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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
800 Boylston St Suite 300

City or town, state or province, country, and ZIP or foreign postal code
Boston, MA 02199

D Employer identification number
04-3567502

E Telephone number
(857) 880-5100

G Gross receipts $ 337,648,188

F Name and address of principal officer:
Sheila Davis
800 Boylston St Ste 300
Boston, MA 02199

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.pih.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Partners In Health (PIH) is a non-profit, global health organization that fights social injustice by bringing the benefits of modern medical science first and foremost to the most vulnerable communities worldwide. In Haiti, Malawi, Rwanda, Sierra Leone, Liberia, Lesotho, Peru, Mexico, Kazakhstan, U.S., and Navajo Nation, PIH's work focuses on those who would not otherwise have access to quality health care. PIH partners with the world's leading academic institutions to create rigorous evidence that shapes more sound and all-inclusive global health policies. PIH also supports local governments' efforts to build capacity and strengthen national health systems.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	2,478
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	303,610,325	329,458,275
9	Program service revenue (Part VIII, line 2g)	100,650	199,655
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	702,443	913,003
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	883,679	940,313
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,297,097	331,511,246
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	71,004,616	66,190,775
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	126,863,089	83,914,340
16a	Professional fundraising fees (Part IX, column (A), line 11e)	509,430	785,934
b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,670,608		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	78,529,327	87,573,267
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	276,906,462	238,464,316
19	Revenue less expenses. Subtract line 18 from line 12	28,390,635	93,046,930

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	177,514,390	280,456,941
21	Total liabilities (Part X, line 26)	31,896,389	44,686,480
22	Net assets or fund balances. Subtract line 21 from line 20	145,618,001	235,770,461

Part II Signature Block

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.

Sign Here

▶ Signature of officer — Date: 2023-03-24

▶ Megan Carbone Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

Partners In Health (PIH) is a non-profit, global health organization that fights social injustice by bringing the benefits of modern medical science first and foremost to the most vulnerable communities worldwide. In Haiti, Malawi, Rwanda, Sierra Leone, Liberia, Lesotho, Peru, Mexico, Kazakhstan, U.S., and Navajo Nation, PIH's work focuses on those who would not otherwise have access to quality health care. PIH partners with the world's leading academic institutions to create rigorous evidence that shapes more sound and all-inclusive global health policies. PIH also supports local governments' efforts to build capacity and strengthen national health systems.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 58,523,549 including grants of $ 41,128,922) (Revenue $ 0)

Together with our Haitian sister organization, Zanmi Lasante (ZL), Partners In Health (PIH) has worked hand in hand with the Ministry of Public Health and Population (MSPP) for over 30 years, providing high quality primary, secondary and tertiary care services to a catchment population of over 3.8 million people. The past year was incredibly challenging for Haiti, as the political and economic situation in the country spiraled into conflict zone conditions. The resulting fuel shortages made travel difficult and unsafe, and decreased the availability of internet and phone connectivity. The team has remained committed to providing services throughout this period. PIH/ZL is able to achieve this through a network of 10 health centers, 6 hospitals, and 1 national university teaching hospital and with the help of 2,400 community health workers (CHWs). In areas such as HIV, TB, malnutrition, cancer care, non-communicable diseases, neonatology, mental health and maternal health, PIH continues to introduce innovations to improve access to comprehensive, patient-centered high quality care while working to train the next generation of specialty nurses and doctors through University Hospital Mirebalais. From July-December 2021, PIH/ZL conducted 35,157 outpatient antenatal visits for pregnant women and conducted 13,324 facility-based deliveries of which 3.151 were caesarian sections for more at-risk pregnancies. Through the University Hospital Mirebalais oncology program, PIH/ZL provided care and treatment to over 229 newly enrolled oncology patients throughout Haiti, with the large majority of cases being cervical and breast cancers. Collectively the 2,400 CHWs made 258,254 home visits to patients' homes in the two provinces in which PIH/ZL work. At the beginning of 2022, 30,772 HIV patients were actively receiving care and treatment through PIH/ZL supported facilities. As of FY22, there were 1,746 active patients receiving ongoing mental health care, and an additional 2,755 patients enrolled in management of chronic illnesses such as diabetes and hypertension. By pioneering smart investments in healthcare delivery in Haiti, PIH/ZL has changed the lives of millions of people. Throughout the year, PIH/ZL provided graduate medical education to 56 residents through University Hospital Mirebalais and Saint Marc Hospital in internal medicine, obstetrics and gynecology, general surgery, pediatrics, emergency medicine, and family medicine.

