

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2007
 Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Partners In Health a NonProfit Corporation	D Employer identification number 04-3567502
		Number and street (or P O box if mail is not delivered to street address) Room/suite 641 Huntington Avenue 1ST FLOOR	E Telephone number (617) 432-5256
		City or town, state or country, and ZIP + 4 BOSTON, MA 02115	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

G Web site: 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

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 (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		52,519,712	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 51,635,802 noncash \$ 883,910)	1e			52,519,712
	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			64,024
	5 Dividends and interest from securities	5			770,907
	6a 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				
8a Gross amount from sales of assets other than inventory	(A) Securities				
		9,942,127	8a		
	b Less cost or other basis and sales expenses	9,549,793	8b		
	c Gain or (loss) (attach schedule)	392,334	8c		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			392,334	
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 1b)	9a		441,334	
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			56,975
	10a 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			50,732	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			53,854,684	
Expenses	13 Program services (from line 44, column (B))	13		47,975,366	
	14 Management and general (from line 44, column (C))	14		1,422,760	
	15 Fundraising (from line 44, column (D))	15		1,188,983	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			50,587,109
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		3,267,575	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		30,752,176	
	20 Other changes in net assets or fund balances (attach explanation)	20		-1,343,588	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			32,676,163

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) <input checked="" type="checkbox"/> (cash \$22,561,531 noncash \$ ⁰) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	22,561,531	22,561,531	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	550,468	186,473	137,505
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,098,656	6,256,572	398,392
27	Pension plan contributions not included on lines 25a, b and c	27	60,085	42,149	10,533
28	Employee benefits not included on lines 25a - 27	28	317,789	242,806	36,084
29	Payroll taxes	29	946,171	866,223	36,849
30	Professional fundraising fees	30			
31	Accounting fees	31	129,382	0	0
32	Legal fees	32	566		566
33	Supplies	33	598,253	575,432	7,143
34	Telephone	34	147,651	67,098	445
35	Postage and shipping	35	59,569	29,860	22,459
36	Occupancy	36			
37	Equipment rental and maintenance	37	41,314	33,650	7,664
38	Printing and publications	38	163,822		151,552
39	Travel	39			
40	Conferences, conventions, and meetings	40	709,562	709,562	0
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	181,677	174,429	0
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	50,587,109	47,975,366	1,422,760

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 \$⁰, (ii) the amount allocated to Program services \$⁰, (iii) the amount allocated to Management and general \$0, and (iv) the amount allocated to Fundraising \$0

