

Return of Organization Exempt From Income Tax

2003

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning and ending

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

C Name of organization
PARTNERS IN HEALTH, A NONPROFIT CORPORATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
641 HUNTINGTON AVENUE, 1ST FLOOR
 City or town, state or country, and ZIP + 4
BOSTON, MA 02115

D Employer identification number
04-3567502

E Telephone number
(617) 432-5256

F Accounting method Cash Accrual
 Other (specify) _____

G Website: **HTTP://WWW.PIH.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

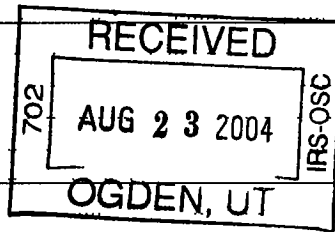
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **17,614,333.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	16,952,112.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 15,994,949. noncash \$ 957,163.)			1d	16,952,112.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	33,617.
	5 Dividends and interest from securities			5	50,968.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe _____)			7		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		200,938.	376,698.	8a	
	b Less: cost or other basis and sales expenses	198,155.	352,787.	8b	
	c Gain or (loss) (attach schedule)	2,783.	23,911.	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 STMT 2			8d	26,694.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b	8,076.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	<8,076.>
	10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	17,055,315.	
Expenses	13 Program services (from line 44, column (B))			13	13,770,272.
	14 Management and general (from line 44, column (C))			14	445,378.
	15 Fundraising (from line 44, column (D))			15	279,252.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	14,494,902.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	2,560,413.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	6,883,200.
	20 Other changes in net assets or fund balances (attach explanation)			20	421,030.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	9,864,643.



SEE STATEMENT 3

SCANNED SEP 08 2004

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

04-3567502

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	276,481.	107,069.	63,029.
26 Other salaries and wages	26	1,689,648.	1,441,838.	79,664.
27 Pension plan contributions	27			
28 Other employee benefits	28	73,636.	51,400.	9,453.
29 Payroll taxes	29	80,766.	48,707.	10,833.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	13,350.	13,350.	
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	168,885.	153,150.	9,229.
36 Occupancy	36			
37 Equipment rental and maintenance	37	53,805.	53,805.	
38 Printing and publications	38	21,675.		21,675.
39 Travel	39	713,479.	701,947.	8,840.
40 Conferences, conventions, and meetings	40	160,707.	160,707.	
41 Interest	41	8,862.	8,657.	205.
42 Depreciation, depletion, etc. (attach schedule)	42	38,210.	26,993.	11,217.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e	11,195,398.	11,015,999.	76,529.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	14,494,902.	13,770,272.	279,252.

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 15 FOR PART II COLUMN B				
		(Grants and allocations \$ 13,770,272.)		13,770,272.
b				
		(Grants and allocations \$ _____)		
c				
		(Grants and allocations \$ _____)		
d				
		(Grants and allocations \$ _____)		
e Other program services (attach schedule)		(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				13,770,272.

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	750,744.	45	752,262.	
	46 Savings and temporary cash investments	3,891,647.	46	5,169,515.	
	47 a Accounts receivable	471,572.			
	b Less: allowance for doubtful accounts				
			571,023.	47c	471,572.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable		99,240.	49	392,629.
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	124,289.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation			55c		
56 Investments - other	SEE STATEMENT 6	1,101,788.	56	1,667,748.	
57 a Land, buildings, and equipment: basis	57a 655,768.				
b Less: accumulated depreciation	57b 250,663.	796,102.	57c	405,105.	
58 Other assets (describe ▶ STOCK OF MEDICINES)		1,395,050.	58	1,150,807.	
59 Total assets (add lines 45 through 58) (must equal line 74)		8,605,594.	59	10,133,927.	
Liabilities	60 Accounts payable and accrued expenses	255,388.	60	269,284.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 7	1,467,006.	64b	
	65 Other liabilities (describe ▶)			65	
66 Total liabilities (add lines 60 through 65)		1,722,394.	66	269,284.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,518,946.	67	4,178,984.	
	68 Temporarily restricted	4,304,254.	68	5,625,659.	
	69 Permanently restricted	60,000.	69	60,000.	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		6,883,200.	73	9,864,643.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		8,605,594.	74	10,133,927.

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.