4b (Code:) (Expenses $ 33,896,660 including grants of $ 8,596,609) (Revenue $ 0)

Partners In Health (PIH)'s domestic strategy includes PIH United States (PIH-US), a site that provides technical assistance, advisory services, and resources to systemically oppressed communities in the U.S., and the Community Tracing Collaborative (CTC) project in Massachusetts, which investigated positive COVID-19 cases, reached out to contacts of confirmed cases and connected both cases and contacts to resources. The CTC program was concluded during the year, while PIH-US continued to provide technical advising, operational, and strategic support to 97 partners. This support was driven by local leadership in response to each community's needs. In 2022, alongside our partners, PIH-US hired and trained over 350 community health workers and reached over 5.5 million individuals with COVID-19 vaccine outreach, education, and social support. PIH-US partnered with health departments in Pima County, Arizona, and Newark, New Jersey, to build dashboards that enable health officials to focus their resources effectively and equitably-from vaccination outreach to primary care services. In Chicago, Illinois, PIH-US's Learning Community facilitated conversations around violence prevention and self-care and connected hundreds of community ambassadors to knowledge-sharing, skill training, and community-building events. PIH-US's team in New Bedford, Massachusetts, mobilized leaders for the Health Equity Community of Practice, a cross-sector effort to advance policy and best practices focused on racial and health equity. And staff in Alabama, Florida, and North Carolina, trained and mentored community health workers in advocacy, mental health, and social determinants of health, to name a few. PIH-US's advocacy team elevated this shared work with policymakers and legislators to push for greater investments in public and community health infrastructure.

4c (Code:) (Expenses $ 24,075,780 including grants of $ 1,104,016) (Revenue $ 0)

Together with Socios En Salud Peru (SES), Partners In Health focuses on bringing high-quality health care to urban districts in the north of Lima that previously had some of the country's worst health outcomes. This year, in close partnership with the Ministry of Health and with the help of 262 community health workers, PIH/SES ensured that a population of 284,000 people had access to high-quality primary care. In areas such as tuberculosis, mental health, non-communicable diseases, and maternal health, SES continues to introduce innovations that are tested, refined, and proven effective for the community. By pioneering smart investments in healthcare delivery in Peru, PIH/SES has changed the health of thousands of people. This fiscal year alone, PIH/SES had 6,708 newly enrolled patients in the mental health program. In addition to focusing on healthcare, PIH/SES also works to treat the root causes of disease by providing the most vulnerable people with social assistance, nutrition, housing, and education support. In FY22, our program on social and economic rights had 3,141 beneficiaries. Since learning and disseminating knowledge is a key priority, PIH/SES organizes writing groups for various clinical areas and consequently published 9 peer-reviewed articles on innovative approaches to care.

(Code:) (Expenses $ 99,994,981 including grants of $ 15,361,228) (Revenue $ 1,092,245)

In addition to the programs listed, PIH has programs in Rwanda, Sierra Leone, Lesotho, Malawi, Liberia, Kazakhstan, Mexico, and Navajo Nation. Major expenditures in other programs include those for endTB, research, electronic medical records, monitoring and evaluation, and mental health.

4d Other program services (Describe in Schedule O.)

(Expenses $ 99,994,981 including grants of $ 15,361,228) (Revenue $ 1,092,245)

4e **Total program service expenses** ▶ 216,490,970

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	106		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 2,478				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**			
4a	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)?	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: ▶CA, HA, KZ, LI, LT, MI, MX, PE, RW, SL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**	Yes		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**	Yes		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	16		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Megan Carbone 800 Boylston St Suite 300 Boston, MA 02199 (857) 880-5100

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sheila Davis President and Chief Executive Officer	40 0			X				332,376	0	18,902
(2) Francesco De Flaviis Chief Marketing & Communications Officer	40 0					X		241,011	0	20,792
(3) Andrew Wilson Chief Development Officer	40 0				X			241,938	0	8,305
(4) Patrick Ulysse Chief Operating Officer	40 0			X				224,474	0	10,099
(5) Megan Carbone Chief Financial Officer	40 0			X				219,011	0	14,533
(6) Lori Silver General Counsel/Clerk	40 0			X				200,041	0	31,343
(7) Juan Daniel Orozco Chief Knowledge Officer	40 0					X		202,041	0	27,073
(8) Catherine Oswald Chief Policy and Partnership Officer	40 0					X		207,386	0	14,452
(9) Penny Outlaw Chief Human Resources Officer	40 0					X		201,736	0	19,845
(10) Zarela Maldonado Director of Campaigns & Special Initiatives	40 0					X		198,817	0	11,480
(11) Dr Joia Mukherjee Chief Medical Officer	40 0			X				94,677	0	29,350
(12) Ophelia Dahl Chair of BOD	25 0	X		X				0	0	0
(13) Dr Paul Farmer Director (until February 21, 2022)	30 0	X						0	0	0
(14) Michael Choe Director/ Treasurer	1 0	X		X				0	0	0
(15) Pierre Cremieux Director	2 0	X						0	0	0
(16) Kurt DelBene Director (until December 31, 2021)	1 0	X						0	0	0
(17) Anne Dinning Director	1 0	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kebba Jobarteh Director	10	X						0	0	0
(19) Joanne Kagle Director	10	X						0	0	0
(20) Jim Yong Kim Director	50	X						0	0	0
(21) Lesley King Director	80	X						0	0	0
(22) Todd McCormack Director	60	X						0	0	0
(23) Max Stone Director	30	X						0	0	0
(24) Charlotte Wagner Director	10	X						0	0	0
(25) David Walton Director	10	X						0	0	0
(26) Michelle Morse Director	10	X						0	0	0
(27) Dede Orraca-Cecil Director	10	X						0	0	0
(28) Tracey Lewis Director	10	X						0	0	0
(29) Suprotik Basu Director	10	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,363,508	0	206,174