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

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

What is the organization's primary exempt purpose? ▶ TO PROVIDE DIRECT HEALTH SERVICES AND TO CONDUCT RESEARCH AND ADVOCACY WORK FOR THE SICK AND IMPOVERISHED THROUGHOUT THE WORLD 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.)
<p>a Haiti/Zanmi Lasante Zanmi Lasante (ZL) strengthened its programs, facilities, and staff dramatically, both across the Central Plateau, where we have been working for almost 25 years, and in the lower Artibonite Valley into which we started expanding in 2005. With this expansion, ZL is now the main provider of health care for central Haiti, serving a population of 1.2 million people in an area that extends from the border with the Dominican Republic to the coast. Highlights of the Year: Improved Public Health Infrastructure. With support from AmeriCares, ZL constructed a new 54-bed hospital in Lacolline. The hospital relieved overcrowding at the small, cramped clinic in nearby Lascahobas, where the number of patients had soared from a handful each day to as many as 400 since ZL started providing HIV treatment and comprehensive primary care. The Lascahobas facility has been renovated to serve as a women's health center and malnutrition clinic. Improved Mother and Child Survival. ZL's program for women's health (Proje Sante Fanm)-which has provided prenatal care, treatment of services since 1990-faced both an opportunity and a challenge when the Haitian government launched a national program of free obstetrical care in April 2008, with support from the World Health Organization and the Canadian government. The number of women seeking Sante Fanm services increased sharply at all ZL sites and doubled at several. Attendance also grew rapidly at post-natal clinic, which historically has had very low attendance rates, presenting an opportunity to provide badly needed family planning services, cervical cancer screening, and testing for sexually transmitted infections. Expanded Agricultural Initiatives to Improve Nutrition and Provide Economic Opportunities. ZL began manufacturing its own locally-produced peanut-butter medicine to treat severely malnourished children. Production of nourimanba provides jobs for 23 local people and guarantees a market for local farmers who grow peanuts, corn, and beans. In addition, 240 families with malnourished children joined our Family Assistance Program, and received agricultural training, seeds, tools, fertilizer, a goat, and in many cases land to farm. Most importantly, ZL offered on-going support and home visits from agricultural technicians and community agriculture agents. Strengthened Surgical Capacity Through Training. ZL continued its efforts to strengthen human resources, with an emphasis on building a strong surgical team. Three ZL nurses completed a rigorous 18-month anesthesiology training in Cange, through a partnership with Doctors Without Borders. The nurse-anesthetists have pledged to work for ZL for five years. In addition, three other ZL nurses traveled to Boston to receive advanced training in operating room nursing through a partnership with Regis College in Weston, Massachusetts. By the Numbers: 1.9 million patient visits; 3,562 AIDS patients on antiretrovirals; 13,647 HIV-positive patients monitored; 6,395 children receiving educational assistance; 3,325 adults receiving literacy training; 9,315 students received free lunches at 27 schools; 454 metric tons of food distributed to patients; 419 births and 756 family planning visits per month at ZL facilities. Socios En Salud. In partnership with the Peruvian Ministry of Health, Socios En Salud (SES) continued treatment and social support for MDR TB and HIV patients. At the same time, SES also strengthened and expanded primary health care, mental health and social support services in the shantytowns around Lima and other poor communities. Highlights of the Year: Continued Treatment for Drug-resistant TB. The SES program continued to flourish as more than a thousand patients completed treatment and SES provided comprehensive support to even more patients through the two long years of extremely difficult treatment. As always, SES supported patients economically, by paying for medical exams, diagnostic tests, surgery, and medications to treat adverse reactions to drugs, and by providing housing, food, and transportation. Expanded HIV/AIDS Care. In 2005, SES began a pilot program with HIV/AIDS patients, providing the same high level of social and economic support. MDR TB patients have received over the last decade. Of the 108 original patients, 52 are still receiving accompaniment and regular support from a dedicated community health worker. Over one third are now clinically and economically stable enough not to require the intensive intervention they needed during initiation of antiretroviral treatment. These patients now work with a friend or family member to stay on track with their treatment, receiving only periodic follow-up visits from the SES HIV team. Strengthened Primary Care Services. Primary health care continues to be a major priority for SES, particularly in the shantytown of Carabayllo and the surrounding areas on the outskirts of Lima. SES now operates 16 botiquines-small rural health posts that serve patients who would otherwise have no access to primary care. The botiquines are run by a team of 25 community health workers, who receive supervision from three district coordinators and ongoing training through workshops on topics ranging from early childhood development to nutrition and first aid. Expanded Mental Health Services for MDR TB and HIV Patients and Families. Building on its successful therapy program in Carabayllo, SES extended both group therapy and one-on-one peer counseling options to the northern region of La Libertad and other areas where no services previously existed. SES also brought the department of mental health and the national TB program together, they now collaborate to provide vital mental health services to all MDR TB patients. Improved Academic Performance of At-Risk Children. SES enrolled hundreds of children in a pilot program emphasizing the use of games and logic problems to improve math skills. Under the supervision of the SES education staff, the youth promoters of Carabayllo-adolescents and young adults between the ages 13 and 20-tutored 70 primary school children who had been identified by their teachers and parents as needing extra attention in order to perform at grade level. More than three quarters of the children involved showed a significant improvement in their academic performance. By the Numbers: 1,072 MDR TB patients completed treatment; 2,792 patients received nutritional support; 22 micro-enterprises launched as income-generating opportunities for patients; 1,297 people obtained primary care services at botiquines; 287 patients received group therapy; 420 patients received housing support; 1,000 adolescents educated on HIV/AIDS prevention. Rwanda/Inshuti. PIH and our Rwandan partner organization, Inshuti Mu Buzima (IMB), achieved several major milestones during our third year of operations. We continued to improve infrastructure and expand services in the two rural districts in eastern Rwanda where we started working in 2005. And we helped the Rwandan government plan and launch an ambitious program to bring quality health care to every rural district in the country. Highlights of the Year: Helped Launch Rwanda's Rural Health Initiative. Working within a government framework that incorporates key elements of the PIH model as well as other innovations from around Rwanda, IMB and PIH helped the Ministry of Health bring comprehensive care to Burera, a district in northern Rwanda whose 400,000 people had previously been served by a single doctor and no functioning hospital. We transformed a decrepit building into a 55-bed hospital, laid plans for a new district hospital, and worked with local Ministry of Health officials to recruit four new doctors, and hire 13 nurses, a pharmacist, and a laboratory technician. We also worked to harmonize the PIH accompagnateur model pioneered in Haiti with the Rwandan government's national community health worker program. PIH is committed to training and compensating 1,200 community health workers elected by villagers throughout the district. Within a few months, more than 100 HIV patients were receiving daily visits from community health workers. Improved Public Health Infrastructure in Eastern Rwanda. With a population of over 260,000, Kirehe was one of the few districts in Rwanda without a functioning district hospital. IMB committed to help the Ministry of Health build a new facility. Phase one construction got underway in April 2007 and was scheduled to be completed in autumn 2008. In the meantime, IMB renovated the existing ambulatory health center and strengthened the staff, leading to an increase of patient visits to almost 200 patients per day. IMB also collaborated with UNICEF and other donors to construct a new pediatric building at Rwinkwavu Hospital. The new facility houses dedicated pediatric consultation and counseling rooms, rooms for family planning and prevention of mother-to-child transmission of HIV sessions, a large playroom, a pharmacy, and of</p>	<p>(Grants and allocations \$ 22,561,531) If this amount includes foreign grants, check here <input checked="" type="checkbox"/></p> <p style="text-align: right;">47,975,366</p>
<p>b</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> <p>c</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> <p>d</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> <p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p style="text-align: right;">47,975,366</p>

