

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	PATH		91-1157127	
	Doing Business As		E Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		206-285-3500	
	2201 WESTLAKE AVENUE 200		G Gross receipts \$ 326,602,394	
City or town, state or province, country, and ZIP or foreign postal code		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SEATTLE WA 98121		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F Name and address of principal officer: STEVE DAVIS		If "No," attach a list. (see instructions)		
SAME AS C ABOVE		H(c) Group exemption number		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.PATH.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981 M State of legal domicile: WA		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>		
	2	Check this box <input type="checkbox"/> 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	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	694
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	171,536,869.	260,656,932.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,292.	3,946.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,677,407.	2,050,396.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739,627.	2,433,300.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	174,981,195.	265,144,574.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	70,398,415.	72,704,584.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	90,685,304.	101,626,168.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,924,838.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,262,887.	111,371,191.
19	Revenue less expenses. Subtract line 18 from line 12	274,346,606.	285,701,943.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	507,730,565.	485,822,280.
	22	Net assets or fund balances. Subtract line 21 from line 20	59,191,414.	57,067,664.
		448,539,151.	428,754,616.	

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
	<i>[Signature]</i>	17 November 2014
	OLIVIA POLIUS, CFO	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	Eric J. Lawrence CPA	<i>[Signature]</i> CPA	11/14/14		P00542720
	Firm's name	Firm's EIN			
	GELMAN, ROSENBERG & FREEDMAN	52-1392008			
	Firm's address	Phone no. (301) 951-9090			
	4550 MONTGOMERY AVE SUITE 650N				
	BETHESDA, MD 20814-2930				

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 [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY BEHAVIORS. (CONTINUED ON SCHEDULE O)

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 105,218,480. including grants of \$ 37,563,343.) (Revenue \$ 1,762.) PRODUCT DEVELOPMENT: PATH DEVELOPS AND INTRODUCES APPROPRIATE, AFFORDABLE TECHNOLOGIES TO ADDRESS URGENT HEALTH CHALLENGES, PARTICULARLY IN LOW-RESOURCE SETTINGS. THESE TECHNOLOGIES INCLUDE VACCINES, DRUGS, DIAGNOSTICS, DEVICES, AND DIGITAL HEALTH SOLUTIONS. DESIGNED WITH INPUT FROM USERS AND RECIPIENTS, OUR LOW-COST, EVIDENCE-BASED PRODUCTS ARE TRANSFORMING HEALTH WORLDWIDE. PATH ACCELERATES THE DEVELOPMENT AND DELIVERY OF RELIABLE, LOW-COST VACCINES AGAINST LIFE-THREATENING DISEASES. OUR PORTFOLIO INCLUDES VACCINES FOR DIARRHEAL DISEASE, INFLUENZA, JAPANESE ENCEPHALITIS, MALARIA, MENINGITIS, PNEUMOCOCCAL DISEASE, POLIO, AND MORE, AS WELL AS INNOVATIVE DELIVERY STRATEGIES TO ENSURE VACCINES REACH THE SETTINGS

4b (Code:) (Expenses \$ 74,487,133. including grants of \$ 22,727,162.) (Revenue \$) INTERNATIONAL DEVELOPMENT: PATH'S ON-THE-GROUND EXPERIENCE ALLOWS US TO APPLY TAILOR-MADE SOLUTIONS TO URGENT HEALTH NEEDS IN THE COMMUNITIES WE SERVE. PATH COLLABORATES WITH COUNTRY PARTNERS TO IMPLEMENT AN ARRAY OF INNOVATIONS THAT STRENGTHEN HEALTH SYSTEMS, ENCOURAGE HEALTHIER BEHAVIORS, AND INCREASE ACCESS TO AFFORDABLE SOLUTIONS. IN 2013, OUR INTERNATIONAL DEVELOPMENT PORTFOLIO SUPPORTED OFFICES IN 22 COUNTRIES. THIS WORK RANGED FROM SMALL-SCALE PILOTS OF INNOVATIVE SOLUTIONS FOR LOCAL PROBLEMS TO THE LARGEST INTEGRATED HEALTH PROJECT IN EAST AFRICA.

THROUGH THE PATH-LED APHIAPLUS WESTERN KENYA PROJECT, WE ARE 4c (Code:) (Expenses \$ 50,803,374. including grants of \$ 9,947,242.) (Revenue \$ 1,361.) PUBLIC HEALTH IMPACT: PATH WORKS WITH COMMUNITIES AROUND THE WORLD TO DEVELOP NEW SYSTEM AND SERVICE INNOVATIONS AND INTRODUCE PROVEN STRATEGIES TO IMPACT HEALTH OUTCOMES. WE WORK WITH GOVERNMENTS, COMMUNITIES, AND CIVIL-SOCIETY GROUPS TO ENSURE SOLUTIONS ARE APPROPRIATE, AVAILABLE, AND AFFORDABLE TO THOSE WHO NEED THEM. PATH'S PUBLIC HEALTH IMPACT PORTFOLIO DEVELOPS, INTRODUCES, AND SUPPORTS INNOVATIONS FOR THREE CRITICAL HEALTH AREAS: HIV/AIDS AND TB, REPRODUCTIVE HEALTH, AND MATERNAL AND CHILD HEALTH AND NUTRITION. TO REDUCE THE BURDEN OF HIV/AIDS AND TB, PATH FOCUSED ON STRENGTHENING DIAGNOSIS, CARE, AND TREATMENT SERVICES; STEPPING UP PREVENTION EFFORTS, INCLUDING PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV; AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,996,340. including grants of \$ 2,466,837.) (Revenue \$ 823.)

4e Total program service expenses 238,505,327.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

X

Main form area containing questions 1a through 14b with columns for Yes, No, and numerical responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: OLIVIA POLIUS, CHIEF FINANCIAL OFFICER - 206-285-3500 2201 WESTLAKE AVE., SUITE 200, SEATTLE, WA 98121

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) GEORGE GOTSADZE BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) DEAN ALLEN BOARD VICE CHAIR & TREASURER	2.00 0.00	X		X				0.	0.	0.
(3) EIVOR HALKJAER BOARD SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) PHYLLIS CAMPBELL DIRECTOR	2.00 0.00	X						0.	0.	0.
(5) DAVID KING DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) JO ADDY DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) ALEX CHIKA EZEH DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) KEVIN REILLY DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) KOFI AMEGASHIE DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) VINCENT MCGEE DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) RAJENDRA VATTIUTI DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) FELIX OLALE DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) STEVEN B. DAVIS PRESIDENT AND CEO	38.00 2.00			X				481,239.	0.	41,628.
(14) ERIC G. WALKER VP, CORPORATE SVC. (UNTIL 10/2/2013)	38.00 2.00			X				352,054.	0.	34,611.
(15) OLIVIA POLIUS CFO (BEGAN 6/10/2013)	38.00 2.00			X				99,511.	0.	6,116.
(16) MICHAEL B. KOLLINS COO (BEGAN 5/31/2013)	40.00 0.00			X				140,267.	0.	12,850.
(17) DAVID C. KASLOW VP, PRODUCT DEV. (BEGAN 10/1/2013)	37.00 3.00				X			322,463.	0.	39,519.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) AYORINDE ARNOLD AJAYI VP, INTERNATIONAL DEVELOPMENT	40.00 0.00				X			256,904.	0.	34,738.
(19) SARAH C. TEMPLE VP, EXTERNAL RELATIONS	40.00 0.00				X			226,095.	0.	35,911.
(20) DAN LASTER GENERAL COUNSEL	38.00 2.00				X			225,160.	0.	35,498.
(21) JACQUELINE D. SHERRIS VP, PUBLIC HEALTH IMPACT	37.00 3.00				X			208,881.	0.	27,440.
(22) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	40.00 0.00				X			206,793.	0.	35,630.
(23) AMIE E. BATSON CHIEF STRATEGY OFF. (BEGAN 4/8/13)	39.00 1.00				X			193,128.	0.	10,579.
(24) JOHN W. BOSLEGO DIRECTOR, VACCINE DEV. GLOBAL PROG.	40.00 0.00				X			319,488.	0.	39,990.
(25) PAWANA WIENRAWEE DIRECTOR, THAILAND PROGRAMS	40.00 0.00				X			284,354.	0.	24,004.
(26) PONNI SUBBIAH DIRECTOR, DRUG DEVELOPMENT	40.00 0.00				X			277,216.	0.	31,334.
1b Sub-total								3,593,553.	0.	409,848.
c Total from continuation sheets to Part VII, Section A								3,600,820.	0.	452,652.
d Total (add lines 1b and 1c)								7,194,373.	0.	862,500.

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

211

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		X

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
SLALOM, LLC 821 2ND AVE, STE 1900, SEATTLE, WA 98124	GENERAL CONTRACTOR	1,231,957.
WIDENET CONSULTING GROUP, LLC 11400 SE 6TH ST, BELLEVUE, WA 98004	CONSULTING	965,834.
CURTIS CONSULTING GROUP, INC. 385 FRONT ST. N, ISAQUAH, WA 98027	GENERAL CONTRACTOR	751,650.
TERRA SERVICES, INC. P.O. BOX 202056, DALLAS, TX 75320	GENERAL CONTRACTOR	438,076.
NORTHERN TRUST 50 S. LASALLE ST., CHICAGO, IL 60675	ASSET MANAGEMENT	342,663.

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

15

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	18,468,421.				
	e Government grants (contributions)	1e	134,832,852.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	107,355,659.				
	g Noncash contributions included in lines 1a-1f: \$		107,486.				
	h Total. Add lines 1a-1f		260,656,932.				
	Program Service Revenue	2 a HONORARIUM	Business Code				
		900099	2,848.	2,848.			
b SALES		900099	961.	961.			
c CONSULTANCIES		541900	137.	137.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		3,946.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,577,422.			1,577,422.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		409.			409.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		472,974.			472,974.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a GAIN-FOREIGN EXCH.	900099	2,101,509.			2,101,509.		
b REIMBURSEMENTS	900099	250,095.			250,095.		
c OTHER	900099	81,287.			81,287.		
d All other revenue							
e Total. Add lines 11a-11d		2,432,891.					
12 Total revenue. See instructions.		265,144,574.	3,946.	0.	4,483,696.		