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 68

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RKD Group LLC 3400 Waterview Parkway Suite 250 Richardson, TX 75080	Fundraising/Marketing	3,419,255
Delve Partners LLC PO Box 3330 Boulder, CO 80307	Advertising and Recruiting	2,732,683
Build Health International 100 Cummings Center Suite 120H Beverly, MA 01915	Architecture/Construction	2,687,344
China Civil Engineering Construction Corporation Utexrwa Street Kacyiru Kigali PO Box 8 RW	Architecture/Construction	2,361,782
Brigham and Women's Hospital 75 Francis St Boston, MA 02115	Medical Professional Services	1,047,706

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 20

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . **1a**	0			
b Membership dues . . **1b**	0			
c Fundraising events . . **1c**	0			
d Related organizations **1d**	3,317,174			
e Government grants (contributions) **1e**	72,412,748			
f All other contributions, gifts, grants, and similar amounts not included above **1f**	253,728,353			
g Noncash contributions included in lines 1a - 1f:$ **1g**	17,442,646			
h Total. Add lines 1a-1f . . . . . ▶	329,458,275			
Program Service Revenue	Business Code			
2a UGHE Tuition Revenue	813311	199,655	199,655	0	0
b					
c					
d					
e					
f All other program service revenue.		0	0	0	0
g Total. Add lines 2a–2f. . . . . ▶	199,655				
3 Investment income (including dividends, interest, and other similar amounts)		595,777	0	0	595,777
4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
5 Royalties . . . . . ▶		0	0	0	0
	(i) Real	(ii) Personal			
6a Gross rents **6a**	575,399	0			
b Less: rental expenses **6b**	559,770	0			
c Rental income or (loss) **6c**	15,629	0			
d Net rental income or (loss) . . . . . ▶		15,629	0	0	15,629
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory **7a**	5,867,745	26,653			
b Less: cost or other basis and sales expenses **7b**	5,567,307	9,865			
c Gain or (loss) **7c**	300,438	16,788			
d Net gain or (loss) . . . . . ▶		317,226	0	0	317,226
Other Revenue					
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**	0				
b Less: direct expenses **8b**	0				
c Net income or (loss) from fundraising events . . ▶		0	0	0	0
9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**	0				
b Less: direct expenses **9b**	0				
c Net income or (loss) from gaming activities . . ▶		0	0	0	0
10a Gross sales of inventory, less returns and allowances . . **10a**	0				
b Less: cost of goods sold . . **10b**	0				
c Net income or (loss) from sales of inventory . . ▶		0	0	0	0
Miscellaneous Revenue	Business Code				
11a Peru Clinical Services	813311	892,590	892,590	0	0
b VAT Refund	813311	288,709	0	0	288,709
c					
d All other revenue		-256,615	0	0	-256,615
e Total. Add lines 11a–11d . . . . . ▶		924,684			
12 Total revenue. See instructions . . . . ▶		331,511,246	1,092,245	0	960,726

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,459,792	11,459,792		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000	12,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	54,718,983	54,718,983		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,305,692	379,571	926,121	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	68,544	56,650	11,894	0
7 Other salaries and wages	71,509,542	61,740,456	7,383,287	2,385,799
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,463,935	1,278,431	108,740	76,764
9 Other employee benefits	5,989,577	5,442,956	295,595	251,026
10 Payroll taxes	3,577,050	2,963,285	373,875	239,890
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	131,057	101,687	29,370	0
c Accounting	311,256	91,597	219,659	0
d Lobbying	27,103	27,103	0	0
e Professional fundraising services. See Part IV, line 17	785,934			785,934
f Investment management fees	82,858	0	29,711	53,147
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,350,622	3,114,796	235,826	0
12 Advertising and promotion	2,798,666	2,782,099	15,885	682
13 Office expenses	14,286,698	9,217,842	111,581	4,957,275
14 Information technology	1,553,002	1,540,022	-15,729	28,709
15 Royalties	0	0	0	0
16 Occupancy	3,369,961	2,632,946	438,328	298,687
17 Travel	5,087,403	4,734,091	252,065	101,247
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	625,669	581,462	15,519	28,688
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,439,891	1,300,570	139,321	0
23 Insurance	378,960	126,395	252,565	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Pharmaceutical Expenses	11,769,899	11,769,899	0	0
b Medical Supplies	10,164,656	10,164,656	0	0
c Contruction & Renovation	7,572,312	7,567,744	4,568	0
d Outside Services	6,739,863	5,924,769	634,723	180,371
e All other expenses	17,883,391	16,761,168	839,834	282,389
25 **Total functional expenses.** Add lines 1 through 24e	238,464,316	216,490,970	12,302,738	9,670,608
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		56,191,748	1	105,153,361
	2	Savings and temporary cash investments		40,944,394	2	67,017,807
	3	Pledges and grants receivable, net		4,411,593	3	8,856,711
	4	Accounts receivable, net		11,146,751	4	11,223,283
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,735,483	8	2,549,746
	9	Prepaid expenses and deferred charges		1,659,325	9	4,167,501
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,201,957			
	b	Less: accumulated depreciation	10b 10,989,133	14,990,407	10c	18,212,824
	11	Investments—publicly traded securities		45,008,404	11	62,813,880
	12	Investments—other securities. See Part IV, line 11		426,285	12	461,828
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		177,514,390	16	280,456,941
Liabilities	17	Accounts payable and accrued expenses		17,605,938	17	23,211,497
	18	Grants payable		0	18	0
	19	Deferred revenue		10,624,692	19	17,955,818
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		69,898	21	38,332
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		3,595,861	24	3,480,833
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		31,896,389	26	44,686,480
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		59,710,786	27	123,102,034
	28	Net assets with donor restrictions		85,907,215	28	112,668,427
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		145,618,001	32	235,770,461
	33	Total liabilities and net assets/fund balances		177,514,390	33	280,456,941