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Form 990 (2003)

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	a	17,528,133.	a Total expenses and losses per audited financial statements	a	14,546,690.
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments \$ _____			(1) Donated services and use of facilities \$ <u>43,712.</u>		
(2) Donated services and use of facilities \$ <u>43,712.</u>			(2) Prior year adjustments reported on line 20, Form 990 \$ _____		
(3) Recoveries of prior year grants \$ _____			(3) Losses reported on line 20, Form 990 \$ _____		
(4) Other (specify):			(4) Other (specify):		
STMT 8 \$ <u>421,030.</u>			STMT 9 \$ <u>8,076.</u>		
Add amounts on lines (1) through (4)	b	464,742.	Add amounts on lines (1) through (4)	b	51,788.
c Line a minus line b	c	17,063,391.	c Line a minus line b	c	14,494,902.
d Amounts included on line 12, Form 990 but not on line a :			d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$ _____			(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify):			(2) Other (specify):		
STMT 10 \$ <u><8,076.></u>					
Add amounts on lines (1) and (2)	d	<8,076.>	Add amounts on lines (1) and (2)	d	0.
e Total revenue per line 12, Form 990 (line c plus line d)	e	17,055,315.	e Total expenses per line 17, Form 990 (line c plus line d)	e	14,494,902.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
----- SEE STATEMENT 11		276,481.	15,991.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

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Form 990 (2003)

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Part 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? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ▶ RIVER STREET DEVELOPMENT FOUNDATION _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b 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		43,712.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
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?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b 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
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
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? If "Yes," complete Part IX	88		X
89 a 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.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d 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 AND OTHER STATES			
b Number of employees employed in the pay period that includes March 12, 2003	90b		19
91 The books are in care of ▶ OPHELIA DAHL Telephone no. ▶ 617-432-5256			

Located at **▶ 641 HUNTINGTON AVENUE, BOSTON, MA**

ZIP + 4 **▶ 02115**

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

▶ 92

N/A

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Form 990 (2003)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,617.	
96 Dividends and interest from securities			14	50,968.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					26,694.
101 Net income or (loss) from special events					<8,076.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		84,585.	18,618.
105 Total (add line 104, columns (B), (D), and (E))					103,203.

Note: 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 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
100	GAINS ON ASSET SALES- TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a substantial contributor?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a group-term life insurance policy for any individual who is a substantial contributor?
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to him.
 Signature of officer: *[Signature]* Date: 8-1

Paid Preparer's Use Only
 Preparer's signature: *[Signature]*
 Firm's name (or yours if self-employed), address, and ZIP + 4:
AMERICAN EXPRESS TAX & FINANCIAL SERVICES, INC.
2300 CROWN COLONY DRIVE
QUINCY, MA 02169

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

OMB No 1545-0047

2003

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KWONJUNE SEUNG</u> 13 LEWIS ST. APT. 2, BOSTON, MA 0211340	MEDICAL DOCTOR	54,912.	3,849.	
<u>ROCIO HURTADO</u> 641 HUNTINGTON AVE., BOSTON, MA 0211540	MEDICAL DOCTOR	54,650.	2,628.	
<u>MARK MOSLEY</u> 106 RIVER DR., ST.SIMONS ISL., GA3152240	DRUG PROC.OFF	56,659.	5,896.	
Total number of other employees paid over \$50,000 ▶	0			

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.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>JAMIE BAYONA</u> LIMA, PERU	MEDICAL DIRECTOR - PERU	96,000.
<u>SANG JAE KIM</u> GENEVA, SWITZERLAND	LABORATORY ADVISOR	82,998.
<u>ERNESTO JARAMILLO BETANCUR</u> GENEVA, SWITZERLAND	PROJECT ADVISOR	72,916.
Total number of others receiving over \$50,000 for professional services ▶	0	

PARTNERS IN HEALTH, A NONPROFIT

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 12		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 13	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

PARTNERS IN HEALTH, A NONPROFIT

Schedule A (Form 990 or 990-EZ) 2003 **CORPORATION**

04-3567502 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,678,057.	6,617,511.	9,783,119.	5,132,327.	25,211,014.
16 Membership fees received					
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	92,346.	189,965.	108,340.	39,332.	429,983.
19 Net income from unrelated business activities not included in line 18					
20 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	<281,919.>		SEE STATEMENT 14	<25,074.>	<306,993.>
23 Total of lines 15 through 22	3,488,484.	6,807,476.	9,891,459.	5,146,585.	25,334,004.
24 Line 23 minus line 17	3,488,484.	6,807,476.	9,891,459.	5,146,585.	25,334,004.
25 Enter 1% of line 23	34,885.	68,075.	98,915.	51,466.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	506,680.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	9,024,531.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	25,334,004.
d Add: Amounts from column (e) for lines: 18 <u>429,983.</u> 19 _____ 22 <u><306,993.></u> 26b <u>9,024,531.</u>	26d	9,147,521.
e Public support (line 26c minus line 26d total)	26e	16,186,483.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	63.8923%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2002) (2001) (2000) (1999)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2002) (2001) (2000) (1999)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

PARTNERS IN HEALTH, A NONPROFIT

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

PARTNERS IN HEALTH, A NONPROFIT

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36														
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37														
38 Total lobbying expenditures (add lines 36 and 37)	38														
39 Other exempt purpose expenditures	39														
40 Total exempt purpose expenditures (add lines 38 and 39)	40														
41 Lobbying nontaxable amount. Enter the amount from the following table -															
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">If the amount on line 40 is -</td> <td style="width:50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42 Grassroots nontaxable amount (enter 25% of line 41)	42														
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43														
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44														

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
SALE OF INVESTMENTS	200,938.	198,155.0.		2,783.
TO FORM 990, PART I, LINE 8	200,938.	198,155.0.		2,783.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)	
	VARIOUS	VARIOUS	PURCHASED		
SALE OF OTHER ASSETS					
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	
	376,698.	352,787.	0.	0.	23,911.
TO FM 990, PART I, LN 8	376,698.	352,787.	0.	0.	23,911.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN IN INVESTMENTS	421,030.
TOTAL TO FORM 990, PART I, LINE 20	421,030.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	14,157.		14,157.	
PROFESSIONAL FEES	5,095.		5,095.	
REPAIRS & MAINTENANCE	193,228.	190,932.	2,296.	
MISCELLANEOUS	46,284.	38,888.		7,396.
CONTRACT LABOR	771,204.	708,044.	23,168.	39,992.
OFFICE EXPENSE	195,456.	148,798.	29,775.	16,883.
DUES AND SUBSCRIPTIONS	7,224.		628.	6,596.
PROCESSING AND FILING FEES	4,556.			4,556.
PROGRAM RESOURCES	3,712,600.	3,712,600.		
BANK PAYROLL AND INVESTMENT FEES	24,400.		24,400.	
PHARMACUTICALS	6,040,671.	6,040,671.		
COMMUNICATIONS AND UTILITIES	180,523.	176,066.	3,351.	1,106.
TOTAL TO FM 990, LN 43	11,195,398.	11,015,999.	102,870.	76,529.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
DONATED STOCK	MARKET VALUE	342,985.
MUTUAL FUNDS	MARKET VALUE	1,324,763.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,667,748.

FORM 990 MORTGAGES PAYABLE STATEMENT 7

DESCRIPTION	BALANCE DUE
MORTGAGE NOTES PAYABLE-MASS. DEV. FINANCIAL	0.
CITIZENS BANK	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	421,030.
TOTAL TO FORM 990, PART IV-A	421,030.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
EXPENSES FOR SPECIAL EVENTS	8,076.
TOTAL TO FORM 990, PART IV-B	8,076.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
LOSS ON SPECIAL EVENTS	<8,076.>
TOTAL TO FORM 990, PART IV-A	<8,076.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. PAUL FARMER ELIOT HOUSE, HARVARD UNIVERSITY CAMBRIDGE, MA 02138	DIRECTOR/EXEC VP 40	0.	0.	0.
OPHELIA DAHL 173 WILLOW AVENUE SOMERVILLE, MA 02144	EX. DIR/PRES./CHAIR BOD 40	60,134.	432.	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 MONTGOMERY, AL 36104	DIRECTOR 1	0.	0.	0.
CRAIG R. KAPLAN 5 OAK HILL ROAD WAYLAND, MA 01778	CFO/TREASURER 40	92,498.	11,306.	0.
EDWARD CARDOZA 343 NORTHUP STREET CRANSTON, RI 02905	VP DEVELOPMENT 40	63,029.	3,803.	0.
PAUL ZINTL 82 HIGH STREET BROOKLINE, MA 02445	COO/VP PLANNING 40	60,820.	450.	0.
ROBIN DUMAS BRIGHAM MCKUTCHEN, 150 FEDERAL STREET BOSTON, MA 02110	CLERK 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		276,481.	15,991.	0.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 12

CRAIG KAPLAN PURCHASED A 1999 HONDA FROM PARTNERS IN HEALTH SYSTEMS
FOR \$3,300.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13
PART III, LINE 3

MANAGEMENT REVIEWS REQUESTS FOR GRANTS OR GIFTS AND DETERMINES THE INDIVIDUAL'S OR ORGANIZATION'S NEED AND QUALIFICATIONS. AN INVESTIGATION AND FOLLOW-UP PROCEEDURE IS IN PLACE TO ENSURE THAT THE PURPOSE AND GOALS OF THE GRANTEES ARE SIMILIAR TO THOSE OF PARTNERS IN HEALTH.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
UNREALIZED GAINS (LOSSES)	<281,919.>	0.	0.	<25,074.>
TOTAL TO SCHEDULE A, LINE 22	<281,919.>	0.	0.	<25,074.>

PART IIIa. STMT OF PROGRAM SERVICE ACCOMPLISHMENTS

a	<p><u>Zanmi Lasante (ZL), Cange, Haiti</u> PIH's largest partner provides health care and other essential services to residents of Haiti'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.</p>	4,966,062
b	<p><u>Socios En Salud (SES), Carabayllo, Peru</u> In April 1996, the Jack Roussin Center for Community Health was opened in Carabayllo, a settler community on the outskirts of Lima, Peru. Through the Center, SES supports a community health worker program, diarrheal disease control efforts, a children's feeding project, and a multi-drug resistant tuberculosis treatment program.</p>	6,082,426
c	<p><u>Institute for Health and Social Justice (IHSJ), Cambridge, MA</u> 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.</p>	71,883
e	<p><u>Grupo di Mujeres Chiapas, Mexico</u> 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.</p>	40,896
f	<p><u>Office of Minority Health AIDS Project</u> 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.</p>	289,761
g	<p><u>Russia TB Control Program</u> 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.</p>	1,575,831
i	<p><u>Right to Healthcare</u> 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.</p>	131,976
j	<p><u>Millennium Development Goals</u> 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 disparities, 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.</p>	314,258
OTHER GRANTS AND PROGRAMS		297,179
TOTAL PROGRAM SERVICES PROVIDED		<u>\$13,770,272</u>

TAXPAYER: PARTNERS IN HEALTH, A NONPROFIT CORPORATION

E.I.N.: 04-3567502

FORM: 990

TAX YEAR: 1/1/2003 - 12/31/03

PART IV, LINE 57, BUILDINGS AND EQUIPMENT

COST

<u>Description</u>	<u>Method</u>	<u>Balance @ 1/1/2003</u>	<u>Additions</u>	<u>Disposals</u>	<u>Balance @ 12/31/2002</u>
Building	39 YR SL	409,330	0	0	409,330
Building	39 YR SL-HY	380,912	0	(380,912)	0
Office Equipment	5 YR SL-HY	14,342	0	0	14,342
Office Equipment	3 YR MCRS-HY	73,038	0	0	73,038
Office Equipment	5 YR MCRS-HY	146,257	0	0	146,257
Automobiles	5 YR MCRS-HY	<u>59,131</u>	<u>0</u>	<u>(46,330)</u>	<u>12,801</u>
TOTALS		<u>1,083,010</u>	<u>0</u>	<u>(427,242)</u>	<u>655,768</u>

ACCUMULATED DEPRECIATION

<u>Description</u>	<u>Method</u>	<u>Balance @ 1/1/2003</u>	<u>Additions</u>	<u>Disposals</u>	<u>Balance @ 12/31/2002</u>
Building **	30 YR SL	(17,976)	(10,496)	0	(28,472)
Building *	39 YR SL-HY	(30,522)	(5,290)	35,812	0
Office Equipment	5 YR SL-HY	(11,471)	(2,868)		(14,339)
Office Equipment	3YR MCRS-HY	(73,037)			(73,037)
Office Equipment */**	5 YR MCRS-HY	(104,750)	(17,264)		(122,014)
Automobiles *	5 YR MCRS-HY	<u>(49,152)</u>	<u>(2,698)</u>	<u>39,049</u>	<u>(12,801)</u>
TOTALS		<u>(286,908)</u>	<u>(38,616)</u>	<u>74,861</u>	<u>(250,663)</u>
NET BOOK VALUE		<u>796,102</u>			<u>405,105</u>

* Portions of this depreciation charged to the SOH program

7,046

** Portions of this depreciation charged to the TB program

12,874

30% of depreciation charged to the IHSJ program

7,479

Total depreciation per Part II, line 42

(11,217)

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 II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I 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.**

Type or print	Name of Exempt Organization PARTNERS IN HEALTH, A NONPROFIT CORPORATION	Employer identification number 04-3000294
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 641 HUNTINGTON AVENUE, 1ST FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02115	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . 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.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2003** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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 \$ _____

b 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 \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .. \$ **N/A**

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 I am authorized to prepare this form.

Signature ▶  Title ▶ **C. P. A.** Date ▶ **5/4/04**
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 641 HUNTINGTON AVENUE, 1ST FLOOR, BOSTON, MA 02115.

Check type of return to be filed (File a separate application for each return): Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

4 I request an additional 3-month extension of time until NOVEMBER 15, 2004. 5 For calendar year 2003, or other tax year beginning and ending. 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

7 State in detail why you need the extension ALL OF THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

8a 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 \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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 I am authorized to prepare this form.

Signature [Handwritten Signature] Title CPA Date 8/11/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name AMERICAN EXPRESS TAX & BUSINESS SERVICES
Number and street (include suite, room, or apt. no.) Or a P.O. box number 2300 CROWN COLONY DRIVE
City or town, province or state, and country (including postal or ZIP code) QUINCY, MA 02169