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	16,749	45	2,131,082
	46 Savings and temporary cash investments	7,549,226	46	1,791,863
	47a Accounts receivable	47a 765,715		
	b Less allowance for doubtful accounts	47b 635,193	47c	765,715
	48a Pledges receivable	48a 234,428		
	b Less allowance for doubtful accounts	48b 0	48c	234,428
	49 Grants receivable	529,942	49	3,940,383
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	211,674	53	112,331
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,411,355	54a	22,003,681
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,054,802	54b	1,058,790
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 3,295,685		
b Less accumulated depreciation (attach schedule)	57b 680,197	815,274	57c 2,615,488	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58	33,224,215	59	34,653,761	
Liabilities	60 Accounts payable and accrued expenses	2,472,039	60	1,977,598
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	2,472,039	66	1,977,598	
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	24,675,283	67	26,562,978
	68 Temporarily restricted	6,051,893	68	6,088,185
	69 Permanently restricted	25,000	69	25,000
	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 and column (B) must equal line 21)	30,752,176	73	32,676,163
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	33,224,215	74	34,653,761

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

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

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

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

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

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
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		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b 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? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82a 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?
82b 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)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a 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
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes

If "Yes," enter the name of the foreign country RW

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, Gain or loss from sales, etc.

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

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

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

Table with 2 columns: Line No., Explain how each activity...

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

Table with 3 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of business.

Part X Information Regarding Transfers Associated with Exempt Purposes (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on life insurance?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on life insurance?

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





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

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	PARTNERS IN HEALTH PERU AV MERINO REYNA 575 PORRAS B CARABAYLLO 06 PE	999999999	SUPPORT OF HEALTHCARE SERVICES IN PERU	3,782,007	
b	PARTNERS IN HEALTH RUSSIA 11 13 TREKHPRUDNIY PEREULOK MOSCOW 103001 RS	999999999	SUPPORT OF HEALTHCARE SERVICES IN RUSSIA	1,855,200	
c	INSHUTI MU BUZIMA RWANDA RINKWAYU RINKWAVU RW	999999999	SUPPORT OF HEALTHCARE SERVICES IN RWANDA	7,283,485	
d	PARTNERS IN HEALTH LESOTHO NEW EUROPA 438 POPE JOHN PAUL II ST MESERU 100 LT	999999999	SUPPORT OF HEALTHCARE SERVICES IN LESOTHO	772,937	
e	PARTNERS IN HEALTH MALAWI POBOX 56 NENO BOMA NENO DISTRICT 624200 MI	999999999	SUPPORT OF HEALTHCARE SERVICES IN MALAWI	1,855,460	
Totals				15,549,089	