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	331,511,246
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	238,464,316
3	Revenue less expenses. Subtract line 2 from line 1	**3**	93,046,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	**4**	145,618,001
5	Net unrealized gains (losses) on investments	**5**	-2,354,194
6	Donated services and use of facilities	**6**	0
7	Investment expenses	**7**	0
8	Prior period adjustments	**8**	0
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	-540,276
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	**10**	235,770,461

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**	Yes	

Additional Data

Return to Form

Software ID: 21013178
Software Version: v1.00

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ 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 exempt 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).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	145,947,158	151,712,655	210,922,294	303,610,325	329,458,275	1,141,650,707
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	145,947,158	151,712,655	210,922,294	303,610,325	329,458,275	1,141,650,707
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						135,070,683
6 **Public support.** Subtract line 5 from line 4.						1,006,580,024

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	145,947,158	151,712,655	210,922,294	303,610,325	329,458,275	1,141,650,707
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,346,079	1,743,189	1,592,010	1,114,962	1,171,176	6,967,416
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						1,148,618,123

12	Gross receipts from related activities, etc. (see instructions)	12	2,604,172

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	87.634 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	82.627 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 21013178
Software Version: v1.00

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,787	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	18,316	
c Total lobbying expenditures (add lines 1a and 1b)	27,103	
d Other exempt purpose expenditures	228,766,605	
e Total exempt purpose expenditures (add lines 1c and 1d)	228,793,708	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
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.

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	1,150	8,047	31,874	27,103	68,174
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	1,150	7,776	9,331	8,787	27,044

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID: 21013178
Software Version: v1.00

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,847,059	6,648,419	6,575,167	6,385,368	5,120,998
b Contributions . . .	975,158	50,000	51,000	50,000	1,052,000
c Net investment earnings, gains, and losses	-896,703	1,369,947	80,227	284,921	255,776
d Grants or scholarships . . .	233,143	221,307	57,975	145,122	43,406
e Other expenditures for facilities and programs . . .	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	7,692,371	7,847,059	6,648,419	6,575,167	6,385,368

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 92 %
- c Term endowment ▶ 8 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	No
(ii) Related organizations	3a(ii)	No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,051,411		1,051,411
b Buildings	0	11,555,115	682,129	10,872,986
c Leasehold improvements	0	1,017,473	463,062	554,411
d Equipment	0	13,968,132	9,738,780	4,229,352
e Other	0	1,609,826	105,162	1,504,664
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				18,212,824

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	335,252,050
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-2,354,194		
b	Donated services and use of facilities	2b	2,396,658		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	6,455,744		
e	Add lines **2a** through **2d**			2e	6,498,208
3	Subtract line **2e** from line **1**			3	328,753,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	2,757,404		
c	Add lines **4a** and **4b**			4c	2,757,404
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	331,511,246

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	243,963,327
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,396,658		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	3,102,353		
e	Add lines **2a** through **2d**			2e	5,499,011
3	Subtract line **2e** from line **1**			3	238,464,316
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	238,464,316

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part IV, Line 2b	Partners In Health serves as a custodian for several small partner organizations that have a common mission of breaking the cycle of disease and poverty but have not yet completed the process to register as 501(c)(3) organizations. PIH provides services including receiving revenue and paying expenses.
Schedule D, Part V, Line 4	The PIH endowment, established during fiscal year 2016, is a grouping of several endowment funds, including the Ophelia Dahl Endowment, designed to provide long term funding for both general operations and specific initiatives.
Schedule D, Part X, Line 2	PIH is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"),and is generally exempt from income taxes at both a Federal and state level. Affiliates are likewise exempt from income taxes as per the laws of the respective countries. PIH is required to assess uncertain tax positions and has determined that there were no such positions that required recognition in the consolidated financial statements.
Schedule D, Part XI, Line 2d	Local revenue received in Partners in Health Lesotho, Mexico and Canada is consolidated in audited financial statement but excluded from the Form 990.
Schedule D, Part XI, Line 4b	Amount included rental expenses of $559,770 which are being subtracted from total revenue in Part VIII on the Form 990, and inter-organization wire transfer from Partners in Health Canada of $3,317,174, which is considered revenue in the Form 990.
Schedule D, Part XII, Line 2d	Amount included $2,081,599 local expenses incurred in foreign organizations and $460,982 foreign currency translation losses that are excluded from the Form 990, and rental expenses of $559,770 which are reported on Part VIII Revenue but excluded from Part IX Expenses in the Form 990.