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 governments and organizations in the United States. See Part IV, line 21	33,377,700.	33,377,700.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	39,326,884.	39,326,884.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,698,256.	3,994,374.	2,650,930.	52,952.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	72,296,991.	43,261,725.	28,148,617.	886,649.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,030,592.		7,030,592.	
9 Other employee benefits	9,663,814.	694,132.	8,969,682.	
10 Payroll taxes	5,936,515.	412,245.	5,524,270.	
11 Fees for services (non-employees):				
a Management				
b Legal	516,660.	118,915.	397,745.	
c Accounting	555,785.	154,116.	401,669.	
d Lobbying	27,000.	12,000.	15,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	312,703.		312,703.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,598,323.	7,100,364.	5,317,655.	180,304.
12 Advertising and promotion	218,752.	123,356.	87,605.	7,791.
13 Office expenses	6,175,984.	4,877,457.	1,243,109.	55,418.
14 Information technology	1,043,538.	371,097.	623,542.	48,899.
15 Royalties	147,271.	144,906.	2,365.	
16 Occupancy	9,782,260.	987,844.	8,792,311.	2,105.
17 Travel	21,685,946.	19,636,132.	1,994,331.	55,483.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,555,307.	7,950,654.	439,240.	165,413.
20 Interest	93,052.		93,052.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,453,801.	179,178.	2,274,623.	
23 Insurance	438,243.	118,674.	319,569.	
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 SUBCONTRACTS	34,183,269.	33,094,547.	783,874.	304,848.
b EQUIP RENT & MAINT	4,851,665.	3,607,546.	1,228,445.	15,674.
c FACILITIES ALLOC	0.	9,454,348.	-9,751,809.	297,461.
d LEAVE & BENS ALLOC	0.	22,902,806.	-23,376,054.	473,248.
e All other expenses	7,731,632.	6,604,327.	748,712.	378,593.
25 Total functional expenses. Add lines 1 through 24e	285,701,943.	238,505,327.	44,271,778.	2,924,838.
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,456,357.	1	13,397,133.
	2 Savings and temporary cash investments	7,755,742.	2	40,026,863.
	3 Pledges and grants receivable, net	267,202,359.	3	254,302,858.
	4 Accounts receivable, net	7,835,110.	4	7,771,974.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,621,049.	9	2,850,259.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,181,385.		
	b Less: accumulated depreciation	10b 15,603,671.	20,359,258.	10c 18,577,714.
	11 Investments - publicly traded securities	196,097,539.	11	148,068,288.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	403,151.	14	223,973.
	15 Other assets. See Part IV, line 11	0.	15	603,218.
16 Total assets. Add lines 1 through 15 (must equal line 34)	507,730,565.	16	485,822,280.	
Liabilities	17 Accounts payable and accrued expenses	53,959,115.	17	52,731,771.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,232,299.	23	4,335,893.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	59,191,414.	26	57,067,664.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,660,464.	27	21,836,456.
	28 Temporarily restricted net assets	424,503,642.	28	403,540,565.
	29 Permanently restricted net assets	3,375,045.	29	3,377,595.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	448,539,151.	33	428,754,616.	
34 Total liabilities and net assets/fund balances	507,730,565.	34	485,822,280.	

Part XI Reconciliation 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	265,144,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	285,701,943.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,557,369.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	448,539,151.
5	Net unrealized gains (losses) on investments	5	772,834.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	428,754,616.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
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	X	

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization <p style="text-align: center;">PATH</p>	Employer identification number <p style="text-align: center;">91-1157127</p>
---	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	257,511,086.	152,434,405.	240,628,741.	171,536,869.	260,656,932.	1082768033.
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	257,511,086.	152,434,405.	240,628,741.	171,536,869.	260,656,932.	1082768033.
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)						300,921,187.
6 Public support. Subtract line 5 from line 4.						781,846,846.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	257,511,086.	152,434,405.	240,628,741.	171,536,869.	260,656,932.	1082768033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,825,631.	4,380,066.	2,797,154.	2,295,453.	1,577,831.	16,876,135.
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 IV.)	524,296.	1,557,958.	502,596.	730,742.	2,432,891.	5,748,483.
11 Total support. Add lines 7 through 10						1105392651.
12 Gross receipts from related activities, etc. (see instructions)					12	228,313.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	70.73 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	61.40 %
16a 33 1/3% support test - 2013. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, SECTION B, LINE 10 - OTHER INCOME:

EXPLANATION: REIMBURSEMENTS BY THIRD PARTIES OF EXPENSES INCURRED BY PATH

AND OTHER MISCELLANEOUS REVENUE: \$331,382 AND GAIN ON FOREIGN EXCHANGE OF

\$2,101,509.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

PATH

Employer identification number

91-1157127

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization PATH	Employer identification number 91-1157127
----------------------------------	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 78,195,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 44,028,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 12,702,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 64,243,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 5,491,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATH	Employer identification number 91-1157127
----------------------------------	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization PATH	Employer identification number 91-1157127
----------------------------------	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

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.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Name of organization PATH	Employer identification number 91-1157127
----------------------------------	--

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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		3,098.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		103,582.	
c Total lobbying expenditures (add lines 1a and 1b)		106,680.	
d Other exempt purpose expenditures		285,595,263.	
e Total exempt purpose expenditures (add lines 1c and 1d)		285,701,943.	
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	219,409.	197,270.	193,545.	106,680.	716,904.
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	6,398.			3,098.	9,496.

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

PATH

Employer identification number

91-1157127

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 Tax 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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" to 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? 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" to 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	7,806,786.	6,868,767.	6,671,532.	5,943,911.	4,752,059.
b Contributions	2,550.	5,392.	2,700.	1,790.	2,039.
c Net investment earnings, gains, and losses	1,503,301.	932,627.	194,535.	725,831.	1,189,813.
d Grants or scholarships					
e Other expenditures for facilities and programs	295,643.				
f Administrative expenses					
g End of year balance	9,016,994.	7,806,786.	6,868,767.	6,671,532.	5,943,911.

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

- a Board designated or quasi-endowment 36.00 %
- b Permanent endowment 37.00 %
- c Temporarily restricted endowment 27.00 %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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" to 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				
b Buildings				
c Leasehold improvements		20,110,981.	6,385,895.	13,725,086.
d Equipment		10,580,624.	7,809,973.	2,770,651.
e Other		3,489,780.	1,407,803.	2,081,977.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,577,714.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

PART V, LINE 4:

EXPLANATION: PATH UTILIZES THE INVESTED INTEREST EARNINGS FROM THE ENDOWMENT AS AN IMPORTANT FUNDING SOURCE TO FUND NEW OPPORTUNITIES TO EXPAND ITS REACH AND IMPACT AS AN ORGANIZATION IN THE FIELD OF GLOBAL HEALTH, IN ACCORDANCE WITH PATH'S ENDOWMENT SPENDING POLICY.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization PATH	Employer identification number 91-1157127
--------------------------------------	--

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 Activities 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	MANAGEMENT & GENERAL		54,724.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	38,698.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	166,479.
EAST ASIA AND THE PACIFIC	5	57	MANAGEMENT & GENERAL		2,073,133.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	1,074,399.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,838,159.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	141,542.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OTHER	146,778.
3 a Sub-total	6	58			6,533,912.
b Total from continuation sheets to Part I	28	579			110,978,725.
c Totals (add lines 3a and 3b)	34	637			117,512,637.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		31,286.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		6,084,748.
EUROPE	2	19	MANAGEMENT & GENERAL		2,798,482.
EUROPE	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	6,265,440.
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	1,072,713.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	3,297,906.
EUROPE	0	0	PROGRAM SERVICES	OTHER	121,589.
EUROPE	0	0	GRANTMAKING		16,672,917.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL		19,863.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	59,619.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	75,235.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING		9,734.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		48,554.
NORTH AMERICA	0	0	MANAGEMENT & GENERAL		33,677.
NORTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	508,105.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	154,252.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	11	MANAGEMENT & GENERAL		130,796.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	169,250.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	5,272.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	OTHER	12,407.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		1,074,197.
SOUTH AMERICA	1	2	MANAGEMENT & GENERAL		68,187.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	53,634.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	332,586.
SOUTH AMERICA	0	0	GRANTMAKING		436,453.
SOUTH ASIA	5	68	MANAGEMENT & GENERAL		1,649,128.
SOUTH ASIA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	681,210.
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,191,355.
SOUTH ASIA	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	583,036.
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	18,082.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTMAKING		2,038,854.
SUB-SAHARAN AFRICA	19	479	MANAGEMENT & GENERAL		8,762,172.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	3,429,509.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	30,107,684.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH IMPACT	8,937,913.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	69,811.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		1,968.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		12,971,101.
Totals	28	579			110,978,725.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	300,034.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	242,857.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	159,953.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	130,131.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	111,295.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	110,531.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	104,051.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	100,208.	CHECK/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 **255**

