

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

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 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **DEC 31, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) 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)

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

G Web site ▶ **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.

I Enter 4-digit GEN ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,108,935.**

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	9,974,641.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 9,974,641. noncash \$)	1d			9,974,641.
	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			3,966.
	5 Dividends and interest from securities	5			56,806.
	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				
	8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		73,522.	8a		
	b Less cost or other basis and sales expenses	99,433.	8b		
	c Gain or (loss) (attach schedule)	<25,911.>	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			<25,911.>	
Expenses	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income (or loss) from special events (subtract line 9b from line 9a)	9c			
	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			10,009,502.
	13 Program services (from line 44, column (B))	13			5,698,496.
14 Management and general (from line 44, column (C))	14			306,489.	
15 Fundraising (from line 44, column (D))	15			50,371.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			6,055,356.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			3,954,146.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,210,973.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20			<281,919.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			6,883,200.

SCANNED SEP 02 '03

Revenue

Expenses

Net Assets

1116
 RECEIVED
 AUG 19 2003
 11300
 OPEN UT

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

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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 Page 2

<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
22 Grants and allocations (attach schedule) cash \$5698496 noncash \$	22	5,698,496.	5,698,496.		
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	60,558.	0.	60,558.	0.
26 Other salaries and wages	26	142,588.		118,348.	24,240.
27 Pension plan contributions	27				
28 Other employee benefits	28	24,359.		20,218.	4,141.
29 Payroll taxes	29	15,880.		13,180.	2,700.
30 Professional fundraising fees	30				
31 Accounting fees	31	439.		364.	75.
32 Legal fees	32				
33 Supplies	33	28,988.		24,060.	4,928.
34 Telephone	34	10,528.		8,738.	1,790.
35 Postage and shipping	35	4,353.		3,613.	740.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	20,158.		16,731.	3,427.
39 Travel	39	4,337.		3,600.	737.
40 Conferences, conventions, and meetings	40				
41 Interest	41	149.		124.	25.
42 Depreciation, depletion, etc (attach schedule)	42	9,012.		7,480.	1,532.
43 Other expenses not covered above (itemize)					
a INSURANCE	43a	1,443.		1,198.	245.
b DUES & SUBSCRIPTIONS	43b	426.		354.	72.
c PROFESSIONAL FEES	43c	11,452.		9,505.	1,947.
d REPAIRS & MAINTENANCE	43d	266.		221.	45.
e MISCELLANEOUS	43e	21,924.		18,197.	3,727.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,055,356.	5,698,496.	306,489.	50,371.

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 3	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)</small>
a SEE STATEMENT 12 FOR PART II LINE 22 AND PART IIIA	
(Grants and allocations \$ 5,698,496.)	5,698,496.
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)	5,698,496.

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	921,666.	750,744.
	46 Savings and temporary cash investments		3,891,647.
	47 a Accounts receivable	571,023.	
	b Less allowance for doubtful accounts	72,693.	571,023.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable	60,372.	99,240.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 Investments - other	SEE STATEMENT 4 1,597,530.	1,101,788.	
57 a Land, buildings, and equipment basis	1,083,010.		
b Less accumulated depreciation	286,908.	796,102.	
58 Other assets (describe <input type="checkbox"/> STOCK OF MEDICINES)	5,009.	1,395,050.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,482,260.	8,605,594.	
Liabilities	60 Accounts payable and accrued expenses		255,388.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	STMT 5 271,287.	1,467,006.
	65 Other liabilities (describe <input type="checkbox"/>)		
66 Total liabilities (add lines 60 through 65)	271,287.	1,722,394.	
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	3,150,973.	2,518,946.
	68 Temporarily restricted		4,304,254.
	69 Permanently restricted	60,000.	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		
	71 Paid-in or capital surplus or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	3,210,973.	6,883,200.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,482,260.	8,605,594.

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

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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? N/A	78b	
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 669,745.		
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? N/A	84b	
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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	
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? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations 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 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		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 27		
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Part VII Analysis of Income-Producing Activities (See page 31 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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,966.	
96 Dividends and interest from securities			14	56,806.	
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					<25,911.>
101 Net income or (loss) from special events					
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.		60,772.	<25,911.>
105 Total (add line 104, columns (B), (D), and (E))					34,861.

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 32 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	LOSSES ON STOCK SALES- TO ALLOW EMERGENCY MEDICAL SUPPLIES TO BE SENT AS REQUIRED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) 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, to...
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a...
 Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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: 8/12

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address and ZIP + 4: AMERICAN EXPRESS TAX & E
2300 CROWN COLONY DRIVE
QUINCY, MA 02169

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **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
NONE				
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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

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 1 of Part VI-B)

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3	X	
4		X

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

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

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments SEE STATEMENT 9

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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)(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 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 5 of the instructions)

PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Schedule A (Form 990 or 990-EZ) 2002

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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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	6,617,511.	9,783,119.	5,132,327.	2,640,260.	24,173,217.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	189,965.	108,340.	39,332.	29,217.	366,854.
19 Net income from unrelated business 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			SEE STATEMENT 10 <25,074.>		<25,074.>
23 Total of lines 15 through 22	6,807,476.	9,891,459.	5,146,585.	2,669,477.	24,514,997.
24 Line 23 minus line 17	6,807,476.	9,891,459.	5,146,585.	2,669,477.	24,514,997.
25 Enter 1% of line 23	68,075.	98,915.	51,466.	26,695.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 490,300.
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts				26b 7,040,348.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 24,514,997.
	d Add Amounts from column (e) for lines	18 366,854.	19	26b 7,040,348.	26d 7,382,128.
		22 <25,074.>			26e 17,132,869.
	e Public support (line 26c minus line 26d total)				26f 69.8873%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	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
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	21
	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)				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 1998 through 2001, 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/>			
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/>			
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 -		
If the amount on line 40 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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)

N/A

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
		0.