Additional Data

Return to Form

Software ID: 21013178
Software Version: v1.00

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1) Central America and the Caribbean	1	10	Grantmaking		39,870,457
(2) Sub-Saharan Africa	5	22	Grantmaking		7,456,961
(3) North America (including Canada and Mexico, but not the United States)	2		Grantmaking		3,196,422
(4) Europe (including Iceland and Greenland)	0		Grantmaking		2,225,340
(5) South America	1	2	Grantmaking		1,104,016
(6) Russia and the newly independent States	1		Grantmaking		436,598
(7) Middle East and North Africa	0		Grantmaking		421,315
(8) South Asia	0		Grantmaking		7,874
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)	10	34			54,718,983

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Healthcare	39,855,457	Wire	0		
(2)			Sub-Saharan Africa	Healthcare	7,304,349	Wire	0		
(3)			North America (including Canada and Mexico, but not the United States)	Healthcare	3,196,422	Wire	0		
(4)			Europe (including Iceland and Greenland)	Healthcare	2,225,340	Wire	0		
(5)			South America	Healthcare	1,104,016	Wire	0		
(6)			Russia and the newly independent States	Healthcare	436,598	Wire	0		
(7)			Middle East and North Africa	Healthcare	421,315	Wire	0		
(8)			Sub-Saharan Africa	Healthcare	50,189	Wire	0		
(9)			Sub-Saharan Africa	Healthcare	27,959	Wire	0		
(10)			Sub-Saharan Africa	Healthcare	20,166	Wire	0		
(11)			Sub-Saharan Africa	Healthcare	18,930	Wire	0		
(12)			Central America and the Caribbean	Healthcare	15,000	Wire	0		
(13)			Sub-Saharan Africa	Healthcare	11,784	Wire	0		
(14)			Sub-Saharan Africa	Healthcare	11,638	Wire	0		
(15)			South Asia	Healthcare	7,874	Wire	0		
(16)			Sub-Saharan Africa	Healthcare	5,089	Wire	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 13

3 Enter total number of other organizations or entities . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
Schedule F, Part I, Line 2	Partners In Health makes grants to organizations outside the United States of America in partnership toward the common mission of breaking the cycle of poverty and disease. Prior to awarding any grant, the PIH grants management and compliance team reviews information about the potential recipient's internal process for grants management and compliance, as well as financial statements, audit reports and bank account information. On an ongoing basis, PIH finance staff review budgets, invoices and financial reports and perform periodic checks of recipient's backup documentation of ledger entries and PIH clinical/programs staff review recipient's work plans, deliverables and programmatic reports.

Additional Data

Software ID: 21013178
Software Version: v1.00

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Community Counselling Service Co LLC 527 Madison Avenue 5th Floor New York, NY 10022	Strategic Fundraising Services		No	0	370,754	-370,754
2	RKD Group LLC 3400 Waterview Parkway Suite 250 Richardson, TX 75080	Direct mail - consultation and design		No	6,407,458	325,000	6,082,458
3	Social Capital Partnerships 980 North Michigan Ave Suite 1570 Chicago, IL 60611	Strategic Fundraising Services		No	0	57,500	-57,500
4	Telefund Inc PO Box 120557 Boston, MA 02112	Phone solicitation		No	28,222	32,680	-4,458
5							
6							
7							
8							
9							
10							
Total ▶					6,435,680	785,934	5,649,746

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

All States

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID: 21013178
Software Version: v1.00

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567102

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CORE Community Organized 6464 Sunset Blvd Suite 530 Los Angeles,CA 90028	27-1703237	501(c)(3)	3,492,270.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(2) Community Outreach & Patient Empowerment (COPE) 1620 Tremont Drive Garland,TX 47501	46-5551998	501(c)(3)	1,330,488.				To continue health system strengthening projects in Navajo Nation.
(3) President & Fellows of Harvard College 1033 Massachusetts Ave Suite 4 Cambridge,MA 02138	04-2103580	501(c)(3)	669,292.				UNITAID sub-grantee for directing certain aspects of preparation and implementation of enaTB research at various PIH implementation sites and support for increased access to universal treatment for drug-resistant tuberc...
(4) Brigham and Women's Hospital 75 Francis Street Boston,MA 02115	04-2312909	501(c)(3)	506,689.				Sub-grantee to various health system strengthening projects and activities in support for Ebola Zaire Ebola Virus Disease (EVD) projects in partner countries.
(5) Michael Reese Health Trust 1700 W Irving Park Rd Elgin,IL 60123	36-2170910	501(c)(3)	504,192.				UNITAID sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(6) Regents of the University of California San Francisco 1111 Franklin Street 5th Floor Oakland,CA 94612	94-6036493	501(c)(3)	452,982.				UNITAID sub-grantee for directing certain aspects of preparation and implementation of enaTB research at various PIH implementation sites.
(7) Baltimore Cmnty Inc PO Box 67348 Baltimore,MD 21215	36-4913965	501(c)(3)	298,532.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(8) Metropolitan United Methodist Church 3108 Rosa Parks Ave Montgomery,AL 36105	63-0860335	501(c)(3)	296,407.				To support US vaccine outreach and education activities in support for COVID-19 response efforts for vulnerable communities.
(9) Coalition of Immokalee Workers Inc 110 S 2nd St Immokalee,FL 34142	65-0641010	501(c)(3)	249,000.				To support US vaccine outreach and education activities in support for COVID-19 response efforts for vulnerable communities.
(10) United Consumption Cooperative 332 South 8th St Newark,NJ 07103	22-1761128	501(c)(3)	245,022.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(11) Sunnyside Foundation 2485 W Tutsilla Bluffs Dr Tucson,AZ 85742	86-0459085	501(c)(3)	206,397.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(12) Summits Education 51 Melcher Street Boston,MA 02210	47-2768711	501(c)(3)	200,000.				To further education initiatives in rural Haiti.
(13) Navajo Nation Child Interest Research Group Education Fund 1560 Broadway St Suite 460 Denver,CO 80202	52-1384240	501(c)(3)	193,670.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(14) Healthcare Collaborative of Greater Columbus 855 Grandview Avenue Suite 210 Columbus,OH 43215	51-0426050	501(c)(3)	177,195.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(15) Chad School Foundation Inc 24 Commerce St Suite 2-420 Newark,NJ 07102	22-3145421	501(c)(3)	151,312.				Sub-grantee to support various COVID vaccine equity initiatives to mobilize the US public health workforce and accelerate vaccine uptake.
(16) Maine People's Resource Center 565 Congress St Suite 301 Portland,ME 04101	22-2586108	501(c)(3)	150,000.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(17) Center for Popular Economics 149 Truman Street No 2 Brooklyn,NY 11237	45-3813436	501(c)(3)	140,000.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(18) Alliance for Fair Food 110 S 2nd St Immokalee,FL 34142	31-1681190	501(c)(3)	136,884.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(19) NC Field Inc 1101 S Queen St Suite 206 Kinston,NC 28501	27-4618713	501(c)(3)	135,611.				To support the US vaccine outreach and work focused on the COVID-19 response efforts for vulnerable communities including the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(20) American Indian Association of Tucson Inc 1640 East Adelante 160 N Stone Ave Tucson,AZ 85701	86-0210481	501(c)(3)	130,000.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(21) Gang Free Inc 940 County Home Rd Henderson,NC 27536	46-5376667	501(c)(3)	114,157.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(22) Lincoln Park Coast Cultural District 1 Middle Street St Newark,NJ 07102	22-3729215	501(c)(3)	110,955.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(23) A Better Chance A Better Community 1601 Kentucky Road Eithell,NJ 27823	80-0948099	501(c)(3)	102,462.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(24) Arizona Center for Law in the Public Interest 5716 N 19th Avenue Phoenix,AZ 85015	27-2366780	501(c)(3)	102,453.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(25) Script Ventures Inc 441 S Street NW Washington,DC 20001	84-3902140	501(c)(3)	101,378.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(26) Peace River Presbytery Inc 5600 Peace River Road North Ft L, 34287	59-2958426	501(c)(3)	100,000.				To support US technical assistance work focused on the COVID-19 response efforts for vulnerable communities.
(27) Action Institute NC 1817 Central Avenue Suite 1 Charlotte,NC 28205	56-1888116	501(c)(3)	87,274.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(28) Northstar Learning Centers Inc 1 Campus Road Bedford,MA 02740	51-0200575	501(c)(3)	82,725.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(29) Episcopal Farmworker Ministry 2988 Easy Street Dunn,NC 28334	20-4942354	501(c)(3)	74,535.				To support the US vaccine outreach and work focused on the COVID-19 response efforts for vulnerable communities including the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(30) Fountain of Hope Praise and Worship Ministry 230 Ronald Parkway Montgomery,AL 36117	20-0868070	501(c)(3)	64,500.				Sub-grantee to support COVID vaccination equity outreach and education activities in Montgomery, AL.
(31) Montagnard Dega Association 611 Summit Ave Greensboro,NC 27405	56-1558977	501(c)(3)	63,713.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(32) Grassroot Soicer Inc 1 Grassroot Plaza Hanover,NH 03755	43-1957920	501(c)(3)	60,126.				Utilize Afaro Canada Fellowship to community health technical assistance and education activities in Kenya.
(33) Unifour One 1400 Battleground Ave Greensboro,NC 27408	03-0437078	501(c)(3)	59,840.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(34) Health Resources in Action Inc 2 Boylston St 4th Floor Boston,MA 02116	04-2229839	501(c)(3)	55,727.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(35) Helping All People Excel 2005 Thomas Rd Henderson,NC 27537	46-5193994	501(c)(3)	55,000.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(36) Montgomery Area Food Bank Coalition 3060 Mobile Hwy Montgomery,AL 36108	30-0092712	501(c)(3)	54,900.				To support the US vaccine outreach and work focused on the COVID-19 response efforts for vulnerable communities.
(37) Pablo Molina Inc 2443 Fillmore St San Francisco,CA 94115	27-5104203	501(c)(3)	54,081.				To support the EMR integration of the Community Health Platform (CHP).
(38) Cape Verdean American Veterans Association Inc 1 Veterans Rd New Bedford,MA 02740	86-2940439	501(c)(19)	53,594.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(39) Vaccines Inc 173 Hnb Bldg WCU Cullowhee,NC 28723	57-1192063	501(c)(3)	49,146.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(40) CityGate Dream Center 1347 North Church Street Burlington,NC 27217	82-5426624	501(c)(3)	47,021.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(41) ideas42 Behavior Ideas Lab Inc 55 W 39th Floor 10 New York,NY 10004	27-1678009	501(c)(3)	46,552.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(42) Healthcare Network Foundation Inc 1454 Madison Avenue Immokalee,FL 34142	59-1741277	501(c)(3)	45,597.				For various health system strengthening activities in support for COVID testing and vaccine equity efforts in Immokalee, Florida.
(43) A Promise to Help 516 Tonawanda Ave SW Birmingham,AL 35211	47-1137244	501(c)(3)	38,814.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(44) Maine Public Health Association 295 Water St Augusta,ME 04330	22-2570302	501(c)(3)	35,638.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(45) Asociacion de Mexicanos en Carolina del Norte PO Box 2744 Greenville,NC 27836	94-3421627	501(c)(3)	31,937.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(46) Maine Community Action Association 131 Main St Bangor,ME 04401	01-0547055	501(c)(3)	30,000.				Sub-grantee to support the Reaching Equity through Community-based Vaccination Engagement and Resourcing (RECOVER) initiative to mobilize the US public health workforce and accelerate vaccine uptake.
(47) Centro San Bonifacio 1925 N Fusion Sq Chicago,IL 60641	36-3776185	501(c)(3)	29,999.				To support US vaccine outreach and equity outreach and education activities in Chicago, IL.
(48) Gar Community Center 2100 N Kilbourn Ave Chicago,IL 60639	82-2024205	501(c)(3)	24,804.				Sub-grantee to support COVID vaccination equity outreach and education activities in Chicago, IL.
(49) One College PO Box C-12 Tuskia,AZ 86502	86-0215931	501(c)(3)	12,576.				CDC sub-grantee for health system strengthening project
(50) Mova Challenge Grant Foundation 1 N Wacker Drive Suite 1000 Chicago,IL 60664	52-2033353	501(c)(3)	9,750.				To support US vaccine outreach and equity outreach and education activities in Chicago, IL.
(51) Interpreters Cooperative of Madison 1202 Williamson Madison,WI 53703	27-1246122	501(c)(12)	8,163.				To support interpretation and translation services for the United enaTB research project.
(52) Providencia Inc 75 North Main St Suite 2075 Randolph,MA 02368	46-3075530	501(c)(3)	6,410.				Sub-grantee to support research on health care systems quality.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 51