3 Enter total number of other organizations or entities **45**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	84,692.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	76,034.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	72,134.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	49,444.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	49,007.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	45,084.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	21,552.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	20,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	19,818.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	18,289.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	9,823.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	INTERNATIONAL DEVELOPMENT	6,357.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	OTHER	5,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	1,152,759.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	550,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	233,775.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	140,753.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	85,558.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	75,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	61,522.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	54,695.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	50,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	32,466.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	31,659.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	20,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	15,246.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	15,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	11,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	10,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PRODUCT DEVELOPMENT	9,000.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PUBLIC HEALTH IMPACT	1,823,666.	CHECK/WIRE	0.		
		EAST ASIA AND PACIFIC	PUBLIC HEALTH IMPACT	30,000.	CHECK/WIRE	0.		
		EUROPE	OTHER	280,627.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	4,105,785.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,206,054.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,110,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PRODUCT DEVELOPMENT	960,344.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	750,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	475,523.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	568,601.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	481,649.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	296,305.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	252,639.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	243,354.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	236,942.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PRODUCT DEVELOPMENT	204,101.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	203,549.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	200,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	183,600.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	173,893.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	151,512.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	129,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	99,292.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	88,590.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PRODUCT DEVELOPMENT	70,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	64,131.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	43,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	38,753.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	34,488.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	33,280.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	25,358.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	19,924.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	12,802.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PRODUCT DEVELOPMENT	12,539.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	300,354.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	114,412.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	59,684.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	53,370.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	50,000.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	33,253.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH IMPACT	18,212.	CHECK/WIRE	0.		
		EUROPE	INTERNATIONAL DEVELOPMENT	3,352,920.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PUBLIC HEALTH IMPACT	39,999.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PUBLIC HEALTH IMPACT	8,555.	CHECK/WIRE	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	INTERNATIONAL DEVELOPMENT	126,105.	CHECK/WIRE	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	INTERNATIONAL DEVELOPMENT	28,505.	CHECK/WIRE	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	PRODUCT DEVELOPMENT	919,588.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	136,834.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	39,177.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	31,046.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	22,370.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PRODUCT DEVELOPMENT	10,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH IMPACT	159,298.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH IMPACT	15,126.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH IMPACT	7,298.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH IMPACT	6,304.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH IMPACT	6,000.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	604,430.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	259,447.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	222,095.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PRODUCT DEVELOPMENT	211,547.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	150,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	143,851.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	130,311.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	100,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	75,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	20,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	18,019.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	17,441.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PRODUCT DEVELOPMENT	13,521.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	10,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	10,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH IMPACT	14,710.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH IMPACT	12,835.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH IMPACT	9,609.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	974,571.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	632,960.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	205,314.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	108,717.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	92,988.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	82,187.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	81,887.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	58,968.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	58,033.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	55,084.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	53,761.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	52,401.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	52,047.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	50,802.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	50,510.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	50,375.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	49,354.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	47,014.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	46,182.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,899.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,729.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,420.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,277.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,268.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	44,662.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	43,085.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	43,063.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,936.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,726.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,670.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,661.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,118.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,096.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,602.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,287.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,127.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,030.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	40,504.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	39,451.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	39,375.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	38,536.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	37,658.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	37,492.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	37,492.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	37,425.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	36,825.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	35,683.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	35,650.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	35,627.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	35,562.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	34,852.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	34,263.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	34,142.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	33,789.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	33,195.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	33,044.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	32,758.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	32,332.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	32,021.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	32,001.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	31,381.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	30,719.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	30,702.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	30,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,556.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,512.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,396.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,021.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	27,429.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	26,497.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,855.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,151.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,299.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,633.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,616.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,030.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,795.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,743.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,631.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,229.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,377.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,040.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,092.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,412.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,269.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,034.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,704.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	11,282.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,472.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	5,557.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	5,170.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	19,978.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	18,934.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	17,755.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	15,885.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	15,872.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	15,641.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	15,632.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	15,048.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	14,580.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	14,317.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	14,104.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	14,054.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	13,995.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	13,737.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	13,672.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,940.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,885.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,810.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,655.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,525.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,441.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,339.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	12,042.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,958.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,857.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,786.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,770.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,623.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,591.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	11,306.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	10,897.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	10,612.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	10,467.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	10,391.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,877.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,708.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,570.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,276.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,101.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,037.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,015.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	9,011.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	8,630.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	8,602.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	8,456.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	8,430.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	8,212.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,984.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,900.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,819.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,795.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,720.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,690.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,569.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	7,368.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	6,400.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	6,273.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	6,166.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	6,126.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,743.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,732.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,730.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,689.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,460.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	5,388.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	229,993.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	207,445.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	197,642.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	194,604.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	168,621.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	137,526.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	136,999.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	114,244.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	113,937.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	94,380.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	91,774.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	86,770.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	85,315.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	78,785.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	64,370.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	55,712.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	53,547.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	50,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	41,909.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	41,254.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	41,068.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	40,558.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	34,798.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	33,041.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	29,621.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	26,300.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	25,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH IMPACT	22,099.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	9,925.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	9,920.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	9,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OTHER	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	6,039.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	667,324.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	641,489.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	540,675.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	405,645.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	341,897.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	175,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	169,804.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	165,650.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	113,570.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	83,267.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	81,287.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	79,989.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	78,627.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	72,429.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	71,668.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	66,460.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	64,561.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	62,162.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	56,462.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	49,988.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	47,664.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	45,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	44,502.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	44,179.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	42,661.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	31,603.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	30,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	27,976.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	27,018.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	23,747.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	23,027.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	20,136.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	15,562.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	15,257.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	12,356.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	7,924.	CHECK/WIRE	0.		

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

EXPLANATION: SUBRECIPIENTS MUST SUBMIT PROGRESS REPORTS THAT ARE REVIEWED

BY RESPONSIBLE PATH PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS TO ENSURE

THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE WITH AGREEMENT

REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS

CONTACT SUBRECIPIENTS WITH QUESTIONS OR FOLLOW UP ON ANY AREA OF CONCERN.

IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED DELIVERABLES IN

ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN ADDITION, DISCRETIONARY

ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH THE

SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE

SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND PROCESSES. PATH ALSO USES

CROSS-PROGRAM INDICATORS TO TRACK OVERALL ORGANIZATIONAL PERFORMANCE AND

LINK OUR WORK AND THE WORK OF SUBRECIPIENTS TO SPECIFIC IMPROVEMENTS IN

HEALTH-RELATED OUTCOMES. MONITORING THIS SET OF INDICATORS HELPS PATH SET

FUTURE BENCHMARKS AND ADOPT BEST PRACTICES THAT IMPROVE PROGRAMMATIC

EFFECTIVENESS OVER TIME.

**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

PATH

Employer identification number

91-1157127

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (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 non-cash assistance	(h) Purpose of grant or assistance
AKROS, INC. - RESEARCH ANALYTICS 3350 LAZERA RANCH ROAD CHEYENNE, WY 82007	26-3668995	N/A	970,561.	0.			INTERNATIONAL DEVELOPMENT
AKROS, INC. - RESEARCH ANALYTICS 3350 LAZERA RANCH ROAD CHEYENNE, WY 82007	26-3668995	N/A	182,472.	0.			INTERNATIONAL DEVELOPMENT
AKROS, INC. - RESEARCH ANALYTICS 3350 LAZERA RANCH ROAD CHEYENNE, WY 82007	26-3668995	N/A	11,884.	0.			INTERNATIONAL DEVELOPMENT
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	80,220.	0.			INTERNATIONAL DEVELOPMENT
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF) - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	3,512,395.	0.			INTERNATIONAL DEVELOPMENT
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF) - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	203,604.	0.			INTERNATIONAL DEVELOPMENT

- 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 ▶ 18.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL (FHI) 360 - P.O. BOX 13950 2224 E. NC HWY 54 - DURHAM, NC 27713	23-7413005	501(C)(3)	225,780.	0.			INTERNATIONAL DEVELOPMENT
HARVARD SCHOOL OF PUBLIC HEALTH INTERNATIONAL HEALTH 665 HUNTINGTON AVENUE - BOSTON, MA 02215	04-2103580	501(C)(3)	120,748.	0.			INTERNATIONAL DEVELOPMENT
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVE NE SEATTLE, WA 98105	95-1831116	501(C)(3)	55,783.	0.			INTERNATIONAL DEVELOPMENT
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	3,538,689.	0.			INTERNATIONAL DEVELOPMENT
MEDICAL CARE DEVELOPMENT INC. (MCD) - 8401 COLESVILLE ROAD # 425 - SILVER SPRING, MD 20910	01-6022787	501(C)(3)	1,627,303.	0.			INTERNATIONAL DEVELOPMENT
POPULATION SERVICES INTERNATIONAL (PSI) - 1120 19TH STREET, NW SUITE 600 - WASHINGTON, DC 20036	56-0942853	501(C)(3)	213,296.	0.			INTERNATIONAL DEVELOPMENT
SAVE THE CHILDREN 501 KINGS HWY E FAIRFIELD, CT 06825-4861	06-0726487	501(C)(3)	145,728.	0.			INTERNATIONAL DEVELOPMENT
TULANE UNIVERSITY TULANE SCHOOL OF PUBLIC HEALTH 1440 CANAL ST SUITE 2200 - NEW ORLEANS, LA 70	72-0423889	501(C)(3)	178,440.	0.			INTERNATIONAL DEVELOPMENT
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	3,440,000.	0.			INTERNATIONAL DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
AIDS VACCINE ADVOCACY COALITION 423 W 127TH ST FL 4 NEW YORK, NY 10027	94-3240841	501(C)(3)	5,000.	0.			OTHER
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	111,686.	0.			OTHER
WOMEN DELIVER 588 BROADWAY, SUITE 5033 NEW YORK, NY 10012	26-4462256	501(C)(3)	60,000.	0.			OTHER
ACCELOVANCE, INC 2275 RESEARCH BOULEVARD ROCKVILLE, MD 20850	20-0956757	N/A	140,614.	0.			PRODUCT DEVELOPMENT
ADVANCED BIOSCIENCE LABORATORIES, INC. - 9800 MEDICAL CENTER DRIVE, BUILDING D - ROCKVILLE, MD 20850	62-1242262	N/A	173,200.	0.			PRODUCT DEVELOPMENT
BERKELEY AIR MONITORING GROUP 2124 KITTREDGE STREET, #57 BERKELEY, CA 94704	26-3881064	N/A	86,580.	0.			PRODUCT DEVELOPMENT
CASCADE DESIGNS, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	13,437.	0.			PRODUCT DEVELOPMENT
CASCADE DESIGNS, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	12,331.	0.			PRODUCT DEVELOPMENT
CDC FOUNDATION 55 PARK PLACE NE, SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	392,954.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CDC FOUNDATION 55 PARK PLACE NE, SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	30,920.	0.			PRODUCT DEVELOPMENT
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH (CBER) - US FOOD & DRUG ADMINISTRATION 8800 ROCKVILLE PIKE - BETHESDA, MD 20892	53-0196965	GOVERNMENT	75,000.	0.			PRODUCT DEVELOPMENT
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVERNMENT	155,102.	0.			PRODUCT DEVELOPMENT
CONRAD EASTERN VIRGINIA MEDICAL SCHOOL 1911 NORTH FORT MYER DRIVE, SUITE 900	23-7053028	501(C)(3)	59,064.	0.			PRODUCT DEVELOPMENT
DIGITAL GREEN FOUNDATION 2342 SHATTUCK AVENUE # 151 BERKELEY, CA 94704	26-2418959	501(C)(3)	7,101.	0.			PRODUCT DEVELOPMENT
EXPRESSION ANALYSIS, INC. 4324 S ALSTON AVE #101 DURHAM, NC 27713	52-2340631	N/A	544,850.	0.			PRODUCT DEVELOPMENT
FOOD & DRUG ADMINISTRATION (FDA) 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20993	53-0196965	GOVERNMENT	629,872.	0.			PRODUCT DEVELOPMENT
FOOD & DRUG ADMINISTRATION (FDA) 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20993	53-0196965	GOVERNMENT	55,000.	0.			PRODUCT DEVELOPMENT
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	130,545.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	8,016.	0.			PRODUCT DEVELOPMENT
GEORGE WASHINGTON UNIVERSITY 2175 K STREET NW, SUITE 700 WASHINGTON, DC 20037	53-0196584	501(C)(3)	17,335.	0.			PRODUCT DEVELOPMENT
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	20,000.	0.			PRODUCT DEVELOPMENT
INOVIO BIOMEDICAL CORPORATION 450 SENTRY PARKWAY BLUE BELL, PA 19422	33-0969592	N/A	460,592.	0.			PRODUCT DEVELOPMENT
INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI) - 125 BROAD STREET, 9TH FLOOR - NEW YORK, NY 10004	13-3870223	501(C)(3)	63,920.	0.			PRODUCT DEVELOPMENT
JOHN SNOW, INC. (JSI) 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	335,548.	0.			PRODUCT DEVELOPMENT
JOHN SNOW, INC. (JSI) 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	59,424.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	112,491.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	69,970.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	59,557.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	23,252.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	17,325.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	10,536.	0.			PRODUCT DEVELOPMENT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	9,569.	0.			PRODUCT DEVELOPMENT
LOYOLA UNIVERSITY CHICAGO 6339 N. SHERIDAN ROAD CHICAGO, IL 60660	36-1408475	501(C)(3)	171,035.	0.			PRODUCT DEVELOPMENT
NAT. INS. OF ALLERGY & INFECTIOUS DISEASES (NIAID) - 6610 ROCKLEDGE DRIVE SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	955,525.	0.			PRODUCT DEVELOPMENT
NAT. INS. OF ALLERGY & INFECTIOUS DISEASES (NIAID) - 6610 ROCKLEDGE DRIVE SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	630,611.	0.			PRODUCT DEVELOPMENT
NAT. INS. OF ALLERGY & INFECTIOUS DISEASES (NIAID) - 6610 ROCKLEDGE DRIVE SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	192,414.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY 105 E 17TH ST 4TH FLOOR NEW YORK, NY 10003-9530	13-5562308	501(C)(3)	138,302.	0.			PRODUCT DEVELOPMENT
NORTIS, INC. C4C NEW VENTURE FACILITY, 4000 MASON RD ROOM 304, FLUKE HALL, PO BOX 352141	68-0649212	N/A	418,004.	0.			PRODUCT DEVELOPMENT
NORTIS, INC. C4C NEW VENTURE FACILITY, 4000 MASON RD ROOM 304, FLUKE HALL, PO BOX 352141	68-0649212	N/A	15,003.	0.			PRODUCT DEVELOPMENT
PATH DRUG SOLUTIONS 2201 WESTLAKE AVE., SUITE 200 SEATTLE, WA 98121	94-3384500	501(C)(3)	535,489.	0.			GENERAL SUPPORT
PATH VACINNE SOLUTIONS 2201 WESTLAKE AVE., SUITE 200 SEATTLE, WA 98121	83-0431851	501(C)(3)	424,773.	0.			GENERAL SUPPORT
PAN AMERICAN HEALTH ORGANIZATION (PAHO) - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC 20037	23-7072046	501(C)(3)	50,000.	0.			PRODUCT DEVELOPMENT
PHARMAJET INC. 400 CORPORATE CIRCLE GOLDEN, CO 80401	20-3058403	N/A	200,000.	0.			PRODUCT DEVELOPMENT
POPULATION SERVICES INTERNATIONAL (PSI) - 1120 19TH STREET, NW SUITE 600 - WASHINGTON, DC 20036	56-0942853	501(C)(3)	39,790.	0.			PRODUCT DEVELOPMENT
POPULATION SERVICES INTERNATIONAL (PSI) - 1120 19TH STREET, NW SUITE 600 - WASHINGTON, DC 20036	56-0942853	501(C)(3)	18,699.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PRICE CONSULTING, LLC 2617 BOYER AVE. E. SEATTLE, WA 98121	46-2513741	N/A	6,090.	0.			PRODUCT DEVELOPMENT
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	427,336.	0.			PRODUCT DEVELOPMENT
RAINIER CLINICAL RESEARCH CENTER, INC. - 723 SW 10TH STREET, STE 100 - RENTON, WA 98057	91-1565985	N/A	18,155.	0.			PRODUCT DEVELOPMENT
SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVENUE, SUITE 71 WASHINGTON, DC 20036	06-1389829	501(C)(3)	100,000.	0.			PRODUCT DEVELOPMENT
SANARIA, INC. 9800 MEDICAL CENTER DR A209 ROCKVILLE, MD 20850	56-2354362	N/A	1,400,000.	0.			PRODUCT DEVELOPMENT
SANARIA, INC. 9800 MEDICAL CENTER DR A209 ROCKVILLE, MD 20850	56-2354362	N/A	295,000.	0.			PRODUCT DEVELOPMENT
SANARIA, INC. 9800 MEDICAL CENTER DR A209 ROCKVILLE, MD 20850	56-2354362	N/A	160,000.	0.			PRODUCT DEVELOPMENT
SAVE THE CHILDREN 501 KINGS HWY E FAIRFIELD, CT 06825-4861	06-0726487	501(C)(3)	27,000.	0.			PRODUCT DEVELOPMENT
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N, SUITE 500 - SEATTLE, WA 98109-5219	91-0961784	501(C)(3)	64,236.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SEATTLE BIOMEDICAL RESEARCH INSTITUTE (SBRI) - 307 WESTLAKE AVE. N, SUITE 500 - SEATTLE, WA 98109-5219	91-0961784	501(C)(3)	55,007.	0.			PRODUCT DEVELOPMENT
SEATTLE BIOMEDICAL RESEARCH INSTITUTE (SBRI) - 307 WESTLAKE AVE. N, SUITE 500 - SEATTLE, WA 98109-5219	91-0961784	501(C)(3)	145,000.	0.			PRODUCT DEVELOPMENT
SYMBIENT PRODUCT DEVELOPMENT 1061 LA MIRADA CT VISTA, CA 98109-5219	20-0857602	N/A	14,064.	0.			PRODUCT DEVELOPMENT
THE POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA 9TH FLO NEW YORK, NY 10017	52-0595110	501(C)(3)	1,024,439.	0.			PRODUCT DEVELOPMENT
U.S. NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	400,000.	0.			PRODUCT DEVELOPMENT
U.S. NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	300,000.	0.			PRODUCT DEVELOPMENT
U.S. NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	180,863.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF FLORIDA 219 GRINTER HALL P.O. BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	60,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC. - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	110,000.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC. - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	6,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MARYLAND BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	GOVERNMENT	600,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY GABLES ONE TOWER, SUITE 650 - CORAL GABLES, FL	59-0624458	501(C)(3)	12,496.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 720 MARTIN LUTHER KING JR. BLVD., SUITE - CHAPEL HILL, NC 27599-3368	56-6001393	501(C)(3)	46,566.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 720 MARTIN LUTHER KING JR. BLVD., SUITE - CHAPEL HILL, NC 27599-3368	56-6001393	501(C)(3)	12,812.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	138,384.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	46,303.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	17,414.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	17,846.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	5,996.	0.			PRODUCT DEVELOPMENT
VAXESS TECHNOLOGIES, INC. 125 WESTERN AVENUE ALLSTON, MA 02134	46-0612554	N/A	8,071.	0.			PRODUCT DEVELOPMENT
VENTURE STRATEGIES INNOVATIONS 19200 VON KARMAN AVENUE SUITE 400 IRVINE, CA 92612	26-2813021	501(C)(3)	90,084.	0.			PRODUCT DEVELOPMENT
VILLAGEREACH 601 NORTH 34TH STREET SEATTLE, WA 98103	91-2082484	501(C)(3)	182,739.	0.			PRODUCT DEVELOPMENT
VILLAGEREACH 601 NORTH 34TH STREET SEATTLE, WA 98103	91-2082484	501(C)(3)	55,000.	0.			PRODUCT DEVELOPMENT
VILLAGEREACH 601 NORTH 34TH STREET SEATTLE, WA 98103	91-2082484	501(C)(3)	16,000.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	902,250.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	449,966.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	198,508.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	172,063.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	53,739.	0.			PRODUCT DEVELOPMENT
YALE UNIVERSITY 310 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	472,421.	0.			PRODUCT DEVELOPMENT
DALBERG CONSULTING U.S. LLC 99 MADISON AVENUE, 17TH FLOOR NEW YORK, NY 10016	26-1546220	N/A	181,081.	0.			PUBLIC HEALTH IMPACT
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR MAILSTOP 1499/001/1BH - ATLANTA, GA 30322-42	58-0566256	501(C)(3)	807,288.	0.			PUBLIC HEALTH IMPACT
FAMILY HEALTH INTERNATIONAL (FHI) 360 - P.O. BOX 13950 2224 E. NC HWY 54 - DURHAM, NC 27713	23-7413005	501(C)(3)	158,739.	0.			PUBLIC HEALTH IMPACT
FAMILY HEALTH INTERNATIONAL (FHI) 360 - P.O. BOX 13950 2224 E. NC HWY 54 - DURHAM, NC 27713	23-7413005	501(C)(3)	101,460.	0.			PUBLIC HEALTH IMPACT
FINANCING FOR DEVELOPMENT 1800 MASSACHUSETTS AVENUE SUITE 4 WASHINGTON, DC 20036	68-0683026	501(C)(3)	370,000.	0.			PUBLIC HEALTH IMPACT
FINANCING FOR DEVELOPMENT 1800 MASSACHUSETTS AVENUE SUITE 4 WASHINGTON, DC 20036	68-0683026	501(C)(3)	91,565.	0.			PUBLIC HEALTH IMPACT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GREENWORKS GLOBAL, LLC 3733 WARREN STREET NW WASHINGTON, DC 20016	80-0672849	N/A	25,000.	0.			PUBLIC HEALTH IMPACT
JOHN SNOW, INC. (JSI) 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	5,000.	0.			PUBLIC HEALTH IMPACT
JOHNS HOPKINS UNIVERSITY (JHU) 3400 N CHARLES ST BALTIMORE, MD 21218	13-1687001	501(C)(3)	121,783.	0.			PUBLIC HEALTH IMPACT
KANSAS STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE MANHATTAN, KS 66506-5601	48-0771751	501(C)(3)	12,300.	0.			PUBLIC HEALTH IMPACT
KYBELE INC. 3524 YADKINVILLE ROAD #124 WINSTON SALEM, NC 27106	90-0759003	501(C)(3)	132,122.	0.			PUBLIC HEALTH IMPACT
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	36,518.	0.			PUBLIC HEALTH IMPACT
THE POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA 9TH FLO NEW YORK, NY 10017	52-0595110	501(C)(3)	771,119.	0.			PUBLIC HEALTH IMPACT
U.S. PHARMACOPEIAL CONVENTION USP HEADQUARTERS 12601 TWIN BROOK ROCKVILLE, MD 20852-1790	13-1656692	501(C)(3)	25,000.	0.			PUBLIC HEALTH IMPACT
WORLD VISION INC. P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	19,472.	0.			PUBLIC HEALTH IMPACT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PROFECTUS BIOSCIENCES, INC. 6411 BECKLEY ST BALTIMORE, MD 21224	02-0579416	N/A	-29,030.	0.			PRODUCT DEVELOPMENT
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE N #500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	-30,339.	0.			PRODUCT DEVELOPMENT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

EXPLANATION: SUBRECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS REPORTS, WHICH
 ARE REVIEWED BY RESPONSIBLE PATH PROGRAM MANAGERS AND PROGRAM
 ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE WITH
 AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM
 ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS AND FOLLOW UP ON ANY
 CONCERNS. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED DELIVERABLES
 IN ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN ADDITION,

DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH

Part IV Supplemental Information

THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE

SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND PROCESSES. PATH ALSO USES

CROSS-PROGRAM INDICATORS TO TRACK OVERALL ORGANIZATIONAL PERFORMANCE AND

LINK OUR WORK AND THE WORK OF SUBRECIPIENTS TO SPECIFIC IMPROVEMENTS IN

HEALTH-RELATED OUTCOMES. MONITORING THIS SET OF INDICATORS HELPS PATH SET

BENCHMARKS AND ADOPT BEST PRACTICES THAT IMPROVE PROGRAMMATIC EFFECTIVENESS

OVER TIME.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization
PATH

Employer identification number
91-1157127

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?	X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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 in 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN B. DAVIS PRESIDENT AND CEO	(i)	420,801.	59,938.	500.	30,600.	11,028.	522,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC G. WALKER VP, CORPORATE SVC. (UNTIL 10/2/2013)	(i)	351,054.	0.	1,000.	25,448.	9,163.	386,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL B. KOLLINS COO (BEGAN 5/31/2013)	(i)	138,498.	0.	1,769.	6,417.	6,433.	153,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID C. KASLOW VP, PRODUCT DEV. (BEGAN 10/1/2013)	(i)	322,388.	0.	75.	28,491.	11,028.	361,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AYORINDE ARNOLD AJAYI VP, INTERNATIONAL DEVELOPMENT	(i)	256,904.	0.	0.	28,482.	6,256.	291,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH C. TEMPLE VP, EXTERNAL RELATIONS	(i)	225,325.	0.	770.	27,031.	8,880.	262,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAN LASTER GENERAL COUNSEL	(i)	224,390.	0.	770.	24,497.	11,001.	260,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JACQUELINE D. SHERRIS VP, PUBLIC HEALTH IMPACT	(i)	208,637.	0.	244.	24,564.	2,876.	236,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	(i)	206,023.	0.	770.	24,696.	10,934.	242,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMIE E. BATSON CHIEF STRATEGY OFF. (BEGAN 4/8/13)	(i)	178,128.	15,000.	0.	9,625.	954.	203,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN W. BOSLEGO DIRECTOR, VACCINE DEV. GLOBAL PROG.	(i)	319,488.	0.	0.	30,600.	9,390.	359,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAWANA WIENRAWEE DIRECTOR, THAILAND PROGRAMS	(i)	127,093.	0.	157,261.	15,251.	8,753.	308,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PONNI SUBBIAH DIRECTOR, DRUG DEVELOPMENT	(i)	276,446.	0.	770.	21,547.	9,787.	308,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RIKKA E. TRANGSRUD COUNTRY PROGRAM LEADER, KENYA	(i)	169,524.	0.	106,132.	19,210.	9,773.	304,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TRAD M. HATTON CHIEF OF PARTY, INTEGRATED HIV/AIDS	(i)	167,929.	0.	97,468.	14,031.	10,065.	289,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CARLOS CLINTON CAMPBELL DIRECTOR, MALARIA CONTROL PROGRAM	(i)	249,335.	0.	5,339.	25,332.	2,531.	282,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 in 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANURAG PRABHAKAR MAIRAL DIRECTOR, TECHNOLOGY SOLUTIONS	(i)	214,170.	25,000.	15,280.	16,150.	8,892.	279,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ASHLEY BIRKETT DIRECTOR, RESEARCH AND DEVELOPMENT	(i)	239,169.	0.	6,096.	26,189.	11,026.	282,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) RAMONA ANNE BYRKIT COUNTRY PROGRAM LEADER, VIETNAM	(i)	160,685.	0.	82,164.	19,220.	10,202.	272,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KATHLEEN M. NEUZIL GLOBAL PROGRAM LEADER, VAD	(i)	234,320.	0.	0.	24,962.	9,958.	269,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CATHARINE HOWARD TAYLOR GLOBAL PROGRAM LEADER, MCHN	(i)	210,119.	0.	0.	25,214.	7,689.	243,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JANE E. HUTCHINGS DIRECTOR, REPRODUCTIVE HEALTH	(i)	198,328.	0.	0.	23,115.	10,881.	232,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) RACHEL WILSON SENIOR DIRECTOR, POLICY & ADVOCACY	(i)	190,167.	0.	75.	22,812.	9,345.	222,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JOHN SKIBIAK DIRECTOR, RHSC	(i)	190,662.	0.	76,887.	22,824.	10,279.	300,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JEAN A. NTUMBA BIDUAYA FIN. & ADMIN. SPECIALIST, HIV & TB	(i)	81,509.	0.	168,173.	8,933.	9,967.	268,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) DUNCAN OWENS EARLE PROG. DIR., MALARIA CONTROL & EVAL.	(i)	210,890.	0.	32,700.	25,307.	5,544.	274,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) BONIFACE MUTOMBO WA MUTOMBO SENIOR PROGRAM OFFICER	(i)	133,860.	0.	106,428.	16,063.	8,785.	265,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) GEORGE A. ROBERTSON SENIOR TECHNICAL ADVISOR	(i)	228,411.	0.	0.	27,409.	10,944.	266,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

EXPLANATION: HOUSING ALLOWANCE & TAX INDEMNIFICATION ARE ONLY PROVIDED TO THOSE INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES. ALL BENEFIT PAYMENTS ARE MADE ACCORDING TO OUR EXPATRIATE POLICY.

PART I, LINE 3: PATH ENGAGES WITH A CONSULTING FIRM TO REVIEW THE COMPENSATION FOR EACH OF THE SENIOR MANAGEMENT POSITION. PATH PROVIDES AN ANNUAL SALARY ADJUSTMENT EACH JANUARY BASED ON THE OVERALL LABOR MARKET MOVEMENT.

PART I, LINE 4A:

EXPLANATION: SEVERANCE WAS PAID TO BONIFACE MUTOMBO WA MUTOMBO (\$42,180) AND PAWANA WIENRAWEE (\$156,115).

PART I, LINE 7:

EXPLANATION: BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization PATH Employer identification number 91-1157127

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	81,103.	FMV
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	5	24,759.	COST OR SALES PRICE
26 Other (EQUIPMENT)	X	1	1,245.	COST OR SALES PRICE
27 Other (SOFTWARE)	X	1	379.	COST OR SALES PRICE
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 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **PATH** Employer identification number **91-1157127**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PATH IS THE LEADER IN GLOBAL HEALTH INNOVATION. AN INTERNATIONAL

NONPROFIT ORGANIZATION, WE SAVE LIVES AND IMPROVE HEALTH, ESPECIALLY

AMONG WOMEN AND CHILDREN. WE ACCELERATE INNOVATION ACROSS FIVE

PLATFORMS-VACCINES, DRUGS, DIAGNOSTICS, DEVICES, AND SYSTEM AND SERVICE

INNOVATIONS-THAT HARNESS OUR ENTREPRENEURIAL INSIGHT, SCIENTIFIC AND

PUBLIC HEALTH EXPERTISE, AND PASSION FOR HEALTH EQUITY. BY MOBILIZING

PARTNERS AROUND THE WORLD, WE TAKE INNOVATION TO SCALE, WORKING

ALONGSIDE COUNTRIES PRIMARILY IN AFRICA AND ASIA TO TACKLE THEIR

GREATEST HEALTH NEEDS. TOGETHER, WE DELIVER MEASURABLE RESULTS THAT

DISRUPT THE CYCLE OF POOR HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHERE THEY ARE NEEDED MOST.

IN 2013, WE SAW SIGNIFICANT SUCCESS IN OUR EFFORTS TO BRING VACCINES TO

MORE COMMUNITIES, ADVANCE NEW VACCINE CANDIDATES, AND STRENGTHEN SUPPLY

CHAINS AND SYSTEMS.

THE WORLD HEALTH ORGANIZATION (WHO) GRANTED ITS STAMP OF APPROVAL,

CALLED PREQUALIFICATION, TO A PATH-ADVANCED VACCINE TO FIGHT JAPANESE

ENCEPHALITIS. PATH HAD IDENTIFIED THE VACCINE, HELPED THE CHINESE

MANUFACTURER MEET REGULATORY STANDARDS, SECURED AN AFFORDABLE

PUBLIC-SECTOR PRICE, AND PREPARED COUNTRIES TO INTRODUCE IT. WE ARE

WORKING WITH PARTNERS TO ROLL OUT THE VACCINE ACROSS ASIA.

Name of the organization
PATH

Employer identification number
91-1157127

IN 2013, ANOTHER 50 MILLION AFRICANS WERE VACCINATED WITH THE MENAFRIVAC VACCINE, WHICH WAS DEVELOPED BY PATH, WHO, AND SERUM INSTITUTE OF INDIA LTD. TO PROTECT AGAINST DEADLY MENINGITIS A. NO CASES OF MENINGITIS A HAVE BEEN REPORTED AMONG THE 153 MILLION AFRICANS VACCINATED SINCE 2010. A STUDY REPORTED IN 2013 FOUND THAT THE VACCINE IS HAVING A DRAMATIC IMPACT ON MENINGITIS: THE INCIDENCE OF ALL FORMS OF THE DISEASE DROPPED BY 94 PERCENT FOLLOWING A MASS IMMUNIZATION CAMPAIGN IN CHAD.

PATH ALSO HELPED TO ADVANCE AN AFFORDABLE NEW VACCINE AGAINST THE MOST LETHAL FORM OF DIARRHEA. ROTAVAC REDUCES SEVERE ROTAVIRUS DIARRHEA BY 56 PERCENT IN THE FIRST YEAR OF LIFE AND AT A FRACTION OF THE PRICE OF CURRENTLY AVAILABLE VACCINES. IT HAS NOW BEEN LICENSED BY THE GOVERNMENT OF INDIA. IN ADDITION, PATH HELPED INTRODUCE CURRENTLY AVAILABLE ROTAVIRUS VACCINES TO SEVEN COUNTRIES IN 2013 THROUGH ADVOCACY AND COMMUNICATIONS SUPPORT.

PATH CONTINUED TO COLLABORATE WITH GLAXOSMITHKLINE AND OTHERS IN THE FINAL PHASE OF CLINICAL TRIALS OF A VACCINE SHOWN TO HELP PROTECT YOUNG CHILDREN AGAINST THE DEADLIEST MALARIA PARASITE. A PHASE 3 TRIAL FOUND THAT THE VACCINE CANDIDATE, RTS,S, CONTINUED TO PROVIDE MODEST PROTECTION FROM CLINICAL MALARIA FOR INFANTS AND TODDLERS UP TO 18 MONTHS AFTER VACCINATION.

PATH'S DRUG WORK ALSO ACHIEVED GAINS IN 2013. PATH DEVELOPS AND INTRODUCES AFFORDABLE DRUGS FOR DISEASES THAT DISPROPORTIONATELY AFFECT PEOPLE IN LOW-INCOME COUNTRIES, INCLUDING DRUGS TO TREAT OR PREVENT DIARRHEA, HIV, MALARIA, AND NEWBORN INFECTIONS.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

THANKS TO A GLOBAL PARTNERSHIP CONVENED BY PATH THAT DEVELOPED A SEMISYNTHETIC FORM OF ARTEMISININ, MILLIONS MORE PEOPLE WILL BENEFIT FROM THE GOLD-STANDARD MALARIA TREATMENT. THE LAUNCH OF INDUSTRIAL-SCALE PRODUCTION OF SEMISYNTHETIC ARTEMISININ AND WHO PREQUALIFICATION IN 2013 CAPPED A NINE-YEAR EFFORT. UP TO 60 METRIC TONS CAN BE PRODUCED EACH YEAR, WHICH IS ENOUGH TO MEET ONE-THIRD OF THE TOTAL GLOBAL NEED.

PATH SAW RESULTS IN OUR INTERNATIONAL EFFORT TO ADAPT A PROVEN ANTISEPTIC, CALLED CHLORHEXIDINE, INTO A NEW FORMULATION FOR USE ON NEWLY CUT UMBILICAL CORDS. AN ESTIMATED 300,000 BABIES COULD BE SAVED EACH YEAR AT A COST OF LESS THAN 50 CENTS A DOSE. IN 2013, WHO ENDORSED THE PRODUCT. IMPLEMENTATION IS UNDER WAY IN 16 COUNTRIES.

PATH CONTINUED ITS WORK TO DEVELOP AND INTRODUCE FAST, ACCURATE DIAGNOSTIC TECHNOLOGIES TO DETECT AND TRACK SUCH DISEASES AS CERVICAL CANCER, DIABETES, HIV, MALARIA, NEGLECTED TROPICAL DISEASES, AND TUBERCULOSIS (TB).

WE DEVELOPED A NEW DIAGNOSTIC TOOL TO ACCELERATE EFFORTS TO ELIMINATE RIVER BLINDNESS, OR ONCHOCERCIASIS, A LEADING CAUSE OF PREVENTABLE BLINDNESS IN AFRICA. PATH'S DIAGNOSTIC IS THE ONLY ANTIBODY TEST FOR THE DETECTION OF RIVER BLINDNESS TAILORED FOR USE IN THE RURAL AND REMOTE SETTINGS WHERE PEOPLE ARE MOST AFFECTED. IN 2013, WE TRANSFERRED THE TECHNOLOGY TO A SOUTH KOREAN MANUFACTURER, AND WE ARE WORKING TOGETHER TO BRING THE TEST TO MARKET.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

PATH ALSO WORKS WITH THE PEOPLE WE SERVE TO DEVELOP, ADAPT, AND

INTRODUCE HEALTH DEVICES THAT IMPROVE MATERNAL, REPRODUCTIVE, AND

NEWBORN HEALTH; NUTRITION; AND WATER AND SANITATION.

A KEY 2013 FOCUS WAS INCREASING CONTRACEPTIVE OPTIONS FOR THE 222

MILLION WOMEN WORLDWIDE WHO WANT TO AVOID PREGNANCY BUT ARE NOT USING

MODERN CONTRACEPTION. THE SILCS DIAPHRAGM-A ONE-SIZE-FITS-MOST

CONTRACEPTIVE DEVICE-WENT ON SALE IN SIX EUROPEAN COUNTRIES IN 2013. IT

IS THE FIRST NEW CERVICAL BARRIER METHOD TO REACH THE MARKET IN MORE

THAN A DECADE. PATH IS NOW ASSESSING HOW TO INTRODUCE THE DEVICE IN

LOW-RESOURCE SETTINGS, INCLUDING INDIA, SOUTH AFRICA, AND UGANDA.

PATH AND OUR PARTNERS ALSO DESIGNED THE WOMAN'S CONDOM, WHICH PROTECTS

WOMEN FROM BOTH PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS,

INCLUDING HIV. THE WOMAN'S CONDOM WAS APPROVED FOR SALE IN SOUTH AFRICA

IN 2013. WE BUILT DEMAND FOR FEMALE CONDOMS OVERALL THROUGH CAMPAIGNS

SUCH AS AN INTERNATIONAL FILM CONTEST, WITH WINNING FILMS SCREENED IN

MORE THAN TEN COUNTRIES.

FINALLY, OUR DIGITAL HEALTH SOLUTIONS GROUP (FORMERLY HEALTH MANAGEMENT

INFORMATION SYSTEMS) PROVIDED INFORMATION AND COMMUNICATION TECHNOLOGY

PRODUCTS AND SERVICES THAT ADDRESS THE SPECIFIC HEALTH NEEDS OF

PROGRAMS AND COUNTRIES. AN EXAMPLE OF THIS WORK IS THE BETTER

IMMUNIZATION DATA (BID) INITIATIVE, WHICH SUPPORTS AFRICAN COUNTRIES

INTERESTED IN IMPROVING THEIR HEALTH INFORMATION SYSTEM PRODUCTS,

POLICIES, AND PRACTICES AROUND DATA QUALITY, COLLECTION, AND USE IN

ORDER TO ENABLE EVIDENCE-BASED DECISION-MAKING.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPLEMENTING INTEGRATED STRATEGIES TO TACKLE THE REGION'S GREATEST HEALTH THREATS. IN 2013, WE TRAINED 5,600 COMMUNITY HEALTH WORKERS TO PROVIDE HEALTH EDUCATION AND SUPPORT, ESTABLISHED A COMMUNITY-BASED MOTORCYCLE AMBULANCE SERVICE FOR WOMEN IN LABOR, AND DEVISED A COMPREHENSIVE MALARIA STRATEGY FOR THE REGION. IN ALL, WE REACHED MORE THAN 3.7 MILLION KENYANS IN 2013 WITH INTEGRATED SERVICES FOR HIV/AIDS, MALARIA, MATERNAL AND CHILD HEALTH, AND TB.

IN VIETNAM, WE ARE WORKING WITH LOCAL VACCINE MANUFACTURERS TO PRODUCE AND TEST SEASONAL AND AVIAN INFLUENZA VACCINES AS AN IMPORTANT STEP TOWARD INCREASING LOCAL AND REGIONAL VACCINE SUPPLIES TO RESPOND TO OUTBREAKS. WE ALSO IMPLEMENTED AN INNOVATIVE MOBILE HEALTH APPLICATION TO INCREASE TB TREATMENT ADHERENCE. THE SOFTWARE LINKS TO THE NATIONAL TB TREATMENT MANAGEMENT DATABASE AND SENDS SMS TEXTS TO PATIENTS, REMINDING THEM TO TAKE THEIR MEDICINE AND ATTEND HEALTH CHECKUPS. THE APPLICATION INCREASED TB TREATMENT ADHERENCE FROM 91 TO 98 PERCENT.

IN INDIA, PATH IS SUPPORTING IMMUNIZATION CAMPAIGNS AND OTHER MEASURES TO CONTROL JAPANESE ENCEPHALITIS AND ACUTE ENCEPHALITIS SYNDROME. IN THE STATE OF BIHAR, 13.3 MILLION CHILDREN WERE IMMUNIZED AGAINST JAPANESE ENCEPHALITIS. THE STATE OF UTTAR PRADESH ESTABLISHED 100 ENCEPHALITIS TREATMENT CENTERS FOR CLINICAL MANAGEMENT OF THE TWO DISEASES TO PREVENT CHILDREN FROM DYING.

FINALLY, AS PART OF PATH'S COMPREHENSIVE STRATEGY TO ELIMINATE MALARIA IN AFRICA, WE WORK WITH NATIONAL MALARIA PROGRAMS IN A NUMBER OF COUNTRIES TO EXPAND COMPREHENSIVE TESTING AND TREATMENT, IMPROVE DATA

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

COLLECTION, AND INCREASE SURVEILLANCE. FOR EXAMPLE, IN SENEGAL, PATH TEAMED UP WITH EMPLOYERS, PHARMACIES, GOVERNMENT AGENCIES, AND OTHERS TO CREATE ZERO-MALARIA-TRANSMISSION ZONES BY PILOTING INNOVATIVE USES OF DRUGS AND DIAGNOSTICS AND BY IMPROVING THE TIMELINESS AND QUALITY OF DATA REPORTING. IN 2013, WE EXPANDED THE APPROACH TO THREE NEW DISTRICTS. WORKING WITH A NETWORK OF PARTNERS IN THE COUNTRY, WE HAVE CONTRIBUTED TO A 62 PERCENT DROP IN MALARIA DEATHS SINCE 2006.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
BUILDING THE FOUNDATIONS THAT LOCAL AND NATIONAL HEALTH SYSTEMS NEED TO COMBAT BOTH DISEASES. THROUGH A RANGE OF PROJECTS, WE REACHED HUNDREDS OF THOUSANDS OF PEOPLE IN 2013.

FOR EXAMPLE, IN THE DEMOCRATIC REPUBLIC OF THE CONGO, THE PATH-LED PROVIC PROJECT REACHED MORE THAN 325,000 PEOPLE WITH HIV PREVENTION, CARE, AND TREATMENT SERVICES IN 2013. WITH OUR PARTNERS, WE LAUNCHED A CLOUD-BASED MONITORING AND EVALUATION DATABASE THAT ANALYZES AND SHARES DATA ACROSS HIV "HOTSPOTS." WHEN THE DATA SHOWED THAT MOTHERS IN A PROGRAM TO PREVENT MOTHER-TO-CHILD HIV TRANSMISSION WERE NOT FOLLOWING UP WITH TREATMENT, WE LAUNCHED A MENTORING PROGRAM THAT DOUBLED THE NUMBER OF WOMEN ON TREATMENT.

THROUGH A PROGRAM CALLED ARISE-ENHANCING HIV PREVENTION FOR AT-RISK POPULATIONS-PATH COLLABORATED WITH DIVERSE PARTNERS IN INDIA AND FOUR AFRICAN COUNTRIES TO SCALE UP INNOVATIVE HIV PREVENTION STRATEGIES TARGETED AT VULNERABLE COMMUNITIES-INJECTING DRUG USERS, FEMALE SEX WORKERS, SERODISCORDANT COUPLES, MEN WHO HAVE SEX WITH MEN, AND HIV-POSITIVE WOMEN AND BABIES.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

PATH ALSO WORKED WITH DIVERSE PARTNERS TO INTEGRATE DETECTION AND CARE FOR TB INTO HEALTH SERVICES FOR CHILD HEALTH, DIABETES, HIV, AND OTHER CONDITIONS. FOR EXAMPLE, WE IMPLEMENTED TB-HIV COLLABORATIVE ACTIVITIES IN 1,125 FACILITIES IN TANZANIA. NEARLY 20,000 PEOPLE DIAGNOSED WITH TB WERE REFERRED FOR HIV TESTING; 22 PERCENT WERE FOUND TO BE HIV POSITIVE AND REGISTERED FOR HIV CARE. THE RATES OF HIV-POSITIVE PATIENTS STARTING TREATMENT INCREASED DRAMATICALLY, FROM 34 PERCENT IN 2012 TO MORE THAN 67 PERCENT IN 2013.

PATH'S REPRODUCTIVE HEALTH PROGRAM CONTINUED ITS WORK TO STRENGTHEN ACCESS TO FAMILY PLANNING, IMPROVE SCREENING AND TREATMENT FOR CERVICAL AND BREAST CANCERS, PREVENT SEXUALLY TRANSMITTED INFECTIONS, ADVOCATE FOR SERVICES AND SUPPLIES, INTRODUCE CONTRACEPTIVE TECHNOLOGIES, AND ENCOURAGE HEALTHY BEHAVIORS.

ONE OF OUR KEY EFFORTS IN 2013 WAS PAVING THE WAY FOR A NEW FORM OF A POPULAR INJECTABLE CONTRACEPTIVE. THE PRODUCT, SAYANA PRESS, WAS ADAPTED FOR DELIVERY IN THE UNIJECT INJECTION SYSTEM, DEVELOPED BY PATH AND TRADEMARKED BY BD. THE MEDICATION IS CONTAINED IN A SMALL PREFILLED SYRINGE THAT IS EASY TO TRANSPORT AND USE, EXPANDING THE CADRE OF HEALTH WORKERS WHO CAN PROVIDE INJECTIONS. PATH COORDINATED PLANNING AMONG GLOBAL AND COUNTRY PARTNERS IN PREPARATION FOR INTRODUCTION OF SAYANA PRESS IN FOUR AFRICAN COUNTRIES IN 2014. PATH ALSO ENHANCED THE SUSTAINABILITY OF FAMILY PLANNING PROGRAMS IN LOW-AND MIDDLE-INCOME COUNTRIES BY WORKING TO LINK PUBLIC- AND PRIVATE-SECTORS IN COMPREHENSIVE, TOTAL MARKET APPROACHES TO MEET CONTRACEPTIVE NEEDS.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

PATH ALSO SERVED AS THE SECRETARIAT FOR THE REPRODUCTIVE HEALTH

SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF 300 PUBLIC, PRIVATE, AND

NONGOVERNMENTAL ORGANIZATIONS WORKING TO EXPAND ACCESS TO SUPPLIES,

SERVICES, AND OPTIONS FOR PREVENTING UNINTENDED PREGNANCIES AND

SEXUALLY TRANSMITTED INFECTIONS.

AS PART OF OUR NONCOMMUNICABLE DISEASES PROGRAM, PATH WORKS TO IMPROVE

DETECTION AND TREATMENT OF CERVICAL AND BREAST CANCERS. IN 2013, WE

REFINED AND EXPANDED A PILOT PROJECT IN PERU THAT IS INCREASING WOMEN'S

ACCESS TO EARLY DETECTION AND TREATMENT OF BREAST CANCER, ADDING A

PATIENT NAVIGATION PROGRAM AND CURRICULUM FOR A BIOPSY TECHNIQUE CALLED

FINE-NEEDLE ASPIRATION.

FINALLY, OUR PUBLIC HEALTH IMPACT PORTFOLIO IMPROVED THE HEALTH OF

WOMEN AND CHILDREN THROUGH EVIDENCE-BASED APPROACHES THAT TACKLE THE

LEADING CAUSES OF MATERNAL AND CHILD DEATH IN LOW-RESOURCE SETTINGS.

POSTPARTUM HEMORRHAGE, OR EXCESSIVE BLEEDING AFTER CHILDBIRTH, IS THE

LEADING CAUSE OF MATERNAL DEATH WORLDWIDE. A CLINICAL TRIAL COMPLETED

BY PATH'S OXYTOCIN INITIATIVE IN 2013 FOUND THAT USE OF OXYTOCIN IN THE

UNIJECT INJECTION SYSTEM BY COMMUNITY HEALTH WORKERS IN GHANA REDUCED

THE RISK OF POSTPARTUM HEMORRHAGE DURING HOME-BASED BIRTHS. PATH

CO-FACILITATED THE DRAFTING OF A NATIONAL STRATEGY TO ADDRESS

POSTPARTUM HEMORRHAGE USING RESULTS AND RECOMMENDATIONS FROM THE

CLINICAL TRIAL.

IN SOUTH AFRICA AND MOZAMBIQUE, WE CONTINUED TO EXPAND OUR TRAINING AND

MENTORING OF MATERNAL AND CHILD HEALTH PROVIDERS THROUGH THE WINDOW OF

Name of the organization
PATH

Employer identification number
91-1157127

OPPORTUNITY PROJECT, WHICH SERVES A POPULATION OF APPROXIMATELY 4
MILLION.

TO REDUCE NEONATAL MORTALITY AND IMPROVE NUTRITION, PATH IS WORKING TO
STRENGTHEN HUMAN MILK BANKING TO ENSURE INFANTS HAVE ACCESS TO DONOR
BREAST MILK WHEN THEIR MOTHERS' MILK IS UNAVAILABLE. IN 2013, WE
LAUNCHED "STRENGTHENING HUMAN MILK BANKING: A GLOBAL IMPLEMENTATION
FRAMEWORK" TO PROVIDE GUIDANCE ON ESTABLISHING SAFE SYSTEMS. WE ALSO
COLLABORATED ON THE EVALUATION OF A LOW-COST SYSTEM THAT USES MOBILE
PHONES TO MANAGE THE PASTEURIZATION OF DONATED BREAST MILK.

THROUGH THE MAXIMISING THE QUALITY OF SCALING UP NUTRITION PROJECT, A
PATH-LED CONSORTIUM WORKED WITH OVER 20 COUNTRIES TO ADDRESS
UNDERNUTRITION BY BUILDING CAPACITY, GENERATING EVIDENCE, FACILITATING
HIGH-QUALITY PROGRAM DESIGN, AND TESTING INNOVATIVE NUTRITION
SOLUTIONS.

WE ALSO HELPED DEVELOP STRATEGIC DISTRIBUTION MODELS TO INCREASE ACCESS
TO RICE FORTIFIED WITH VITAMINS AND MINERALS USING THE ULTRA RICE
FORTIFICATION TECHNOLOGY, ADVANCED BY PATH AND TRADEMARKED BY BON DENTE
INTERNATIONAL, INC. FORTIFIED GRAINS ARE BEING INTEGRATED INTO
LARGE-SCALE FOOD ASSISTANCE PROGRAMS IN BURUNDI AND CAMBODIA, RETAIL
CHANNELS IN BRAZIL, AND SMALL-SCALE DISTRIBUTION CHANNELS IN MALI. IN
INDIA, WE HELPED ESTABLISH PRODUCTION OF FORTIFIED GRAINS FOR A WORLD
FOOD PROGRAMME PILOT PROJECT THAT REACHED 100,000 CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES: PATH'S ADVOCACY AND PUBLIC POLICY PROGRAM WORKS

332212
09-04-13

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

IN THE UNITED STATES, THE INTERNATIONAL ARENA, AND COUNTRIES AND COMMUNITIES AROUND THE WORLD TO HELP POLICYMAKERS UNDERSTAND ISSUES AND MOTIVATE THEM TO COMMIT FUNDING, CRAFT POLICIES, AND SPONSOR INITIATIVES TO STRENGTHEN GLOBAL HEALTH EFFORTS. IN 2013, PATH'S ADVOCACY HELPED TO EXPAND THE MANDATE OF ONE OF THE WORLD'S LARGEST PUBLIC-PRIVATE PARTNERSHIPS FOR RESEARCH AND DEVELOPMENT OF NEW HEALTH TECHNOLOGIES TO FIGHT INFECTIOUS DISEASES. AS A RESULT OF OUR WORK, THE SCOPE OF THE EUROPEAN AND DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP NOW INCLUDES ACCELERATING CLINICAL TESTING OF TOOLS TO CONTROL NEGLECTED DISEASES LINKED TO POVERTY.

OUR IN-COUNTRY SUPPORT ALSO HAD SUCCESS IN ADVANCING HEALTH POLICIES WITH THE POTENTIAL TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN. FOR EXAMPLE, IN ZAMBIA, TWO MAJOR POLICIES TO EXPAND AND IMPROVE NEWBORN HEALTH CARE WERE APPROVED BY THE COUNTRY'S MINISTRY OF HEALTH AS A RESULT OF OUR ADVOCACY AND POLICY DEVELOPMENT SUPPORT TO COUNTRY HEALTH ADVISORS. ZAMBIA IS A COUNTRY WITH HIGH INFANT MORTALITY AND PREVIOUSLY HAD FEW POLICIES TO REDUCE THE PREVENTABLE DEATHS OF NEWBORNS.

PATH HAS A STRATEGY TO INTEGRATE, COORDINATE, AND STRATEGICALLY LEVERAGE PATH'S PROGRAMS, INTERVENTIONS, AND STAFF EXPERTISE TO MAXIMIZE IMPACT AND VALUE FOR MONEY. A KEY PART OF THIS WORK IS IMPLEMENTING CAREFULLY TARGETED, MULTIYEAR INITIATIVES CALLED IMPACT INITIATIVES. THROUGH THE IMPACT INITIATIVES, CROSS-PROGRAM TEAMS IDENTIFY HIGH-PRIORITY AREAS FOR IMPROVEMENT, SET INSTITUTIONAL GOALS, AND THEN MOBILIZE RESOURCES TO ACHIEVE THEM. THE 2013 IMPACT INITIATIVE INCLUDE MATERNAL AND NEONATAL HEALTH TECHNOLOGIES, DIARRHEAL DISEASE AND PNEUMONIA, MALARIA, AND FAMILY PLANNING.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

EXPENSES \$ 7,996,340. INCLUDING GRANTS OF \$ 2,466,837. REVENUE \$ 823.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, CAMBODIA, CHINA, CONGO, DEM REP,

ETHIOPIA, FRANCE, GHANA, INDIA,

MOZAMBIQUE, BURMA, NICARAGUA, PERU,

SWITZERLAND, TANZANIA, THAILAND, UGANDA,

KENYA, UKRAINE, VIETNAM, ZAMBIA,

SENEGAL, SOUTH AFRICA

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY PATH ACCOUNTING SERVICES STAFF. PATH SENIOR MANAGEMENT REVIEWED THE DRAFT FORM. A COPY OF THE FINAL 990 WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE CFO SIGNED THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BOARD MEMBERS, PATH MANAGEMENT, AND ALL STAFF ABOVE A DESIGNATED LEVEL IN THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEE WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD'S COMPENSATION COMMITTEE ANNUALLY REVIEWS SALARY AND BENEFITS FOR KEY EMPLOYEE POSITIONS AND PROVIDES GUIDANCE TO THE CEO ON COMPENSATION DECISIONS FOR KEY POSITIONS.

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

THE COMPENSATION AND BENEFITS FOR PATH'S PRESIDENT AND CEO ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR AT THE MAY BOARD MEETING.

PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK EXECUTIVE COMPENSATION (PRESIDENT/CEO AND VICE PRESIDENTS). THE LAST MAJOR REVIEW WAS COMPLETED IN 2014, WHEN PATH ENGAGED MERCER (A COMPENSATION, BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND PROPOSED BASE SALARIES OF PATH'S PRESIDENT/CEO, VICE PRESIDENTS, AND PROGRAM/DEPARTMENT LEADERS. MERCER USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES FOR THESE POSITIONS. THE BOARD'S COMPENSATION COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE COMPENSATION PACKAGES FOR THE VICE PRESIDENTS, WITH RATIFICATION BY THE BOARD. THE BOARD ALSO APPROVED THE COMMITTEE'S RECOMMENDATION FOR THE PRESIDENT/CEO'S COMPENSATION. ADDITIONALLY, MERCER REVIEWED THE PROPOSED TOTAL COMPENSATION AND BENEFIT PACKAGE FOR THE PRESIDENT/CEO POSITION AND OBTAINED A SIGNIFICANT NUMBER OF DATA POINTS TO ASCERTAIN ITS REASONABLENESS AND APPROPRIATENESS. THE BOARD REVIEWED MERCER'S FINDINGS AND APPROVED THE TOTAL PACKAGE FOR THIS POSITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, CA, CT, FL, IL, MA, MD, NJ, NY, NC, OH, OR, PA, TX, VA, VT, WA

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: PATH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

PATH

Employer identification number

91-1157127

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

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	No
PATH VACCINE SOLUTIONS - 83-0431851 2201 WESTLAKE AVENUE SEATTLE, WA 98109	ADVANCE DEVELOPMENT OF VACCINES TO IMPROVE THE HEALTH OF CHILDREN	WASHINGTON	501(C)(3)	LINE 11A	PATH	X	
ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH, 25 (BUILDING B0 SHOTA RUSTAVELI STR., KYIV, UKRAINE	REDUCE THE TB BURDEN IN UKRAINE	UKRAINE	N/A	N/A	PATH	X	
PATH DRUG SOLUTIONS - 94-3384500 280 UTAH AVENUE, SUITE 250 SAN FRANCISCO, CA 94080	DEVELOPMENT & DISTRIBUTION OF SAFE, EFFECTIVE, AND AFFORDABLE MEDICINES	CALIFORNIA	501(C)(3)	LINE 11A	PATH	X	
FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND, 207 ROUTE DE FERNEY 1218 LE GRAND-SACONNEX, GENEVA, SWITZERLAND	EDUCATIONAL AND SCIENTIFIC PROMOTION OF HEALTH	SWITZERLAND	N/A	N/A	PATH	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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) Disproportionate 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) PATH VACCINE SOLUTIONS	C	12,702,315.FMV	
(2) PATH VACCINE SOLUTIONS	B	424,773.FMV	
(3) ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH	C	423,280.FMV	
(4) ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH	B	919,588.FMV	
(5) PATH DRUG SOLUTIONS	C	4,022,391.FMV	
(6) PATH DRUG SOLUTIONS	B	535,489.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - (7) SWITZERLAND	C	1,325,097.	FMV
FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - (8) SWITZERLAND	B	3,352,920.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	2201 WESTLAKE AVENUE, NO. 200	91-1157127
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SEATTLE, WA 98121	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

OLIVIA POLIUS, CHIEF FINANCIAL OFFICER

- The books are in the care of 2201 WESTLAKE AVE., SUITE 200 - SEATTLE, WA 98121
Telephone No. 206-285-3500 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 2014.
- For calendar year 2013, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title CPA Date