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer	2009-05-15 Date	
	DONELLA RAPIER CFO AND TREASURER Type or print name and title		

Paid Preparer's Use Only	Preparer's signature  KPMG LLP	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  KPMG LLP			EIN 
	345 Park Avenue - 22nd Floor New York, NY 101540102			Phone no  (212) 758-9700

**SCHEDULE A
(Form 990 or 990EZ)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Partners In Health a NonProfit Corporation

Employer identification number

04-3567502

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
SUSAN SAYERS 641 HUNTINGTON AVE BOSTON, MA 02115	DIR OF INSTITUT DVLP 60 0	80,728	13,267	0
JILL HACKETT 641 HUNTINGTON AVE BOSTON, MA 02115	TRAINING MANAGER 60 0	71,632	9,497	0
DARIUS JAZAYERI 641 HUNTINGTON AVE BOSTON, MA 02115	COMPUTER PROGRAMMER 60 0	71,431	5,978	0
HENRY EPINO 641 HUNTINGTON AVE BOSTON, MA 02115	CLINICIAN 60 0	67,493	4,375	0
SARA STULAC 641 HUNTINGTON AVE BOSTON, MA 02115	CLINICIAN 60 0	67,064	4,111	0
Total number of other employees paid over \$50,000	9			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
Accounting Management Solutions 800 South Street Suite 195 WALTHAM, MA 02453	Accounting Finance	228,417
KPMG LLP 99 High Street BOSTON, MA 02110	Audit Tax	162,584
Maxi Raymonville 6475 W Oakland Park Blvd 409 LAUDERHILL, FL 33313	program manager	78,445
Jaime Bayona C O Socios en Salud AV MERINO REYNA LIMA PE	medical director	75,491
Justin Miranda 1829 VAN HISE AVENUE MADISON, WI 53726	computer programmer	65,390
Total number of others receiving over \$50,000 for professional services	1	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>217,841</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>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.) 🗨</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

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

Provide the following information about the supported organizations. (see page 7 of the instructions.)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	31,713,522	35,661,652	17,252,209	16,952,112	101,579,495
16 Membership fees received					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					0
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	1,037,481	388,222	126,893	84,585	1,637,181
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	32,751,003	36,049,874	17,379,102	17,036,697	103,216,676
24 Line 23 minus line 17	32,751,003	36,049,874	17,379,102	17,036,697	103,216,676
25 Enter 1% of line 23	327,510	360,499	173,791	170,367	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,064,334
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 21,145,589
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 103,216,676
d Add Amounts from column (e) for lines 18 1,637,181 19 0 22 26 b 21,145,589					26d 22,782,770
e Public support (line 26c minus line 26d total)					26e 80,433,906
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.93 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(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) 		
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 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) 		
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) 		
34a	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		

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

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	21,784	21,784
38	Total lobbying expenditures (add lines 36 and 37)	217,841	217,841
39	Other exempt purpose expenditures	49,322,615	49,322,615
40	Total exempt purpose expenditures (add lines 38 and 39)	49,540,456	49,540,456
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	1,000,000	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	250,000	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

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				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	217,841	0	0	0	217,841
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	196,057	0		0	196,057

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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

- 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**.)

Yes	No	Amount
	No	

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?

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

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

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.