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) Social Assistance	1	12,000	0		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	Partners In Health makes grants to organizations in partnership toward the common mission of breaking the cycle of poverty and disease. Prior to awarding any grant, the PIH grants management and compliance team reviews information about the potential recipient's internal process for grants management and compliance as well as financial statements, audit reports and bank account information. On an ongoing basis, PIH finance staff reviews budgets, invoices and financial reports and perform periodic checks of recipients' backup documentation for ledger entries; PIH clinical/programs staff review recipient's work plans, deliverables and programmatic reports.

Additional Data

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1Sheila Davis President and Chief Executive Officer	(i)	332,376	0	0	8,700	10,202	351,278	0
	(ii)	0	0	0	0	0	0	0
2Francesco De Flaviis Chief Marketing & Communications Officer	(i)	241,011	0	0	6,130	14,662	261,803	0
	(ii)	0	0	0	0	0	0	0
3Andrew Wilson Chief Development Officer	(i)	241,938	0	0	7,258	1,047	250,243	0
	(ii)	0	0	0	0	0	0	0
4Patrick Ulysse Chief Operating Officer	(i)	224,474	0	0	6,030	4,069	234,573	0
	(ii)	0	0	0	0	0	0	0
5Megan Carbone Chief Financial Officer	(i)	219,011	0	0	6,627	7,906	233,544	0
	(ii)	0	0	0	0	0	0	0
6Lori Silver General Counsel/Clerk	(i)	200,041	0	0	5,000	26,343	231,384	0
	(ii)	0	0	0	0	0	0	0
7Juan Daniel Orozco Chief Knowledge Officer	(i)	202,041	0	0	6,300	20,773	229,114	0
	(ii)	0	0	0	0	0	0	0
8Catherine Oswald Chief Policy and Partnership Officer	(i)	207,386	0	0	5,931	8,521	221,838	0
	(ii)	0	0	0	0	0	0	0
9Penny Outlaw Chief Human Resources Officer	(i)	201,736	0	0	1,455	18,390	221,581	0
	(ii)	0	0	0	0	0	0	0
10Zarela Maldonado Director of Campaigns & Special Initiatives	(i)	198,817	0	0	6,024	5,455	210,296	0
	(ii)	0	0	0	0	0	0	0
11Dr Joia Mukherjee Chief Medical Officer	(i)	94,677	0	0	0	29,350	124,027	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part II	Dr. Joia Mukherjee, Chief Medical Officer, receives compensation from Brigham & Women's Hospital (BWH), an unrelated organization. Amount represents PIH's payments for Dr. Mukherjee's services as an Officer.

Additional Data

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Software Version: v1.00

Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $. ▶

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Didi Bertrand	Widow of Dr. Paul Farmer	68,544	Compensation for Services		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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Employer identification number
04-3567502

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		863	Fair Value
5	Clothing and household goods	X		75,514	Fair Value
6	Cars and other vehicles	X	1	10,000	Fair Value
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	327	10,392,901	Fair Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	2	28,705	Fair Value
20	Drugs and medical supplies	X	114	6,933,113	Fair Value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (IT Equipment)	X	1	1,550	Fair Value
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 9	PIH counted security contributions by the number of donations made to PIH. PIH received 327 security donations in FY22.
Schedule M, Part I, Line 20	PIH counted drug and medical supply contributions by the number of donations made to PIH. PIH received 114 donations in FY22.
Schedule M, Part I, Line 32b	PIH engages with CARS, a 501(c)(3) organization that solicits vehicle donations to benefit PIH. PIH does not receive the donated vehicles, but instead cash proceeds from CARS once the vehicle is sold.

