2,449
	TOTAL PROGRAM SERVICES PROVIDED	\$5,698,496

# Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

File a separate application for each return If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Note. Do not complete Part if unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part E Automatic 3-Month Extension of Time - Only submit original (no copies needed) Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (Including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. Employer identification number Type or Name of Exempt Organization print 04-3567502 PARTNERS IN HEALTH Alle by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 643 HUNTINGTON AVENUE, 1ST FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions BOSTON, MA 02115 Check type of return to be filed (file a separate application for each return) Form 4720 [X] Form 990 J Form 990-T (corporation) Form 5227 Form 990-BL Form 990 T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990 T (trust other than above) Form 6069 Form 990-PF Form 8870 Form 1041-A If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 🔲 If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension will cover **AUGUST 15, 2003** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until to file the exempt organization return for the organization named above. The extension is for the organization's return for \_ calendar year and ending DEC 31, 2002 ► X tax year beginning JUL 1, 2002 Final return Initial return Change in accounting period If this tax year is for less than 12 months, check reason 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD N/A coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that if amount or prepare this form Signature

223831

eduction 🗚 Notice, see instruction

Form 8888 (12-2000)