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

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
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DESCRIPTION	BALANCE DUE
MORTGAGE NOTES PAYABLE--MASS. DEV. FINANCIAL CITIZENS BANK	267,006. 1,200,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,467,006.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAIN INCOME AS AT JUNE 30, 2002	<281,919.> 2,445,713.
TOTAL TO FORM 990, PART IV-A	2,163,794.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
EXPENSES AS AT JUNE 30, 2002	5,928,693.
TOTAL TO FORM 990, PART IV-B	5,928,693.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

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 1	0.	0.	0.
OPHELIA DAHL 173 WILLOW AVENUE SOMERVILLE, MA 02144	DIRECTOR/PRESIDENT 40	31,800.	0.	0.
TODD MCCORMACK 160 RANDLETT PARK NEWTON, MA 02165	DIRECTOR 1	0.	0.	0.
DR. JIM YONG KIM 90 BUCKMINISTER ROAD BROOKLINE, MA 02146	DIRECTOR 40	0.	0.	0.
HOWARD HAITT 130 MT. AUBURN STREET, #511 CAMBRIDGE, MA 02138	DIRECTOR 1	0.	0.	0.
DIANE KANEB 140 ORCHARD AVENUE WESTON, MA 02493	DIRECTOR 1	0.	0.	0.
JOSEPH MARTIN 4 HAWTHORNE ROAD BROOKLINE, MA 02445	DIRECTOR 1	0.	0.	0.
JOHN MCARTHUR 140 OLD CONNECTICUT PATH WAYLAND, MA 01778	DIRECTOR 1	0.	0.	0.
AMARTYA SEN MASTERS LODGE, TRINITY COLLEGE CAMBRIDGE, ENGLAND CB2 1TQ	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	CHIEF FINANCIAL OFFICER 40	28,758.	2,951.	0.
TOTALS INCLUDED ON FORM 990, PART V		60,558.	2,951.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 9
PART III, LINE 3

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

SCHEDULE A OTHER INCOME STATEMENT 10

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

PART IIIa. STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

a	<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.	1 528 887
b	<u>Socos En Salud (SES), Carabaylo, Peru</u> In April 1998, the Jack Roussin Center for Community Health was opened in Carabaylo, 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.	2 649,178
c	<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.	57 419
d	<u>Soldiers of Health (SOH), Roxbury, MA</u> In association with leaders from the Egleston Square neighborhood in Roxbury, MA, PIH has initiated a community-based project to improve the health and well-being of local residents who have traditionally had poor access to quality health care. A patient tracking system for Egleston Square residents has been implemented at the Brigham and Women's Hospital.	51 630
e	<u>Grupo de 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.	33 000
f	<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.	108 548
g	<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.	390 043
h	<u>Global Investment Plan (GIP)</u> A team within PIH worked with multiple partners outside of PIH to coordinate the writing, assembly, and publication of a plan to stop TB on a global scale. The GIP is a five year plan which aims to develop new tools to combat TB. These tools are: new drug development, new vaccine development, as well as the development of new tools for diagnosis. The GIP will also focus on the expansion of directly observed therapy (DOTS) and the improvement of directly observed therapy.	74,169
i	<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.	46 808
j	<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.	50 671
k	<u>Global Fund to Fight AIDS, TB and Malaria in Haiti</u> The Haitian Ministry of Health received notice on April of 2002 that the first-round grant proposal for HIV that was submitted to the Global Fund to Fight AIDS, TB and Malaria was approved for funding. Zanmi Lasante's (PIH partner) component of the grant is to expand the successful comprehensive HIV prevention and care program (HIV Equity Initiative) from our main center in Cange and the Clinique Bon Sauveur to across the Central Department of Haiti. ZL's comprehensive HIV strategy, HIV prevention and treatment itself, the diagnosis and treatment of sexually transmitted infections, the diagnosis and treatment of tuberculosis, and prevention of maternal to child transmission form the backbone or "four pillars" of the clinical and epidemiologic plan for expansion in the Central Department.	705,698
OTHER GRANTS AND PROGRAMS		<u>2,449</u>
TOTAL PROGRAM SERVICES PROVIDED		<u>\$5,698,496</u>

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
 - 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	Employer identification number 04-3567502
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 643 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 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning **JUL 1, 2002** and ending **DEC 31, 2002**

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 ▶ *[Handwritten Signature]* Title ▶ **CPA** Date ▶ **5-15-03**
LHA For Paperwork Reduction Act Notice, see instruction **America Express Tax & Bus. Services.** Form 8868 (12-2000)