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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Name of the organization
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Return Reference	Explanation
Form 990, Part III, Line 3	The Contact Tracing Collaborative project, which ran from April 2020 thru June 2022, investigated positive COVID-19 cases in Massachusetts and reached out to both contacts of confirmed cases and positive cases to connect them to resources.
Form 990, Part VI, Section B, Line 11b	The Form 990 is prepared by finance staff and is reviewed carefully by the PIH Chief Financial Officer and Legal Department. The Form 990 is then reviewed by CBIZ MHM, LLC., PIH's tax advisor. A complete draft of the Form 990 is then reviewed by the PIH Chief Executive Officer. This draft is then provided to the Audit Committee for their review with the exception of Schedule B. Finally, the Form 990 is provided to the full Board of Directors prior to filing, with the exception of Schedule B. Any and all questions and comments are addressed by the PIH Chief Financial Officer, who engages CBIZ & MHM in the discussion whenever relevant or necessary.
Form 990, Part VI, Section B, Line 12c	Each year, all PIH officers and Board members are required to review the Organization's conflict of interest policy and indicate their compliance in writing. Throughout the year, PIH senior leadership reviews major conflicts and expenditures. Any arrangements or expenditures that might give rise to a conflict of interest either in fact or appearance would be raised to the Executive Committee and the Board of Directors for discussion and disposition. The Board reserves the right to disallow any such transactions, arrangements, or other working relationship and/or to ask the interested person to remove themselves from any discussion or vote in the matter. The Board shall determine the existence of a conflict of interest by a majority vote of the disinterested directors.
Form 990, Part VI, Section B, Line 15	The Compensation Committee of the Board of Directors, none of whose members have a conflict of interest, is charged with reviewing the proposed compensation of PIH's CEO and Key Employees. Comparability data for similarly qualified persons in functionally comparable positions at similarly situated organizations are prepared by the Organization and reviewed by the Compensation Committee before forming its conclusions. The deliberation and decision are documented in the minutes contemporaneously.
Form 990, Part VI, Section C, Line 19	Partners In Heath posts a copy of its annual report, audited financial statements, and Form 990, with the exception of Schedule B, on its website and provides copies to anyone who inquires. PIH also provides a copy of its Articles of Organization, its by-laws, and its conflict of interest policy on its website for any interested party to view.
Form 990, Part XI, Line 9	Amount represents the foreign currency translation adjustments in net assets for statement of financial position accounts using exchange rates in effect at year end.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PARTNERS IN HEALTH A NONPROFIT CORPORATION

Employer identification number
04-3567502

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Partners In Health Sierra Leone LLC 615 South DuPont Highway Dover, DE 19901	Healthcare	DE	9,887,649	884,248	Partners in Health A Nonprofit Corporation
(2) University of Global Health Equity (UGHE) Ltd Kigali Heights Plot 772 KG 7 Ave 5th Floor Kigali RW 98-1528439	Health Education	RW	7,737,644	18,561,181	Partners In Health A Nonprofit Corporation
(3) Abwenzi Pa Za Umoyo Partners In Health Malawi PO Box 56 Neno Boma, Neno District 624200 MI	Healthcare	MI	2,334,973	1,138,689	Partners In Health a Nonprofit Corporation
(4) Partners In Health Liberia LLC 615 South DuPont Highway Dover, DE 19901	Healthcare	DE	2,299,358	809,560	Partners In Health A Nonprofit Corporation

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Bo Mphato Litsebeletsong Tsa Bophelo (Lesotho) New Europa 438 Pope John Paul Maseru LT	Healthcare	LT			Partners In Health	Yes	
(2)PIH Partners In Health Canada 890 Yonge St Suite 603 Toronto, Ontario M4W3P4 CA	Healthcare	CA			Partners In Health	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bo Mphato Litsebeletsong Tsa Bophelo (Lesotho)	b	7,304,349	Amount is determined based on fiscal year budget proposal from site, budget review, revision, and PIH Board approval.
(2) Bo Mphato Litsebeletsong Tsa Bophelo (Lesotho)	l	286,307	Amount represents payments processed by PIH Boston to contractors performing their jobs at country sites.
(3) Bo Mphato Litsebeletsong Tsa Bophelo (Lesotho)	l	334,202	PIH Boston raises funds for all country sites. These expenses are allocated based on the proportion that the site expenses bear to the total program expenses across all sites.
(4) Bo Mphato Litsebeletsong Tsa Bophelo (Lesotho)	o	4,412,266	Amount represents HR costs paid by PIH Boston to employees performing their jobs for related organization.
(5) PIH Partners In Health Canada	p	5,170	Amount represents salary and benefits paid by a related organization to an employee performing her job for PIH Boston.
(6) PIH Partners In Health Canada	c	3,317,174	Amount is determined based on grant budget and memorandum of understanding between PIH sites and the related organization.

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
Schedule R, Part I	Development Staff at PIH in Boston raise funds for all country sites. For purposes of Schedule R, these expenses have been allocated based on the proportion that the site expenses bear to the total program expenses across all sites.

Additional Data

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