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

52a 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

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

Additional Data

Software ID:

Software Version:











EIN: 04-3567502

Name: Partners In Health a NonProfit Corporation










Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PROGRAM EXPENSES	43a	2,096,403	2,096,403	0	0
b PROCUREMENT	43b	1,740,894	1,740,894	0	0
c FOOD	43c	1,554,185	1,554,185	0	0
d CULTURE TESTING	43d	17,677	17,677	0	0
e PATIENT ASSISTANCE	43e	668,834	668,834	0	0
f PHARMACEUTICALS	43f	2,593,671	2,593,671	0	0
g OUTSIDE SERVICES	43g	2,898,774	2,721,449	0	177,325
h COMMUNICATIONS AND UTILITIES	43h	655,773	573,341	75,321	7,111
i TEMPORARY LABOR	43i	164,740	0	164,740	0
j BANK, PAYROLL AND INV FEES	43j	110,899	0	110,899	0
k CONSTRUCTION & RENOVATION	43k	1,945,086	1,945,086	0	0
l PROCESSING FEE	43l	142,330	0	0	142,330
m FOREIGN CURRENCY LOSS & OTHER	43m	550,160	522,432	19,252	8,476
n TRAVEL AND TRANSPORTATION	43n	1,881,187	1,795,609	32,799	52,779

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Ophelia Dahl  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	Exec Dir/Pres/Director 60 0	74,127	671	0
Dr Paul Farmer  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	Executive VP 30 0	0	0	0
Paul Zintl  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	COO 40 0	69,606	532	0
Craig Kaplan  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	CFO/Treasurer 40 0	84,759	9,669	0
Donella Rapier  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	CFO/Treasurer 60 0	37,137	952	0
Edward Cardoza  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	VP Development 60 0	91,713	5,284	0
Theodore Constan  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	VP Program Manager 50 0	71,252	11,760	0
Kristin Nelson  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	Clerk 30 0	60,467	462	0
Dr Jim Yong Kim  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	Director 1 0	0	0	0
Howard Hiatt  641 Huntington Avenue 1ST FLOOR BOSTON, MA 02115	Director 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Diane Kaneb  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Bryan Stevenson  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Jack Connors  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Ted Philip  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Todd McCormack  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Albert Kaneb  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Gary Gottlieb  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Robert Heine  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0
Mary White  641 Huntington Avenue 1ST FLOOR BOSTON,MA 02115	Director 1 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
RIVER STREET DEVELOPMENT FOUNDATION	X	
SOCIOS EN SALUD SUCURSAL PERU	X	
PARTNERS IN HEALTH-RUSSIA	X	
INSHUTI MU BUZIMA (RWANDA)	X	
PARTNERS IN HEALTH-LESOTHO	X	
PARTNERS IN HEALTH-MALAWI	X	
VILLAGE HEALTH WORKS	X	

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed	AZ, CA, CT, FL, GA, IL, ME, MD, MA, MI, MN, MT, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV
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TY 2007 Cash Grants Paid Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Class of Activity	Recipient's name	Address	Amount	Relationship
	Zanmi Lasante haiti	c/o partners in health 641 huntington avenue boston, MA 02115	20,000,000	partner organization
	the Tomsk TB Dispensary russia	c/o partners in health 641 huntington avenue boston, MA 02115	744,000	partner organization
	the Tomsk Oblast Penitentiary Syste	c/o partners in health 641 huntington avenue boston, MA 02115	240,000	partner organization
	Russian Red Cross	c/o partners in health 641 huntington avenue boston, MA 02115	216,000	partner organization
	Brigham and Womens Hospital	75 Francis Street boston, MA 02215	1,100,000	partner organization
	Village Health Works	c/o partners in health 641 HUNTINGTON AVENUE BOSTON, MA 02215	178,000	partner organization
	EAPSEC	c/o partners in health 641 huntington avenue boston, MA 02115	81,000	partner organization
	other grants	c/o partners in health 641 huntington avenue boston, MA 02115	2,531	partner organization

TY 2007 Compensation Explanation**Name:** Partners In Health a NonProfit Corporation**EIN:** 04-3567502

Person Name	Explanation
Ophella Dahl	
Craig Kaplan	THROUGH 08/31/2007
Donella Rapier	EFFECTIVE 09/01/2007

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Gross Sales Price: 9,942,127

Basis: 9,549,793

Sales Expenses:

Total (net): 392,334

TY 2007 General Explanation Attachment

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT I	PART IV, LINE 57A AND 57B AND PART II LINE 42	(A) PROPERTY, PLANT AND EQUIPMENT LAND \$ 300,985 BUILDINGS AND IMPROVEMENTS 728,594 EQUIPM ENT 1,035,435 VEHICLES 951,437 CAPITALIZED SOFTWARE 279,234 ----- 3,295,685 LESS A CCUMULATED DEPRECIATION (680,197) ----- TOTAL Property, Plant and Equipment 2,615, 488 ===== (B) DEPRECIATION EXPENSE 181,677 =====

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT II	Form 990, Part VI, Line 84A	<p>Non-Deductible Contributions ===== All amounts solicited by PIH within the U S are tax-deductible PIH solicits contributions in countries outside the U S , whose laws may or may not provide that such contributions are tax-deductible For gifts from residents of those countries, PIH does not include an express statement that such contributions or gifts are not tax-deductible Donors outside the U S must consult with their personal tax advisors in order to determine deductibility of their contributions in countries outside the U S</p>

TY 2007 Investments - Securities Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Description	Book Value	Cost/FMV
PRIVATE EQUITY & HEDGE FUNDS - OTHER	1,058,790	F

TY 2007 Other Changes in Net Assets Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Description	Amount
CURRENCY TRANSLATION ADJUSTMENTS	133,202
UNREALIZED LOSS ON INVESTMENTS	1,476,790

TY 2007 Relationship Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Diane Kaneb	Director		DIRECTOR	FAMILY
Albert Kaneb	Director		DIRECTOR	FAMILY

TY 2007 Special Events Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
FUNDRAISING DINNER AT RIALTO	56,975	441,334	56,975		56,975

TY 2007 Contractor Compensation Explanation

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Contractor	Explanation
Accounting Management Solutions	
KPMG LLP	AMOUNT PAID IN FY08 FOR SERVICES RENDERED FY05 THROUGH FY08.

TY 2007 Employee Compensation Explanation

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Employee	Explanation
SUSAN SAYERS	. . Compensation shown for each named person on this return is based on 2007 Form W-2 calendar year reporting.
JILL HACKETT	
DARIUS JAZAYERI	
HENRY EPINO	
SARA STULAC	

TY 2007 Self Dealing Statement

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Line Number	Explanation
2d	PIH PAYS COMPENSATION SHOWN IN PART V-A. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REIMBURSED FOR THEIR DIRECTLY RELATED EXPENSES THROUGH AN ACCOUNTABLE PLAN WHEREBY ALL EXPENSES REPORTS ARE SUBMITTED PRIOR TO REIMBURSEMENT. DIDI BERTRAND IS PAID FOR HER WORK FOR PIH IN THE AREAS OF COMMUNITY HEALTH AND SOCIAL DEVELOPMENT. SHE IS THE WIFE OF EXECUTIVE VICE PRESIDENT DR. PAUL FARMER.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Supplemental Support Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	31,713,522			1,037,481					32,751,003
2005	35,661,652			388,222					36,049,874
2004	17,252,209			126,893					17,379,102
2003	16,952,112			84,585					17,036,697

TY 2007 Itemized Other Assets Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount

**TY 2007 Itemized Other Current Assets
Schedule**

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount

TY 2007 Other Deductions Schedule**Name:** Partners In Health a NonProfit Corporation**EIN:** 04-3567502

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
TRANSPORTATION	214,106	8,779
MEALS & REFRESHMENTS EXPENSES	353,965	14,514
PER DIEM TRAVEL EXPENSES	823,153	33,753
BANK FEES	71,912	2,949
OTHER COMMUNICATION EXPENSES	803,570	32,950
SOCIAL ASSISTANCE PAYMENTS	30,163,807	1,236,870
OFFICE SUPPLIES & EQUIPMENT	785,311	32,202
OTHER ACTIVITIES	723,265	29,658
OTHER OFFICE EXPENSES	12,926	530
CURRENCY TRANSLATION	980,654	40,212
LAND/BUILDINGS	2,120,808	86,964

TY 2007 Itemized Other Liabilities Schedule

Name: Partners In Health a NonProfit Corporation

EIN: 04-3567502

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount