

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

2014

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 2014 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PATH		D Employer identification number 91-1157127
	Doing business as		E Telephone number 206-285-3500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 346,979,287
	2201 WESTLAKE AVENUE	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE WA 98121		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: STEVE DAVIS 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)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	746	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Not unrelated business taxable income from Form 990 T, line 34	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	260,656,932	286,891,535
	9	Program service revenue (Part VIII, line 2g)	3,946	22,378
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,050,396	1,565,398
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,433,300	801,633
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	265,144,574	289,280,944	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,704,584	71,872,357
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,626,168	110,831,078
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	3,257,077	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111,371,191	93,920,413
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	285,701,943	276,623,848
19	Revenue less expenses. Subtract line 18 from line 12	-20,557,369	12,657,096	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	485,822,280	495,616,246
	21	Total liabilities (Part X, line 26)	57,067,664	54,206,418
22	Net assets or fund balances. Subtract line 21 from line 20	428,754,616	441,409,828	

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>	11/9/15
	OLIVIA POLIUS, CHIEF FINANCIAL OFFICER	Type or print name and title

Paid Preparer Use Only	Print preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	DAVID F. GRALING CPA	<i>[Signature]</i> CPA	11-6-15	<input type="checkbox"/>	P 00366995
	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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 108,848,538. including grants of \$ 39,768,359.) (Revenue \$ 750.) PRODUCT DEVELOPMENT: PATH IS A GLOBAL LEADER IN IDENTIFYING, DEVELOPING, AND INTRODUCING AFFORDABLE, EFFECTIVE, AND EASY-TO-USE HEALTH TECHNOLOGIES TO ADDRESS URGENT HEALTH CHALLENGES. OUR VACCINES, DRUGS, DIAGNOSTICS, DEVICES AND TOOLS, AND DIGITAL HEALTH SOLUTIONS ARE EMPOWERING COMMUNITIES AND TRANSFORMING HEALTH WORLDWIDE, PARTICULARLY IN LOW-RESOURCE SETTINGS. PATH SPECIALIZES IN USHERING HEALTH TECHNOLOGIES AND SYSTEMS INNOVATIONS ALL THE WAY FROM BRIGHT IDEA TO LIFESAVING USE IN COMMUNITIES AROUND THE WORLD. WE OVERCOME BARRIERS ON THIS "JOURNEY OF INNOVATION," INCLUDING MARKET CONCERNS, GAPS IN DEMAND AND SUPPLY, POLICY AND REGULATORY ROADBLOCKS, INTRODUCTION, AND OTHER

4b (Code:) (Expenses \$ 71,547,298. including grants of \$ 16,148,119.) (Revenue \$ 1,083.) PUBLIC HEALTH: PATH'S PUBLIC HEALTH PORTFOLIO FOCUSES ON SEVERAL KEY AREAS: REPRODUCTIVE HEALTH; MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION; NONCOMMUNICABLE DISEASES; MALARIA CONTROL AND ELIMINATION; AND HIV/AIDS AND TB PROGRAMS. IT ALSO SUPPORTS CROSS-PROGRAM COLLABORATIONS THAT INCREASE OUR IMPACT BY PUTTING OUR RESOURCES TO BEST USE. THROUGHOUT THESE EFFORTS, WE COLLABORATE WITH GOVERNMENTS, COMMUNITIES, AND CIVIL SOCIETY GROUPS AROUND THE WORLD TO STRENGTHEN THE LOCAL AND NATIONAL HEALTH SYSTEMS THAT PROVIDE CRUCIAL SERVICES. WE ALSO DEVELOP AND INTRODUCE PROVEN STRATEGIES TO IMPROVE HEALTH AND ENCOURAGE HEALTHY BEHAVIORS.

4c (Code:) (Expenses \$ 36,892,844. including grants of \$ 12,416,472.) (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. WE COLLABORATE WITH COUNTRY PARTNERS TO IMPLEMENT SUSTAINABLE, COUNTRY-OWNED INNOVATIONS THAT STRENGTHEN HEALTH SYSTEMS, ENCOURAGE HEALTHIER BEHAVIORS, AND FOSTER MORE EQUAL ACCESS TO CARE AND SERVICES.

IN 2014, WE CONTINUED OUR EFFORTS TO REDUCE THE BURDEN OF HIV/AIDS AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,076,043. including grants of \$ 3,539,407.) (Revenue \$ 20,545.)

4e Total program service expenses 227,364,723.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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, address, and telephone number of the person who possesses the organization's books and records: 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) DEAN ALLEN BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) GEORGE GOTSADZE BOARD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) EIVOR HALKJAER BOARD SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) DAVID KING BOARD TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) JO ADDY DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) KOFI AMEGASHIE DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) PHYLLIS CAMPBELL DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) ALEX CHIKA EZAH DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) RAJENDRA VATTIKUTI DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) KEVIN REILLY DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) VINCENT MCGEE DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) FELIX OLALE DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) TSITSI MASIYIWA DIRECTOR (BEGAN 12/17/14)	2.00 0.00	X						0.	0.	0.
(14) IREENA VITTAL DIRECTOR (BEGAN 12/17/14)	2.00 0.00	X						0.	0.	0.
(15) YEHONG ZHANG DIRECTOR (BEGAN 12/17/14)	2.00 0.00	X						0.	0.	0.
(16) STEVEN B. DAVIS PRESIDENT AND CEO	38.00 2.00			X				569,984.	0.	43,512.
(17) MICHAEL B. KOLLINS CHIEF OPERATING OFFICER	40.00 0.00			X				275,774.	0.	40,645.

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) OLIVIA POLIUS CHIEF FINANCIAL OFFICER	38.00 2.00			X				255,770.	0.	39,644.
(19) DAVID C. KASLOW VP, PRODUCT DEVELOPMENT	38.00 2.00				X			378,301.	0.	41,432.
(20) JOHN W. BOSLEGO GLOBAL PROG. LDR II (UNTIL 12/2/14)	40.00 0.00				X			328,552.	0.	40,363.
(21) AMIE E. BATSON CHIEF STRATEGY OFFICER	39.00 1.00				X			275,229.	0.	32,472.
(22) RIKKA E. TRANGSRUD COUNTRY PROGRAM LEADER II	40.00 0.00				X			272,382.	0.	31,254.
(23) ASHLEY J. BIRKETT GLOBAL PROGRAM LEADER I	40.00 0.00				X			271,008.	0.	26,224.
(24) KATHLEEN M. NEUZIL GLOBAL PROGRAM LEADER I	40.00 0.00				X			255,164.	0.	35,920.
(25) DANIEL LASTER GENERAL COUNSEL	38.00 2.00				X			250,848.	0.	39,180.
(26) ANURAG PRABHAKAR MAIRAL GLOBAL PROGRAM LEADER I	40.00 0.00				X			236,991.	0.	38,525.
1b Sub-total								3,370,003.	0.	409,171.
c Total from continuation sheets to Part VII, Section A								2,320,500.	0.	285,068.
d Total (add lines 1b and 1c)								5,690,503.	0.	694,239.

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 237

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		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
AEROTEK, INC. 7301 PARKWAY DRIVE S, HANOVER, MD 21076	STAFFING SERVICES	811,419.
WIDENET CONSULTING GROUP, LLC 11400 SE 6TH ST #130, BELLEVUE, WA 98004	CONSULTING	721,903.
NYHUS COMMUNICATIONS, LLC. 1525 4TH AVE. #400, SEATTLE, WA 98104	CONSULTING	470,845.
SLALOM, LLC 821 2ND AVE, STE 1900, SEATTLE, WA 98124	CONSULTING	360,018.
RESOURCES GLOBAL PROFESSIONALS 17101 ARMSTRONG AVE. #100, IRVINE, CA 90074	STAFFING SERVICES	320,038.

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 21

SEE PART VII, SECTION A CONTINUATION SHEETS

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	35,220.				
	d Related organizations	1d	22,856,948.				
	e Government grants (contributions)	1e	79,718,238.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	184,281,129.				
	g Noncash contributions included in lines 1a-1f: \$		722,100.				
	h Total. Add lines 1a-1f		286,891,535.				
	Program Service Revenue	2 a HONORARIUM	Business Code				
		900099	15,328.	15,328.			
b CONSULTANCIES		541900	5,967.	5,967.			
c SALES		900099	1,083.	1,083.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		22,378.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,370,599.			1,370,599.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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				
		57,687,644.	97,000.				
		b Less: cost or other basis and sales expenses		57,219,488.	370,357.		
		c Gain or (loss)		468,156.	-273,357.		
	d Net gain or (loss)		194,799.			194,799.	
	8 a Gross income from fundraising events (not including \$ 35,220. of contributions reported on line 1c). See Part IV, line 18	a	141,900.				
		b Less: direct expenses	b	105,259.			
		c Net income or (loss) from fundraising events		36,641.			36,641.
9 a Gross income from gaming activities. See Part IV, line 19	a	5,100.					
	b Less: direct expenses	b	3,239.				
	c Net income or (loss) from gaming activities		1,861.			1,861.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REIMBURSEMENTS	900099	519,092.			519,092.		
b OTHER	900099	141,068.			141,068.		
c GAIN-FOREIGN EXCH.	900099	102,971.			102,971.		
d All other revenue							
e Total. Add lines 11a-11d		763,131.					
12 Total revenue. See instructions.		289,280,944.	22,378.	0.	2,367,031.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,755,257.	30,755,257.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	250,504.	250,504.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	40,866,596.	40,866,596.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,779,705.	2,263,520.	2,493,243.	22,942.
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	80,749,839.	48,180,820.	31,404,940.	1,164,079.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,616,783.		7,616,783.	
9 Other employee benefits	11,283,728.	1,009,697.	10,274,031.	
10 Payroll taxes	6,401,023.	231,905.	6,169,118.	
11 Fees for services (non-employees):				
a Management				
b Legal	311,708.	86,294.	225,414.	
c Accounting	388,147.	23,687.	364,460.	
d Lobbying	113,288.	26,136.	87,152.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	266,421.		266,421.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,043,281.	6,516,284.	3,455,486.	71,511.
12 Advertising and promotion	314,518.	151,918.	153,915.	8,685.
13 Office expenses	4,658,968.	3,542,303.	1,070,422.	46,243.
14 Information technology	1,020,432.	491,233.	481,825.	47,374.
15 Royalties	48,980.	48,980.		
16 Occupancy	10,248,321.	625,861.	9,622,460.	
17 Travel	18,020,598.	15,719,728.	2,215,508.	85,362.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,494,926.	5,991,886.	341,775.	161,265.
20 Interest	75,698.		75,698.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,489,286.	179,178.	2,310,108.	
23 Insurance	339,568.	22,259.	317,309.	
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	25,037,206.	23,859,661.	585,746.	591,799.
b EQUIP RENT & MAINT	5,833,787.	4,819,336.	977,047.	37,404.
c FACILITIES ALLOC	0.	9,953,020.	-10,314,538.	361,518.
d LEAVE & BENS ALLOC	0.	26,131,638.	-26,759,258.	627,620.
e All other expenses	8,215,280.	5,617,022.	2,566,983.	31,275.
25 Total functional expenses. Add lines 1 through 24e	276,623,848.	227,364,723.	46,002,048.	3,257,077.
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	13,397,133.	1	27,155,160.
	2 Savings and temporary cash investments	40,026,863.	2	85,106,641.
	3 Pledges and grants receivable, net	254,302,858.	3	225,750,342.
	4 Accounts receivable, net	7,771,974.	4	12,072,596.
	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	2,850,259.	9	2,917,489.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,563,347.		
	b Less: accumulated depreciation	10b 16,642,765.	18,577,714.	10c 16,920,582.
	11 Investments - publicly traded securities	148,068,288.	11	125,648,641.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	223,973.	14	44,795.
	15 Other assets. See Part IV, line 11	603,218.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	485,822,280.	16	495,616,246.	
Liabilities	17 Accounts payable and accrued expenses	52,731,771.	17	50,802,396.
	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	4,335,893.	23	3,404,022.
	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	57,067,664.	26	54,206,418.
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	21,836,456.	27	19,517,592.
	28 Temporarily restricted net assets	403,540,565.	28	418,505,291.
	29 Permanently restricted net assets	3,377,595.	29	3,386,945.
	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	428,754,616.	33	441,409,828.	
34 Total liabilities and net assets/fund balances	485,822,280.	34	495,616,246.	

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	289,280,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	276,623,848.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,657,096.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	428,754,616.
5	Net unrealized gains (losses) on investments	5	-1,884.
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	441,409,828.

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** (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization PATH	Employer identification number 91-1157127
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	152,434,405.	240,628,741.	171,536,869.	260,656,932.	286,891,535.	1112148482.
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	152,434,405.	240,628,741.	171,536,869.	260,656,932.	286,891,535.	1112148482.
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)						362,632,553.
6 Public support. Subtract line 5 from line 4.						749,515,929.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	152,434,405.	240,628,741.	171,536,869.	260,656,932.	286,891,535.	1112148482.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	4,380,066.	2,797,154.	2,295,453.	1,577,831.	1,370,599.	12,421,103.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...					38,502.	38,502.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,557,958.	502,596.	730,742.	2,432,891.	763,131.	5,987,318.
11 Total support. Add lines 7 through 10						1130595405.
12 Gross receipts from related activities, etc. (see instructions)					12	172,419.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	66.29 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	70.73 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

Name of organization PATH	Employer identification number 91-1157127
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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/>	\$ 151,014,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,586,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 47,221,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
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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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization PATH	Employer identification number 91-1157127
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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) 2014

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432041
10-21-14

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,207.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	221,479.													
c	Total lobbying expenditures (add lines 1a and 1b)	222,686.													
d	Other exempt purpose expenditures	276,401,162.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	276,623,848.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	197,270.	193,545.	106,680.	222,686.	720,181.
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			3,098.	1,207.	4,305.

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, lines 1 and 2 (see instructions); 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

2014

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
 - 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) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 Revenue 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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	9,016,994.	7,806,786.	6,868,767.	6,671,532.	5,943,911.
b Contributions	9,350.	2,550.	5,392.	2,700.	1,790.
c Net investment earnings, gains, and losses	768,184.	1,503,301.	932,627.	194,535.	725,831.
d Grants or scholarships					
e Other expenditures for facilities and programs	390,340.	295,643.			
f Administrative expenses					
g End of year balance	9,404,188.	9,016,994.	7,806,786.	6,868,767.	6,671,532.

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

- a Board designated or quasi-endowment 37.00 %
- b Permanent endowment 36.00 %
- 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		19,881,814.	7,463,795.	12,418,019.
d Equipment		10,092,316.	7,428,727.	2,663,589.
e Other		3,589,217.	1,750,243.	1,838,974.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,920,582.

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.

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

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.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 shaded area for calculations.

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 shaded area for calculations.

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:

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization PATH	Employer identification number 91-1157127
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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		2,136.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PUBLIC HEALTH	186,353.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		125,619.
EAST ASIA AND THE PACIFIC	5	53	MANAGEMENT & GENERAL		1,468,082.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	2,217,011.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,838,917.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC HEALTH	1,088,502.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OTHER	15,144.
3 a Sub-total	6	54			7,941,764.
b Total from continuation sheets to Part I	29	584			135,791,396.
c Totals (add lines 3a and 3b)	35	638			143,733,160.

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

Schedule F (Form 990) 2014

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	GRANTMAKING		3,457,996.
EUROPE	3	27	MANAGEMENT & GENERAL		2,112,395.
EUROPE	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	21,478,042.
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,932,936.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC HEALTH	5,697,140.
EUROPE	0	0	PROGRAM SERVICES	OTHER	76,062.
EUROPE	0	0	FUNDRAISING		2,327.
EUROPE	0	0	GRANTMAKING		23,005,012.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL		-405.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	136,050.
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	GRANTMAKING		53,201.
NORTH AMERICA	0	0	MANAGEMENT & GENERAL		16,521.
NORTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	466,724.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	225,042.
NORTH AMERICA	0	0	PROGRAM SERVICES	OTHER	2,225.
NORTH AMERICA	0	0	GRANTMAKING		182,219.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	10	MANAGEMENT & GENERAL		493,412.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	748,659.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PUBLIC HEALTH	2,362.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	OTHER	16,252.
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		54,094.
SOUTH AMERICA	1	2	MANAGEMENT & GENERAL		96,818.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	265,117.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	466,029.
SOUTH AMERICA	0	0	GRANTMAKING		475,908.
SOUTH ASIA	6	63	MANAGEMENT & GENERAL		1,445,057.
SOUTH ASIA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	3,382,369.
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,871,215.
SOUTH ASIA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	528,391.
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	14,333.
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	FUNDRAISING		19,237.
SOUTH ASIA	0	0	GRANTMAKING		3,238,100.
SUB-SAHARAN AFRICA	18	482	MANAGEMENT & GENERAL		10,203,240.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	6,843,688.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	18,943,397.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	15,015,023.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	539,705.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		11,056.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,274,447.
Totals	29	584			135,791,396.

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)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,661	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	25,764	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	64,952	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,610	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	46,567	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	335,294	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,468	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	16,347	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 **274**

3 Enter total number of other organizations or entities **50**

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	7,802.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	498,546.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	296,515.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,509.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,507.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	29,282.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH	7,702.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	INTERNATIONAL DEVELOPMENT	54,094.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,079.	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	15,744.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	21,633.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PUBLIC HEALTH	53,201.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	52,849.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,664.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	23,273.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,249.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	8,825.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	132,050.	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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	74,760.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,576.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	261,494.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,975.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	5,092.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,025.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	93,851.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	378,366.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	15,556.	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	20,478.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	8,906.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	70,553.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	43,357.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,614.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,329.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,599.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,088.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	61,455.	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	172,097	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,057	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,475	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,440	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,917	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,072	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	181,636	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,783	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	11,447	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	11,236.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	47,631.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	109,064.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	34,742.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	81,758.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	26,576.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,775.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	70,867.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,192.	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 THE PACIFIC	INTERNATIONAL DEVELOPMENT	64,522.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,445.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,297.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,033.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	43,339.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	174,900.	CHECK/WIRE	0.		
		EUROPE	OTHER	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	40,059.	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	36,192.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	652,171.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	445,431.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,353.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	7,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,600.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	21,484.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	25,379.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	46,810.	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	24,936.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,883.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	25,158.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	801,124.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	143,666.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	24,061.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,076.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	27,096.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	31,999.	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 THE PACIFIC	PRODUCT DEVELOPMENT	177,701.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	38,287.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	20,360.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	100,758.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	61,767.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	34,321.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,301.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,604.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	42,203.	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	35,440.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	21,653.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH	13,858.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,859.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,696.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	733,020.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	174,746.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	4,391,410.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	58,516.	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	30,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,192.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	38,863.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	47,475.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,497.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	123,594.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	24,650.	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)
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	111,707.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,619.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	39,439.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	580,700.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,552,397.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	30,260.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	20,827.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	69,316.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	60,000.	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	PUBLIC HEALTH	105,782.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	323,717.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,019,121.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	504,882.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	100,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	77,253.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	9,100.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	385,099.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	16,428.	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	PUBLIC HEALTH	50,000.	CHECK/WIRE	0.		
		NORTH AMERICA	PUBLIC HEALTH	88,458.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	61,698.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	19,391.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,331.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,189.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	6,378.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	11,830.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,335.	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	13,240.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,851.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,824.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,574.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,761.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,285.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,344.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,457.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,895.	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	37,438.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	811,274.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	233,045.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,468.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	130,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,125.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,180.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,882.	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	19,029.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	33,967.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	363,819.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,513.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,307.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	28,260.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,552.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	178,559.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	6,286.	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	16,403.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	185,570.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,575.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	50,401.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	221,047.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	30,081.	CHECK/WIRE	0.		
		EUROPE	INTERNATIONAL DEVELOPMENT	240,463.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	876,521.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	38,706.	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	18,774.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,860.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	267,908.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,814.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,156.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	255,898.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,417.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,043.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	15,923.	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	PUBLIC HEALTH	9,177.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	22,231.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	20,741.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	27,073.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	87,377.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,516.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	8,328.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,637.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,188.	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)
		NORTH AMERICA	PUBLIC HEALTH	41,211.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	115,186.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,222.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	85,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,546.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH	48,567.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,593.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	50,859.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,245.	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	230,430.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	8,055.	CHECK/WIRE	0.		
		SOUTH AMERICA	INTERNATIONAL DEVELOPMENT	5,880.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	123,967.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,793.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	10,331.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	8,260.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,514.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,220.	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	18,366.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,175.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,582.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,072.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,560.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,132.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,847.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,881.	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	7,493.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	877,721.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	6,271.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	14,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,404.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	16,386.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	1,040,941.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH	50,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,794.	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	11,059.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	273,164.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	31,928.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	31,061.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	10,494.	CHECK/WIRE	0.		
		NORTH AMERICA	PUBLIC HEALTH	26,100.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	54,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	PUBLIC HEALTH	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,427.	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 THE PACIFIC	PRODUCT DEVELOPMENT	100,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	411,130.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	10,410.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,727.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	14,057.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	5,540.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,264.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	9,963.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,348.	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	7,839.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,212.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,661.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	25,690.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	42,268.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	250,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,635.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,001.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,776.	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	320,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	3,300,736.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	2,712.	CHECK/WIRE	0.		
		EUROPE	OTHER	2,353,409.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	91,684.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	54,136.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	29,972.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,350.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,184.	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 THE PACIFIC	PRODUCT DEVELOPMENT	58,071.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,961.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	9,887.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	30,939.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,937.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	25,986.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,896.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,305.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,106.	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	INTERNATIONAL DEVELOPMENT	5,859.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,435.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	25,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	290,187.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,231.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	181,236.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,048.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	37,549.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	5,376.	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	22,634.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	92,952.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	12,781.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	42,431.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,723.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	11,656.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,548.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,422.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	8,176.	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	21,923.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	147,061.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	280,092.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	257,347.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	56,743.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	201,868.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	219,959.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	841,382.	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	34,641.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,602,157.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	52,208.	CHECK/WIRE	0.		
		NORTH AMERICA	PRODUCT DEVELOPMENT	26,450.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	29,942.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	24,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,686.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,631.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	290,300.	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	35,147.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	6,764.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	302,872.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	75,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,993.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,171.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,993.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,007.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,231.	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	PUBLIC HEALTH	10,524.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	OTHER	5,944.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	59,745.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	292,417.	CHECK/WIRE	0.		
		EUROPE	INTERNATIONAL DEVELOPMENT	295,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	917,344.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	42,039.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	22,984.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,987.	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	10,628	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	58,781	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	21,949	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	167,409	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	-179	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	-12,850	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; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

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:

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.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF BENEFIT (event type)	(event type)	(total number)	
1	Gross receipts	177,120.			177,120.
2	Less: Contributions	35,220.			35,220.
3	Gross income (line 1 minus line 2)	141,900.			141,900.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	38,218.		38,218.
	6	Rent/facility costs	54,379.		54,379.
	7	Food and beverages			
	8	Entertainment	2,786.		2,786.
	9	Other direct expenses	9,876.		9,876.
10	Direct expense summary. Add lines 4 through 9 in column (d)				105,259.
11	Net income summary. Subtract line 10 from line 3, column (d)				36,641.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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

2014

**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 Domestic Organizations and Domestic Governments. 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
ACCELOVANCE, INC. 2275 RESEARCH BOULEVARD, SUITE 700 ROCKVILLE, MD 20850	20-0956757	N/A	744,175.	0.			PRODUCT DEVELOPMENT
ADVANCED BIOSCIENCE LABORATORIES, INC. - 9800 MEDICAL CENTER DRIVE, BUILDING D - ROCKVILLE, MD 20850	62-1242262	N/A	178,400.	0.			PRODUCT DEVELOPMENT
AKROS, INC. - RESEARCH ANALYTICS 3350 LAZERA RANCH ROAD CHEYENNE, WY 82007	26-3668995	N/A	309,411.	0.			INTERNATIONAL DEVELOPMENT
APPLIED STRATEGIES CONSULTING LLC 951 MARINERS ISLAND BLVD., SUITE 4 SAN MATEO, CA 94404	33-1026972	N/A	25,876.	0.			PUBLIC HEALTH
BASIC HEALTH INTERNATIONAL, INC. THE MOUNT SINAI MEDICAL CENTER ONE GUSTAV, L. LEVY PLACE, P.O. BOX 1170 - NE	20-3408717	501(C)(3)	263,348.	0.			PUBLIC HEALTH
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	178,517.	0.			PUBLIC HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 56.

3 Enter total number of other organizations listed in the line 1 table ▶ 24.

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

Schedule I (Form 990) (2014)

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
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	26,887.	0.			PRODUCT DEVELOPMENT
BROADREACH HEALTHCARE, LLC 1655 NORTH FORT MYER DR., SUITE 70 ARLINGTON, VA 22209	86-1052728	N/A	309,328.	0.			INTERNATIONAL DEVELOPMENT
CASCADE DESIGNS, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	9,624.	0.			PRODUCT DEVELOPMENT
CDC FOUNDATION CDC FOUNDATION 55 PARK PLACE NE, S ATLANTA, GA 30303	58-2106707	501(C)(3)	449,939.	0.			PRODUCT DEVELOPMENT
CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	96,066.	0.			PUBLIC HEALTH
CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH - 1329 SHEPARD DRIVE, SUITE 7 - STERLING, VA 20164	54-1932761	501(C)(3)	79,905.	0.			PUBLIC HEALTH
CONRAD EASTERN VIRGINIA MEDICAL SCHOOL 1611 N. KENT ST., SUITE 806 - ARLINGTON, VA	23-7053028	501(C)(3)	250,000.	0.			PRODUCT DEVELOPMENT
ECHODITTO, INC. ONE DAVIS SQUARE, STE 302 SOMERVILLE, MA 02144	20-0134367	N/A	81,260.	0.			PUBLIC HEALTH
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	3,138,967.	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
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	364,418.	0.			PUBLIC HEALTH
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	49,135.	0.			PRODUCT DEVELOPMENT
EXPRESSION ANALYSIS, INC. 4326 S ALSTON AVE #101 DURHAM, NC 27713	52-2340631	N/A	25,000.	0.			PRODUCT DEVELOPMENT
FAMILY CARE INTERNATIONAL, INC. 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	23-7413005	501(C)(3)	134,908.	0.			PUBLIC HEALTH
FHI 360 FHI 360 HEADQUARTERS 359 BLACKWELL DURHAM, NC 27701	23-7413005	501(C)(3)	743,953.	0.			PUBLIC HEALTH
FINA BIOSOLUTIONS LLC 9430 KEY WEST AVE, SUITE 200 ROCKVILLE, MD 20850	20-5448275	N/A	53,568.	0.			PRODUCT DEVELOPMENT
FINANCING FOR DEVELOPMENT 1800 MASSACHUSETTS AVENUE, SUITE 4 WASHINGTON, DC 20036	68-0683026	501(C)(3)	313,956.	0.			PUBLIC HEALTH
FOOD & DRUG ADMINISTRATION 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20993	53-0196965	GOVERNMENT	407,170.	0.			PRODUCT DEVELOPMENT
FRAUNHOFER USA CENTER FOR MOLECULAR BIOTECHNOLOGY - 9 INNOVATION WAY, SUITE 200 - NEWARK, DE 19711	38-3203030	501(C)(3)	230,937.	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)	142,779.	0.			PRODUCT DEVELOPMENT
GEORGE W. BUSH INSTITUTE 2943 SMU BLVD DALLAS, TX 75205	20-4119317	501(C)(3)	25,000.	0.			PUBLIC HEALTH
GLOBAL HEALTH INSIGHTS LLC 3 PETER COOPER ROAD, APT MC NEW YORK, NY 10010	26-3809493	N/A	69,534.	0.			PUBLIC HEALTH
GMMB INC. 1200 WESTLAKE AVENUE N., SUITE 100 SEATTLE, WA 98109	52-1305983	N/A	95,463.	0.			PUBLIC HEALTH
GREENWORKS GLOBAL, LLC 3733 WARREN STREET NW WASHINGTON, DC 20016	80-0672849	N/A	31,000.	0.			PUBLIC HEALTH
HARVARD UNIVERSITY, SCHOOL OF PUBLIC HEALTH - 1033 MASSACHUSETTS AVE STE 3 - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	-10,450.	0.			PUBLIC HEALTH
IBIS REPRODUCTIVE HEALTH 17 DUNSTER STREET, SUITE 201 CAMBRIDGE, MA 02138	03-0382773	501(C)(3)	105,612.	0.			PUBLIC HEALTH
INITIATIVES INC. 264 BEACON STREET BOSTON, MA 02116	04-2961350	N/A	113,017.	0.			INTERNATIONAL DEVELOPMENT
INOVIO PHARMACEUTICALS 1787 SENTRY PARKWAY WEST BLDG 18- BLUE BELL, PA 19422	33-0969592	N/A	50,000.	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
INTERNATIONAL AIDS VACCINE INITIATIVE - 110 WILLIAM ST., 27TH FLOOR - NEW YORK, NY 10038	13-3870223	501(C)(3)	192,630.	0.			PRODUCT DEVELOPMENT
INTERNATIONAL PLANNED PARENTHOOD FEDERATION, WESTERN HEMISPHERE REGION - 125 MAIDEN LANE, 9TH FLOOR - NEW YORK, NY 10038	13-1845455	501(C)(3)	39,522.	0.			PUBLIC HEALTH
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27514	55-0825466	501(C)(3)	147,908.	0.			PUBLIC HEALTH
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	1,702,770.	0.			INTERNATIONAL DEVELOPMENT
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	99,998.	0.			PUBLIC HEALTH
JHU, BLOOMBERG SCHOOL OF PUBLIC HEALTH - 615 N. WOLFE STREET - BALTIMORE, MD 21205	13-1687001	501(C)(3)	482,772.	0.			PRODUCT DEVELOPMENT
JOHN SNOW, INC. 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	204,467.	0.			PRODUCT DEVELOPMENT
JOHN SNOW, INC. 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	7,600.	0.			PUBLIC HEALTH
JOHNS HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 615 N WOLFE STREET, W1100 - BALTIMORE, MD	13-1687001	501(C)(3)	494,201.	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
JSI/R&T 1616 NORTH FORT MYER DRIVE, 11TH F ARLINGTON, VA 22209	04-2578580	N/A	77,418.	0.			PUBLIC HEALTH
KYBELE INC. 3524 YADKINVILLE ROAD, #124 WINSTON SALEM, NC 27106	90-0759003	501(C)(3)	408,273.	0.			PUBLIC HEALTH
LOYOLA UNIVERSITY CHICAGO 6339 N. SHERIDAN ROAD CHICAGO, IL 60660	36-1408475	501(C)(3)	149,693.	0.			PRODUCT DEVELOPMENT
MEDICAL CARE DEVELOPMENT INC. 8401 COLESVILLE ROAD, SUITE 425 SILVER SPRING, MD 20910	01-6022787	501(C)(3)	2,672,982.	0.			PUBLIC HEALTH
NEW YORK UNIVERSITY 726 BROADWAY, FLOOR: 10, ROOM 1024 NEW YORK, NY 10003	13-5562308	501(C)(3)	81,695.	0.			PRODUCT DEVELOPMENT
NIH, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES - 6610 ROCKLEDGE DRIVE, MSC 6612 - BETHESDA, MD 20892	52-0858115	GOVERNMENT	1,443,022.	0.			PRODUCT DEVELOPMENT
NORTIS, INC. C4C NEW VENTURE FACILITY, 4000 MASON RD ROOM 304, FLUKE HALL, PO BOX 352141	68-0649212	501(C)(3)	60,924.	0.			PRODUCT DEVELOPMENT
PAN AMERICAN HEALTH ORGANIZATION 1889 F STREET, SUITE 312 WASHINGTON, DC 20006	23-7072046	501(C)(3)	-62,251.	0.			PRODUCT DEVELOPMENT
PATH DRUG SOLUTIONS 2201 WESTLAKE AVE., SUITE 200 SEATTLE, WA 98121	94-3384500	501(C)(3)	798,172.	0.			GENERAL SUPPORT

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
PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	442,732.	0.			PUBLIC HEALTH
POPULATION ACTION INTERNATIONAL 1300 19TH STREET NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	12,409.	0.			OTHER
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 3RD FL NEW YORK, NY 10017	13-1687001	501(C)(3)	1,151,403.	0.			PUBLIC HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	624,285.	0.			PUBLIC HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	107,241.	0.			PRODUCT DEVELOPMENT
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	423,465.	0.			PRODUCT DEVELOPMENT
SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVENUE, SUITE 71 WASHINGTON, DC 20006	06-1389829	501(C)(3)	100,000.	0.			PRODUCT DEVELOPMENT
SANARIA, INC. 9800 MEDICAL CENTER DRIVE, SUITE A ROCKVILLE, MD 20850	56-2354362	N/A	979,589.	0.			PRODUCT DEVELOPMENT
SAVE THE CHILDREN 501 KINGS HIGHWAY FAIRFIELD, CT 06825	06-0726487	501(C)(3)	156,007.	0.			PUBLIC HEALTH

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
SAVE THE CHILDREN 501 KINGS HIGHWAY FAIRFIELD, CT 06825	06-0726487	501(C)(3)	18,000.	0.			PRODUCT DEVELOPMENT
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N. SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	1,464,598.	0.			PRODUCT DEVELOPMENT
SHIFT LABS, INC. 1752 NW MARKET ST., #211 SEATTLE, WA 98107	45-4541971	N/A	8,000.	0.			PUBLIC HEALTH
TULANE EDUCATIONAL FUND, THE ADMINISTRATORS OF THE - 1430 TULANE AVENUE, TB-32 - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	21,670.	0.			PRODUCT DEVELOPMENT
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE - 1440 CANAL ST - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	170,975.	0.			PUBLIC HEALTH
TULANE UNIVERSITY, OFFICE OF GRANTS AND CONTRACTS ACCOUNTING - 800 EAST COMMERCE ROAD, SUITE 203 - HARAHAH, LA 70123	72-0423889	501(C)(3)	10,778.	0.			INTERNATIONAL DEVELOPMENT
UNITED NATIONS FUND FOR POPULATION ACTIVITIES - 220 EAST 42ND STREET - NEW YORK, NY 10017		GOVERNMENT	124,517.	0.			PUBLIC HEALTH
UNITED STATES NAVAL MEDICAL RESEARCH CENTER - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910	47-0100048	GOVERNMENT	647,619.	0.			PRODUCT DEVELOPMENT
UNITED STATES PHARMACOPEIAL CONVENTION - USP HEADQUARTERS 12601 TWIN BROOK PARKWAY - ROCKVILLE, MD 20852	13-1656692	501(C)(3)	45,567.	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 ALABAMA AT BIRMINGHAM - 701 20TH STREET SOUTH, AB 1170 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	200,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF FLORIDA 219 GRINTER HALL P.O. BOX 115500 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	18,566.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MARYLAND BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	453,519.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY GABLES ONE TOWER, SUITE 650 - CORAL GABLES, FL 3314	59-0624458	501(C)(3)	223,728.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF NORTH CAROLINA 720 MARTIN LUTHER KING JR. BLVD., CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	305,850.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33620	59-3102112	501(C)(3)	37,888.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET WATERMAN 217 - BURLINGTON, VT 05405	03-0179440	501(C)(3)	47,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	349,038.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	5,000.	0.			OTHER

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, HARBORVIEW MEDICAL CENTER INFECTIOUS DISEASES RES - HARBORVIEW MEDICAL CENTER 325 9TH	91-6001537	501(C)(3)	11,684.	0.			PRODUCT DEVELOPMENT
VENTURE STRATEGIES INNOVATIONS 19200 VON KARMAN AVENUE, SUITE 400 IRVINE, CA 92612	26-2813021	501(C)(3)	60,057.	0.			PRODUCT DEVELOPMENT
VILLAGEREACH 2900 EASTLAKE AVE E, STE 230 SEATTLE, WA 98102	91-2082484	501(C)(3)	22,295.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910	52-0664528	GOVERNMENT	2,128,235.	0.			PRODUCT DEVELOPMENT
WIDENET CONSULTING GROUP 2910 1ST AVENUE S, SUITE 200 SEATTLE, WA 98134	26-4198815	N/A	333,308.	0.			PUBLIC HEALTH
WIDENET CONSULTING GROUP 2910 1ST AVENUE S, SUITE 200 SEATTLE, WA 98134	26-4198815	N/A	30,173.	0.			OTHER
WOMEN DELIVER 588 BROADWAY, SUITE 5033 NEW YORK, NY 10012	26-4462256	501(C)(3)	90,000.	0.			OTHER
WORKTANK ENTERPRISES LLC 400 EAST PINE STREET, SUITE 301 SEATTLE, WA 98122	91-2089916	N/A	88,476.	0.			PUBLIC HEALTH
WORLD VISION, DC 300 I ST., NE WASHINGTON DC, DC 20002	95-1922279	501(C)(3)	1,631,107.	0.			INTERNATIONAL DEVELOPMENT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. 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
PUBLIC HEALTH	1	250,504.	0.		

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:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PATH

Employer identification number

91-1157127

Part I Questions Regarding Compensation

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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

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 in column (B) 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)	421,692.	147,592.	700.	31,000.	12,512.	613,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL B. KOLLINS CHIEF OPERATING OFFICER	(i)	275,004.	0.	770.	28,133.	12,512.	316,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OLIVIA POLIUS CHIEF FINANCIAL OFFICER	(i)	255,000.	0.	770.	30,281.	9,363.	295,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID C. KASLOW VP, PRODUCT DEVELOPMENT	(i)	377,000.	0.	1,301.	28,920.	12,512.	419,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN W. BOSLEGO GLOBAL PROG. LDR II (UNTIL 12/2/14)	(i)	328,552.	0.	0.	31,000.	9,363.	368,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMIE E. BATSON CHIEF STRATEGY OFFICER	(i)	275,004.	0.	225.	31,000.	1,472.	307,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RIKKA E. TRANGSRUD COUNTRY PROGRAM LEADER II	(i)	176,241.	0.	96,141.	19,696.	11,558.	303,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ASHLEY J. BIRKETT GLOBAL PROGRAM LEADER I	(i)	270,783.	0.	225.	13,712.	12,512.	297,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHLEEN M. NEUZIL GLOBAL PROGRAM LEADER I	(i)	230,089.	25,000.	75.	26,576.	9,344.	291,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL LASTER GENERAL COUNSEL	(i)	250,008.	0.	840.	26,668.	12,512.	290,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANURAG PRABHAKAR MAIRAL GLOBAL PROGRAM LEADER I	(i)	236,916.	0.	75.	26,061.	12,464.	275,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KATHRYN A. O'DRISCOLL CHIEF H.R. OFFICER	(i)	223,295.	0.	630.	25,295.	12,439.	261,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AYORINDE ALBERT AJAYI VP, INTL. DEV. (UNTIL 9/10/14)	(i)	220,691.	0.	2,000.	25,501.	5,221.	253,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JANE E. HUTCHINGS GLOBAL PROGRAM LEADER I	(i)	217,735.	0.	0.	26,128.	12,441.	256,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CARLOS CLINTON CAMPBELL GLOBAL PROGRAM LEADER I	(i)	187,648.	0.	18,842.	21,457.	1,205.	229,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JOHN SKIBIAK ASSOCIATE DIRECTOR II	(i)	202,619.	0.	185,471.	23,641.	11,613.	423,344.	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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GRANT N. COLFAX GLOBAL PROGRAM LEADER I	(i)	218,830.	50,000.	15,225.	18,017.	11,556.	313,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) TRAD M. HATTON CHIEF OF PARTY	(i)	121,085.	0.	151,651.	14,530.	11,441.	298,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) RAMONDA ANNE BYRKIT COUNTRY PROGRAM LEADER I	(i)	173,374.	0.	81,556.	20,805.	11,551.	287,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DUNCAN OWENS EARLE ASSOCIATE DIRECTOR II	(i)	217,223.	0.	32,625.	26,067.	6,160.	282,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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:

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 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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	25	182,112.	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	2	354,007.	COST OR SALES PRICE
26 Other (SOFTWARE)	X	1	153,600.	COST OR SALES PRICE
27 Other (AUCTION ITEMS)	X	31	29,250.	COST OR SALES PRICE
28 Other (RAFFLE ITEMS)	X	24	3,131.	COST OR SALES PRICE

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) (2014)

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):

THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINES 27 AND 28: THESE LINES CONTAIN ITEMS DONATED

FOR THE AUCTION AND RAFFLE EVENT. THIS EVENT IS FURTHER DISCUSSED IN

SCHEDULE G, PART II.

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

2014

Open to Public
Inspection

Name of the organization

PATH

Employer identification number

91-1157127

FORM 990, PART I, 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.

OUR ROBUST MONITORING AND EVALUATION IS INTEGRAL TO THESE EFFORTS. AT

EVERY STAGE, WE ASSESS AND ALIGN OUR PROGRESS AGAINST PROJECT, FUNDER,

AND ORGANIZATIONAL TARGETS, AND EVALUATE OPPORTUNITIES TO INCREASE OUR

EFFICINECY AND IMPACT.

IN 2014, PATH AND OUR PARTNERS AND SUPPORTERS REACHED MORE THAN 160

MILLION PEOPLE WITH LIFESAVING HEALTH SOLUTIONS.

OUR FUNDERS AND COLLABORATORS FROM ACROSS THE PUBLIC, PRIVATE, AND

CORPORATE SECTORS ARE PIVOTAL TO OUR SUCCESS. THEIR CONTRIBUTIONS

SUPPORT OUR WIDE-REACHING WORK TO ACCELERATE INNOVATION TO SAVE LIVES

AND IMPROVE HEALTH WORLDWIDE.

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

CONSIDERATIONS TO ENSURE THAT SMART SOLUTIONS REACH THE PEOPLE WHO NEED THEM.

KEY TO THIS EFFORT IS OUR WORK TO ACCELERATE THE DEVELOPMENT AND DELIVERY OF SAFE, EFFECTIVE, AND LOW-COST VACCINES AGAINST DISEASES THAT THREATEN WOMEN AND CHILDREN WORLDWIDE, INCLUDING THOSE THAT ARE NOT WELL-RECOGNIZED IN WEALTHY COUNTRIES. OUR PORTFOLIO INCLUDES VACCINES FOR DIARRHEAL DISEASE, INFLUENZA, JAPANESE ENCEPHALITIS, MALARIA, MENINGITIS, PNEUMOCOCCAL DISEASE, POLIO, AND MORE. WE ALSO ADVANCE INNOVATIVE DELIVERY STRATEGIES TO HELP VACCINES REACH THE PEOPLE WHOSE LIVES THEY CAN PROTECT.

IN 2014, OUR EFFORTS BROUGHT VACCINES TO MORE COMMUNITIES (SOME FOR THE FIRST TIME); ADVANCED PROMISING NEW VACCINE CANDIDATES; AND STRENGTHENED THE SUPPLY CHAINS AND SYSTEMS NECESSARY FOR SAFE VACCINE DELIVERY, STORAGE, AND ADMINISTRATION.

FOR EXAMPLE, WE COLLABORATED WITH COUNTRY LEADERS AND PARTNERS IN CAMBODIA, INDIA, AND LAOS TO BRING A SAFE AND EFFECTIVE VACCINE AGAINST JAPANESE ENCEPHALITIS TO AN ESTIMATED 14 MILLION MORE CHILDREN. WE ALSO LAID THE GROUNDWORK FOR ITS INTRODUCTION IN ADDITIONAL REGIONS AND COUNTRIES. JAPANESE ENCEPHALITIS, OFTEN CALLED "BRAIN FEVER," IS AN INCURABLE DISEASE COMMON IN SOUTHEAST ASIA AND THE WESTERN PACIFIC. VACCINE INTRODUCTIONS ARE A CRUCIAL STEP IN A PATH-LED PROCESS THAT HAS INCLUDED IDENTIFYING THE LITTLE-KNOWN VACCINE IN CHINA, PROVING THAT IT IS SAFE AND EFFECTIVE, HELPING THE CHINESE MANUFACTURER ENSURE A GLOBAL SUPPLY, AND SECURING AN AFFORDABLE PUBLIC-SECTOR PRICE. WE ALSO USHERED

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THE VACCINE THROUGH WORLD HEALTH ORGANIZATION PREQUALIFICATION, WHICH
 MAKES IT EASIER FOR COUNTRIES TO OBTAIN FUNDING TO PURCHASE AND ROLL
 OUT THE VACCINE.

IN 2014, WE ALSO REACHED 64 MILLION AFRICANS WITH THE MENAFRIVAC
 VACCINE, DEVELOPED BY PATH, WHO, AND THE SERUM INSTITUTE OF INDIA LTD.
 TO PROTECT CHILDREN AND YOUNG PEOPLE FROM DEADLY AND DEBILITATING
 MENINGITIS A. SINCE THE VACCINE'S INTRODUCTION IN 2010, MORE THAN 217
 MILLION PEOPLE HAVE BEEN IMMUNIZED. IN 2014, WE CELEBRATED A CAPSTONE
 ACHIEVEMENT FOR THIS 14-YEAR EFFORT: THE WORLD HEALTH ORGANIZATION
 DETERMINED THAT, STARTING IN 2015, THE VACCINE CAN SAFELY BE INCLUDED
 IN ROUTINE IMMUNIZATIONS FOR INFANTS. THIS WILL HELP ENSURE BROAD
 PROTECTION INTO THE FUTURE. [MENAFRIVAC IS A REGISTERED TRADEMARK OF
 SERUM INSTITUTE OF INDIA LTD.]

WE'RE ALSO ACCELERATING THE DEVELOPMENT OF MORE THAN 20 MALARIA VACCINE
 CANDIDATES AND APPROACHES. THIS YEAR, THE PIVOTAL PHASE 3 TRIAL OF ONE
 OF THESE-THE RTS, S MALARIA VACCINE CANDIDATE-CONCLUDED, AND OUR
 DEVELOPMENT PARTNER, GLAXOSMITHKLINE, SUBMITTED THE FILE FOR REGULATORY
 REVIEW. THIS WORK PAVED THE WAY FOR A POSITIVE SCIENTIFIC OPINION FROM
 EUROPEAN REGULATORS IN 2015, AND OPENED THE DOOR FOR A RECOMMENDATION
 BY THE WORLD HEALTH ORGANIZATION, ANTICIPATED IN LATE 2015. BOTH WILL
 SUPPORT WIDER ADOPTION AND INTRODUCTION OF THE VACCINE.

AN AFFORDABLE NEW VACCINE AGAINST THE MOST LETHAL FORM OF DIARRHEA,
 ROTAVAC, WAS ALSO A FOCUS. THE VACCINE REDUCES SEVERE ROTAVIRUS
 DIARRHEA BY 56 PERCENT IN THE FIRST YEAR OF LIFE AT A FRACTION OF THE
 PRICE OF CURRENTLY AVAILABLE VACCINES. IN EARLY 2014, ROTAVAC OBTAINED

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LICENSURE IN INDIA, AND IN JULY 2014, THE PRIME MINISTER ANNOUNCED THAT

IT WILL BE INCLUDED IN THE NATIONAL IMMUNIZATION PROGRAM. [ROTAVAC IS A

REGISTERED TRADEMARK OF BHARAT BIOTECH INTERNATIONAL LTD.]

FINALLY, THE BETTER IMMUNIZATION DATA INITIATIVE, A COLLABORATION

BETWEEN PATH AND SUB-SAHARAN AFRICAN COUNTRIES, CONTINUED TO EMPOWER

NATIONAL HEALTH SYSTEMS TO ENHANCE IMMUNIZATION THROUGH IMPROVED DATA

COLLECTION, QUALITY, AND USE. THE INITIATIVE PARTNERED WITH MORE THAN

12 COUNTRIES TO DESIGN EFFECTIVE, SCALABLE INTERVENTIONS AND WORKED

DIRECTLY WITH TWO DEMONSTRATION COUNTRIES, TANZANIA AND ZAMBIA, TO

IMPROVE ROUTINE IMMUNIZATION SERVICE DELIVERY. IN 2014, FOR INSTANCE,

WE LAID THE GROUNDWORK FOR THE 2015 LAUNCH OF A NEW NATIONAL ELECTRONIC

IMMUNIZATION REGISTRY IN TANZANIA. THE REGISTRY WILL HELP HEALTH

WORKERS TRACK CHILDREN'S IMMUNIZATIONS, FLAG THOSE WHO HAVE MISSED A

POTENTIALLY LIFESAVING VACCINE, AND ALERT CAREGIVERS.

PATH'S IMPORTANT DRUG DEVELOPMENT WORK CONTINUED IN 2014. OUR EFFORTS

FOCUS ON DEVELOPING AND ENSURING THE AVAILABILITY AND ACCESSIBILITY OF

SAFE AND EFFECTIVE DRUGS FOR DISEASES THAT DISPROPORTIONATELY AFFECT

PEOPLE IN LOW-INCOME COUNTRIES. THESE INCLUDE DIARRHEA, PARASITIC

DISEASES, HIV, MALARIA, AND INFECTIONS THAT THREATEN YOUNG CHILDREN AND

NEWBORNS.

THIS YEAR, 1.7 MILLION MALARIA TREATMENTS MADE WITH A NOVEL INGREDIENT

CALLED SEMISYNTHETIC ARTEMISININ WERE DELIVERED TO BURUNDI, LIBERIA,

NIGER, AND OTHER COUNTRIES. THE ROLLOUT OF THESE MALARIA TREATMENTS WAS

A KEY MILESTONE FOR A GLOBAL PARTNERSHIP CONVENED BY PATH TO CREATE A

STABLE, HIGH-QUALITY SOURCE OF ARTEMISININ. SEMISYNTHETIC ARTEMISININ

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WILL COMPLEMENT THE BOTANICAL SUPPLY AND HAS HELPED TO STRENGTHEN THE
SUPPLY CHAIN, STABILIZE PRICING, AND ENSURE AVAILABILITY.

IN ADDITION, WE CONTINUED WORK TO TEST NEW, AND OPTIMIZE EXISTING,
TREATMENTS THAT LESSEN THE BURDEN OF ENTERIC (INTESTINAL) DISEASES IN
CHILDREN. THIS INCLUDES RESEARCH AND DEVELOPMENT OF SAFE AND EFFECTIVE
NEW THERAPEUTICS FOR CRYPTOSPORIDIUM INFECTION, A LEADING CAUSE OF
DEADLY DIARRHEAL DISEASE AMONG YOUNG CHILDREN THAT CAN CONTRIBUTE TO
CHRONIC MALNUTRITION, STUNTED GROWTH, AND DELAYED MENTAL DEVELOPMENT.

WITH GLOBAL PARTNERS, WE ADVANCED THE DEVELOPMENT OF A LONG-ACTING
INJECTABLE FORMULATION OF PRE-EXPOSURE PROPHYLAXIS (PREP) TO PREVENT
HIV INFECTION. SUCH FORMULATIONS HAVE THE POTENTIAL TO IMPROVE UPTAKE
AND ADHERENCE OF HIV PREP AND COULD EXPAND THE GLOBAL TOOLBOX OF
PREVENTION INTERVENTIONS, PROVIDING SAFE AND EFFECTIVE CHOICES TO
ADDRESS DIFFERENT CIRCUMSTANCES AND PREFERENCES.

PATH ALSO CONTINUED AN INTERNATIONAL EFFORT TO EXPAND THE USE OF A
PROVEN ANTISEPTIC, CHLORHEXIDINE, INTO A NEW FORMULATION FOR USE ON
BABIES' NEWLY CUT UMBILICAL CORDS. BETWEEN 2015 AND 2030, AN ESTIMATED
1,004,000 NEONATAL LIVES COULD BE SAVED EACH YEAR WITH GREATER USE OF
CHLORHEXIDINE, AT A COST OF LESS THAN 50 CENTS A DOSE. PATH IS HELPING
TO SUPPORT MORE THAN 20 COUNTRIES TO ADOPT THE DRUG AND INCREASE LOCAL
PRODUCTION.

FOR PATH'S BROAD DEVICES AND TOOLS PORTFOLIO, WE WORK WITH THE PEOPLE
WE SERVE TO DEVELOP, ADAPT, AND INTRODUCE SOLUTIONS THAT IMPROVE
MATERNAL, NEWBORN, AND REPRODUCTIVE HEALTH; NUTRITION; VACCINE

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DELIVERY; WATER AND SANITATION; AND MORE.

THIS YEAR, WE CONTINUED TO DEVELOP AND INTRODUCE EFFECTIVE,

USER-CONTROLLED CONTRACEPTIVE OPTIONS FOR THE 222 MILLION WOMEN

WORLDWIDE WHO WANT TO AVOID PREGNANCY BUT ARE NOT USING MODERN

CONTRACEPTION.

THE CAYA CONTOURED DIAPHRAGM, DEVELOPED BY PATH AND OUR PARTNERS AS THE

SILCS DIAPHRAGM, RECEIVED REGULATORY APPROVAL IN CANADA. IN ADDITION,

MARKET CLEARANCE BY THE US FOOD AND DRUG ADMINISTRATION OPENED THE DOOR

FOR SUBSEQUENT INTRODUCTION IN THE UNITED STATES IN 2015, PAVING THE

WAY FOR INTRODUCTION IN MORE DEVELOPING-COUNTRY MARKETS. THE CAYA

DIAPHRAGM'S DESIGN AND SPECIFICATIONS WERE INFORMED BY INPUT FROM WOMEN

AND HEALTH CARE PROVIDERS. AS OF 2014, THE PRODUCT IS IN MORE THAN 15

COUNTRIES, INCLUDING EUROPEAN NATIONS. [CAYA IS A REGISTERED TRADEMARK

OF KESSEL MEDINTIM GMBH.]

PATH AND OUR PARTNERS ALSO ADVANCED WATER FILTERS AND TREATMENT

DEVICES, INCLUDING THE GROUNDBREAKING MOUNTAIN SAFETY RESEARCH SE200

COMMUNITY CHLORINE MAKER, AVAILABLE IN 2015, WHICH CAN CREATE ENOUGH

CHLORINE TO TREAT 55 GALLONS OF WATER AT THE TOUCH OF A BUTTON. [SE200

IS A REGISTERED TRADEMARK OF CASCADE DESIGNS, INC.]

PATH ALSO WORKS TO DEVELOP AND INTRODUCE FAST, ACCURATE DIAGNOSTIC

TECHNOLOGIES, INCLUDING TOOLS TO DETECT AND MONITOR CERVICAL CANCER,

DIABETES, HIV, MALARIA, NEGLECTED TROPICAL DISEASES, TUBERCULOSIS (TB),

AND OTHER DISEASES.

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IN A KEY 2014 MILESTONE, WE LAUNCHED AN AFFORDABLE, EASY-TO-USE
 DIAGNOSTIC TEST THAT CAN QUICKLY DETECT PREVIOUS EXPOSURE TO THE
 PARASITE THAT CAUSES RIVER BLINDNESS (ONCHOCERCIASIS). THE TEST IS
 FAST, ACCURATE, AND TAILORED FOR USE IN THE POOR RURAL COMMUNITIES
 WHERE THE DISEASE IS MOST COMMON. PATH HAS WORKED WITH PARTNERS SINCE
 2010 TO DEVELOP THE TEST AND BRING IT TO MARKET. WE TESTED AND REFINED
 THE DIAGNOSTIC, CONDUCTED LABORATORY AND FIELD EVALUATIONS, IDENTIFIED
 THE MANUFACTURER, AND HELPED ENSURE THE PRODUCT MET QUALITY AND
 PERFORMANCE REQUIREMENTS. THE TEST REPRESENTS THE FIRST IN A SUITE OF
 DIAGNOSTICS AIMED AT ELIMINATING NEGLECTED TROPICAL DISEASES, A GROUP
 OF ILLNESSES THAT AFFECT MORE THAN 1 BILLION PEOPLE WORLDWIDE. IN 2014,
 THE FIRST 15,000 TESTS WERE SHIPPED TO NIGERIA AND TOGO FOR USE IN
 DEMONSTRATION STUDIES, LAYING THE GROUNDWORK FOR FURTHER EXPANSION IN
 2015.

WE ARE ALSO EXPANDING OUR WORK TO BRING TO MARKET A NEW DUAL-DETECTION
 TEST FOR BOTH RIVER BLINDNESS AND LYMPHATIC FILARIASIS, A DISEASE THAT
 CAUSES DISFIGUREMENT AND DISABILITY AND OFTEN AFFECTS THE SAME
 COMMUNITIES AS RIVER BLINDNESS. AND WE ARE LEVERAGING OUR EXPERTISE AND
 GLOBAL NETWORK OF PARTNERS TO SPEED DEVELOPMENT OF ADDITIONAL
 DIAGNOSTIC TOOLS FOR NEGLECTED TROPICAL DISEASES.

FINALLY, WE ARE PIONEERING THE USE OF DIAGNOSTICS FOR MALARIA
 ELIMINATION. WE ARE IMPROVING ACCESS TO AVAILABLE TESTS WHILE
 DEVELOPING NEW OPTIONS THAT PROVIDE ACCESS TO PROPER TREATMENT AND THAT
 CAN DETECT LOW LEVELS OF MALARIA INFECTION THAT MIGHT OTHERWISE BE
 MISSED. IN 2014, WE INCREASED THE USE OF HIGH-QUALITY MALARIA DIAGNOSIS
 AND TREATMENT IN 15 COUNTRIES IN AFRICA AND THE MEKONG REGION.

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OUR DIGITAL HEALTH SOLUTIONS GROUP CONTINUED TO WORK WITH GLOBAL HEALTH STAKEHOLDERS TO IDENTIFY, ADAPT, AND IMPLEMENT INFORMATION AND COMMUNICATIONS TECHNOLOGIES PRODUCTS, POLICIES, AND PROCESSES TO ENCOURAGE BETTER DATA USE AND DECISION-MAKING AND IMPROVE HEALTH.

ACCOMPLISHMENTS IN 2014 INCLUDED SERVING AS A LEAD PARTNER IN THE BETTER IMMUNIZATION DATA INITIATIVE AND WORKING WITH TANZANIA'S MINISTRY OF HEALTH; GAVI, THE VACCINE ALLIANCE; AND OTHER PARTNERS TO INTRODUCE AN INEXPENSIVE, EASY-TO-USE, AND RELIABLE BARCODE TECHNOLOGY INTO THE NATIONAL LOGISTICS MANAGEMENT SYSTEM FOR VACCINES AND OTHER SUPPLIES. WE ALSO WORKED CLOSELY WITH VACCINE MANUFACTURERS TO UPDATE THE BARCODES USED ON VACCINE PACKAGING. OUR VISION IS THAT IN FIVE YEARS EVERY COUNTRY WILL BE ABLE TO TRACK PRODUCTS FROM MANUFACTURER TO RECIPIENT, IDENTIFY AND PREDICT STOCKOUTS, AND ENSURE THAT THE RIGHT GOODS ARE IN PLACE TO DELIVER LIFESAVING HEALTH IMPACT.

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

TB WORLDWIDE. WITH PARTNERS, WE WORKED TO DEVELOP APPROPRIATE, AFFORDABLE, AND EVIDENCE-BASED SCREENING TOOLS, DIAGNOSTICS, AND DRUGS; STRENGTHEN HEALTH SYSTEMS; AND INTEGRATE SERVICES FOR HIV AND RELATED CONDITIONS SUCH AS TB AND DIABETES. WE ALSO MOBILIZED LOCAL COMMUNITIES, PUBLIC AND PRIVATE PARTNERS, GOVERNMENTS, AND LEADERS TO INCREASE HEALTHY BEHAVIORS AND CONFRONT STIGMA AND GENDER-BASED VIOLENCE.

FOR EXAMPLE, UNDER PROVIC, AN HIV/AIDS PROJECT IN THE DEMOCRATIC

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REPUBLIC OF THE CONGO, WE COUNSELED MORE THAN 166,390 PEOPLE ON HIV PREVENTION AND RISK REDUCTION AND MADE MORE THAN 131,730 PEOPLE AWARE OF THEIR HIV STATUS AND LINKED THEM TO SERVICES. WE SCREENED NEARLY 80,000 PREGNANT WOMEN FOR HIV AND HELPED 93 PERCENT OF THOSE WHO WERE POSITIVE BEGIN TREATMENT TO REDUCE THE RISK OF TRANSMISSION TO THEIR CHILDREN. AND WE REACHED THOUSANDS OF MEN AND WOMEN WITH SERVICES FOR TB, FAMILY PLANNING, AND NUTRITION AND PROVIDED COUNSELING AND SCREENING FOR GENDER BASED VIOLENCE.

PATH'S COMPREHENSIVE STRATEGY TO ELIMINATE MALARIA IN AFRICA INCLUDES WORKING WITH NATIONAL MALARIA PROGRAMS IN A NUMBER OF COUNTRIES TO INCREASE THE USE OF PROVEN INTERVENTIONS, SUCH AS INSECTICIDE-TREATED BED NETS; STRENGTHEN QUICK AND EFFECTIVE CASE MANAGEMENT; GIVE MORE PEOPLE ACCESS TO DIAGNOSIS AND TREATMENT; FIND NEW WAYS TO REMOVE THE MALARIA PARASITE FROM POPULATIONS COMPLETELY; AND BUILD STRONG REPORTING SYSTEMS.

IN 2014, WE PARTNERED WITH THE ZAMBIAN MINISTRY OF HEALTH TO RESEARCH NEW WAYS TO MONITOR AND ELIMINATE MALARIA IN AREAS WHERE PRIOR EFFORTS HAVE ALREADY LOWERED RATES. FOR INSTANCE, WE ARE EXPLORING THE EFFICACY OF TREATING ENTIRE COMMUNITIES WITH SAFE AND EFFECTIVE ANTIMALARIA DRUGS. IN SENEGAL, PATH AND OUR PARTNERS ARE SUPPORTING HEALTH CARE WORKERS TO CREATE "MALARIA-FREE ZONES" BY INVESTIGATING, IDENTIFYING, AND TREATING POCKETS OF SUSPECTED CASES BEFORE THEY GROW. IN AREAS WITH MORE INFECTIONS, WORKERS ALSO SCREEN ALL PEOPLE WITH FEVERS, TEST ENTIRE COMMUNITIES, AND PROVIDE TREATMENT. IN 2014, WE EXPANDED OUR EFFORTS TO FOUR NEW REGIONS, AND WE ARE MONITORING RESULTS.

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OUR 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 HEALTH SERVICES AND SUPPLIES, INTRODUCE CONTRACEPTIVE TECHNOLOGIES, AND ENCOURAGE HEALTHY BEHAVIORS.

A KEY FOCUS IS ENSURING THAT WOMEN HAVE ACCESS TO A VARIETY OF SAFE AND AFFORDABLE CONTRACEPTIVE OPTIONS. IN AN IMPORTANT MILESTONE, PILOT INTRODUCTIONS OF A GROUNDBREAKING NEW FORM OF INJECTABLE CONTRACEPTION, SAYANA PRESS, REACHED THOUSANDS OF WOMEN FOR THE FIRST TIME IN 2014. SAYANA PRESS COMBINES A LOWER-DOSE FORMULATION OF THE WIDELY USED INJECTABLE CONTRACEPTIVE DEPO-PROVERA WITH THE PATH-DEVELOPED UNIJECT INJECTION SYSTEM. FOR THE PILOT PROJECTS, PATH AND OUR PARTNERS TRAINED 3,000 HEALTH WORKERS IN FOUR COUNTRIES TO DELIVER THE CONTRACEPTIVE. BY THE END OF 2014, SAYANA PRESS WAS BEING USED BY THOUSANDS OF WOMEN ACROSS BURKINA FASO, NIGER, AND UGANDA; SENEGAL WAS ON THE VERGE OF INTRODUCTION. IN ADDITION, KEY HEALTH PARTNERS ANNOUNCED A SIGNIFICANT PRICE REDUCTION FOR SAYANA PRESS THAT WILL GIVE MILLIONS MORE WOMEN ACCESS TO THE CONTRACEPTIVE AT REDUCED OR NO COST. [SAYANA AND DEPO-PROVERA ARE REGISTERED TRADEMARKS OF PFIZER INC. AND/OR ITS AFFILIATES. UNIJECT IS A TRADEMARK OF BD.]

OUR WORK INCLUDED SEVERAL PROJECTS TO PREVENT, DETECT, AND TREAT HUMAN PAPILOMAVIRUS (HPV), THE PRIMARY CAUSE OF CERVICAL CANCER WORLDWIDE. IN UGANDA, WE SUPPORTED THE MINISTRY OF HEALTH TO IMPLEMENT A TOOLKIT OF APPROACHES, INCLUDING VACCINATION FOR YOUNG WOMEN, EFFECTIVE AND AFFORDABLE SCREENING TOOLS, AND NATIONAL POLICIES TO PRIORITIZE HPV. WE

ARE ALSO PARTNERING TO ASSESS NEW TECHNOLOGIES THAT CAN IMPROVE

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DETECTION AND TREATMENT. IN GUATEMALA, PATH SUPPORTED THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE TO RELEASE NEW NATIONAL GUIDELINES FOR THE SCREENING AND PREVENTION OF CERVICAL CANCER. THE GUIDELINES CAN SAVE WOMEN'S LIVES BY GIVING HEALTH CARE WORKERS LEADING-EDGE APPROACHES TO STOP CANCER BEFORE IT STARTS.

WE ALSO CONTINUE TO SERVE 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.

2014 BROUGHT TREMENDOUS GROWTH IN OUR NONCOMMUNICABLE DISEASES (NCD) PROGRAM. WE ARE APPLYING OUR IN-COUNTRY EXPERTISE AND OUR KNOWLEDGE OF PRODUCT AND MARKET DEVELOPMENT, DIAGNOSTICS, AND HEALTH SYSTEMS STRENGTHENING TO ADDRESS THE GROWING HEALTH AND ECONOMIC CHALLENGES ASSOCIATED WITH RISING NCD PREVALENCE. OUR GOAL IS TO REDUCE PREVENTABLE ILLNESS AND DEATH BY INCREASING ACCESS TO PREVENTION AND CARE FOR THESE DISEASES. THIS YEAR, BUILDING ON OUR SUCCESSFUL WORK TO REDUCE THE BURDEN OF BREAST AND CERVICAL CANCERS IN LOW-RESOURCE COUNTRIES, WE INCREASED OUR EFFORTS IN DIABETES AND EXPANDED OUR PORTFOLIO TO INCLUDE HYPERTENSION. WE CURRENTLY HAVE MORE THAN A DOZEN ACTIVE NCD PROJECTS IN VARIOUS STAGES, FROM RESEARCH AND DEVELOPMENT TO IMPLEMENTATION. MANY OF THESE EFFORTS ARE IMPLEMENTED IN PARTNERSHIP WITH MINISTRIES OF HEALTH TO ADDRESS CHALLENGES IN PROVIDING NCD PREVENTION AND CARE. FOR EXAMPLE, THE NO EMPTY SHELVES PROJECT IS GATHERING EVIDENCE AND MOBILIZING STAKEHOLDERS TO IMPROVE THE AVAILABILITY AND AFFORDABILITY OF ESSENTIAL NCD MEDICINES AND

Name of the organization PATH	Employer identification number 91-1157127
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TECHNOLOGIES IN LOW-RESOURCE SETTINGS WORLDWIDE, WITH AN INITIAL FOCUS

ON DIABETES.

PATH'S MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION PROGRAM

CONTINUED TO WORK WITH PARTNERS TO DESIGN AND IMPLEMENT EVIDENCE-BASED

TECHNOLOGIES AND APPROACHES THAT REDUCE MATERNAL AND CHILD ILLNESS AND

DEATH AND GIVE CHILDREN THE BEST POSSIBLE START IN LIFE. OUR INTEGRATED

AND COST-EFFECTIVE SOLUTIONS ARE REACHING MOTHERS AND CHILDREN IN 19

COUNTRIES ACROSS AFRICA, ASIA, EASTERN EUROPE, THE MIDDLE EAST, AND

LATIN AMERICA AND THE CARIBBEAN.

IN 2014, WE CONTINUED TO PLAY A CATALYTIC ROLE IN ENSURING THAT

FORTIFIED RICE PRODUCED THROUGH OUR ULTRA RICE FORTIFICATION

TECHNOLOGY REACHES CHILDREN AND FAMILIES WORLDWIDE. WE CONTINUED TO

BOLSTER LOCAL PRODUCTION, ESTABLISH QUALITY ASSURANCE SYSTEMS, AND

SUPPORT MARKETING. THIS YEAR, OUR EFFORTS ACHIEVED A MILESTONE IN

BRAZIL: A STUNNING 2 MILLION PEOPLE REACHED SINCE INTRODUCTION. AND IN

MYANMAR, WE'RE WORKING TO BUILD RICE-FORTIFICATION CAPACITY AND

INCREASE CONSUMER DEMAND. [ULTRA RICE IS A REGISTERED TRADEMARK OF BON

DENTE INTERNATIONAL, INC.]

PATH IS A LEADER IN STRENGTHENING HUMAN MILK BANKING (HMB) TO ENSURE

THAT VULNERABLE INFANTS HAVE ACCESS TO LIFESAVING DONATED BREAST MILK

WHEN THEIR MOTHERS' OWN MILK ISN'T AVAILABLE. IN 2014, WE ADVANCED AN

INNOVATIVE MODEL IN WHICH BANKS ARE NOT JUST DONATION SITES, BUT HUBS

OF CARE THAT PROVIDE BREASTFEEDING SUPPORT, PROMOTE CRUCIAL

SKIN-TO-SKIN CONTACT, AND ENGAGE COMMUNITIES. WE REFINED A LOW-COST

SYSTEM, FONEASTRA, THAT USES MOBILE PHONES TO HELP HEALTH WORKERS

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PASTEURIZE MILK. IN SOUTH AFRICA, WE HELPED THE NATIONAL HMB ASSOCIATION SAFELY AND SUSTAINABLY EXPAND BANKING. AND WE RECEIVED FUNDING TO HELP THE GOVERNMENT OF INDIA DEVELOP NATIONAL HMB GUIDANCE AND TO ESTABLISH A LEARNING EXCHANGE THAT LINKS INDIAN STAKEHOLDERS WITH EXPERTS IN BRAZIL'S GLOBALLY RECOGNIZED HMB SYSTEM.

THE FIVE-YEAR WINDOW OF OPPORTUNITY PROJECT (2011-2016) CONTINUED TO IMPROVE MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH) AND DEVELOPMENT IN FIVE DISTRICTS IN SOUTH AFRICA AND MOZAMBIQUE. AMONG OTHER 2014 HIGHLIGHTS, WE CONTINUED WORK TO DEVELOP NATIONAL MNCH NUTRITION STRATEGIES AND SUPPORTED PROGRESS TOWARD A NEW NATIONAL EARLY CHILDHOOD DEVELOPMENT POLICY. AT THE DISTRICT LEVEL, WE STRENGTHENED COLLABORATIONS BETWEEN STAKEHOLDERS; IMPROVED DATA MANAGEMENT AND USE; ENGAGED COMMUNITIES TO IMPROVE HEALTH; AND PROVIDED SUPPORT AND TECHNICAL ASSISTANCE TO MORE THAN 40 COMMUNITY-BASED ORGANIZATIONS. SO FAR, THE PROJECT HAS TRAINED THOUSANDS OF HEALTH AND DEVELOPMENT PROFESSIONALS IN MNCH AND PROVIDED EDUCATION AND ASSISTANCE TO TENS OF THOUSANDS OF HOUSEHOLDS. TO DATE, OUR EFFORTS HAVE INCREASED WOMEN RECEIVING EARLY ANTENATAL CARE OVER STARTING NUMBERS IN PARTICIPATING AREAS, AND MORE CHILDREN ARE EXCLUSIVELY BREASTFED AT 14 WEEKS OF AGE, DECREASING THE BURDEN OF LIFE-THREATENING DIARRHEA.

WE ALSO CONTINUED OUR BOLD PORTFOLIO OF EARLY CHILDHOOD DEVELOPMENT EFFORTS, WHICH HELP TO ENSURE THAT MORE CHILDREN RECEIVE THE STIMULATION (FROM CONVERSATION TO SIMPLE TOYS) THAT HELPS THEIR MINDS DEVELOP TO THEIR FULL POTENTIAL. IN 2014, WE BUILT ON MOMENTUM AND LESSONS LEARNED FROM PRIOR EFFORTS TO EXPAND OUR WORK IN KENYA AND MOZAMBIQUE.

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THE MAXIMISING THE QUALITY OF SCALING UP NUTRITION PROJECT SUPPORTED MORE THAN 20 PROJECTS TO ADDRESS UNDERNUTRITION IN 17 FOCUS COUNTRIES. THE PATH-LED CONSORTIUM IS IMPROVING HEALTH AND NUTRITION BY STRENGTHENING GOVERNMENT AND NATIONAL POLICIES; SCALING UP PROVEN INTERVENTIONS, SUCH AS FOOD SUPPLEMENTATION AND FORTIFICATION; AND INTEGRATING SYSTEMIC CHANGES, SUCH AS AGRICULTURAL AND WATER AND SANITATION IMPROVEMENTS, INTO EXISTING PROGRAMS.

OUR PROJECTING HEALTH PROJECT ALSO MADE STRIDES. GETTING PEOPLE TO CHANGE THEIR HABITS IN FAVOR OF HEALTHIER BEHAVIORS IS ONE OF THE BIGGEST CHALLENGES IN GLOBAL HEALTH. PROJECTING HEALTH EMPOWERS LOCAL COMMUNITY MEMBERS TO PRODUCE, EDIT, AND STAR IN HEALTH EDUCATION VIDEOS CUSTOMIZED FOR LOCAL CONTEXTS AND DIALECTS. WITH A LOW-COST, PORTABLE PROJECTOR AND A WHITE SHEET FOR A SCREEN, THE VIDEOS ARE REACHING REMOTE COMMUNITIES IN ETHIOPIA AND INDIA WITH ACCURATE INFORMATION ON BREASTFEEDING, IMMUNIZATION, CHILDBIRTH, AND MORE.

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

COMPLEMENT EXISTING COUNTRY AND COMMUNITY STRENGTHS, PRIORITIES, AND PROGRAMS.

EXAMPLES INCLUDE:

OUR MEKONG REGIONAL PROGRAM, BASED IN HANOI, VIETNAM, WORKS TO IMPROVE HEALTH SYSTEMS AND TACKLE PERSISTENT HEALTH THREATS IN VIETNAM, MYANMAR, CAMBODIA, AND LAOS. WE WORK WITH GOVERNMENTS TO IMPROVE

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VACCINE DELIVERY SYSTEMS; INTRODUCE NEW VACCINES; ADDRESS INFECTIOUS

DISEASES INCLUDING HIV, TB, AND MALARIA; IMPROVE SCREENING AND

TREATMENT FOR NCDS SUCH AS HYPERTENSION; AND IMPROVE REPRODUCTIVE AND

MATERNAL AND CHILD HEALTH.

AMONG OTHER HIGHLIGHTS IN 2014, WE SUPPORTED NATIONAL LEADERS TO

INTRODUCE THE JAPANESE ENCEPHALITIS VACCINE IN KEY DISTRICTS OF

CAMBODIA AND LAOS. THIS AFFORDABLE, EFFECTIVE VACCINE, ADVANCED THROUGH

THE WORK OF PATH AND OUR PARTNERS, REACHED AN ESTIMATED 14 MILLION

CHILDREN IN THESE TWO COUNTRIES AND THROUGH SIMILAR EFFORTS IN INDIA.

OUR HEALTHY MARKETS PROJECT IS HELPING THE GOVERNMENT OF VIETNAM BUILD

A COMMERCIAL MARKET FOR CONDOMS, HIV TESTING, AND OTHER HEALTH PRODUCTS

AND SERVICES. BY MAKING PRODUCTS ACCESSIBLE TO EVERYDAY CONSUMERS WHO

CAN AFFORD THEM, THE PROJECT FREES THE GOVERNMENT TO FOCUS FUNDING ON

THOSE WHO CANNOT.

IN MYANMAR, PATH IS ALSO ADDRESSING MICRONUTRIENT DEFICIENCIES THROUGH

THE INTRODUCTION OF FORTIFIED RICE. WE ARE WORKING WITH PARTNERS TO

SUPPORT FAVORABLE POLICY, DEVELOP LOCAL PRODUCTION, IMPROVE

DISTRIBUTION, AND BUILD MARKETING AND PROMOTION CHANNELS.

IN SENEGAL, WE ARE PARTNERING CLOSELY WITH THE NATIONAL MINISTRY OF

HEALTH TO STRENGTHEN THE COUNTRY'S HEALTH SYSTEMS. THIS INCLUDES

BUILDING THE CAPACITY OF INDIVIDUAL MINISTRY OF HEALTH DIVISIONS AND

IMPROVING KEY HEALTH SYSTEMS AND PROCESSES. IN 2014, OUR RELATIONSHIPS

AND EXPERIENCE PROVED CRUCIAL TO THE FIGHT AGAINST EBOLA. PATH PLAYED A

MAJOR ROLE IN SUPPORTING THE MINISTRY OF HEALTH TO SET UP A NATIONAL

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EMERGENCY OPERATIONS CENTER AND DEVELOP TREATMENT GUIDELINES, SURVEILLANCE PROCESSES, AND OTHER SYSTEMS AND PROCEDURES TO RESPOND TO THE THREAT.

PATH'S MALARIA CONTROL AND ELIMINATION PROGRAM (MACEPA) CONTINUES TO SUPPORT THE COUNTRY AS IT DRAWS CLOSER TO ELIMINATING MALARIA. IN SENEGAL, WE ARE BUILDING THE SURVEILLANCE SYSTEMS NECESSARY TO FIND AND TREAT NEW CASES QUICKLY-BREAKING THE CYCLE OF TRANSMISSION. THIS INCLUDES SUPPORTING FIELD WORKERS WHO GO HOUSE TO HOUSE, TESTING PEOPLE AND INVESTIGATING CASES. WITH PATH HELP, WORKERS USE AN ELECTRONIC SYSTEM TO UPLOAD THEIR FINDINGS TO A COMMON DATABASE. THE RESULT IS A REAL-TIME CASE MAP, ALLOWING LEADERS TO BETTER PLAN AND TARGET RESOURCES AND RESPOND MORE QUICKLY TO POTENTIAL OUTBREAKS.

IN ADDITION, WE ARE HELPING TO BRING MODERN FAMILY PLANNING TO THE ESTIMATED 40 PERCENT OF SENEGALESE WOMEN WITHOUT ACCESS. THIS YEAR, SENEGAL WAS ONE OF FOUR COUNTRIES WHERE SAYANA PRESS, A NEW FORM OF A POPULAR INJECTABLE CONTRACEPTIVE DEVELOPED BY PATH AND PARTNERS, WAS LAUNCHED. THE PRODUCT WILL BRING MILLIONS OF WOMEN A SAFE, EFFECTIVE NEW CHOICE IN FAMILY PLANNING.

IN ZAMBIA, PATH IS STRENGTHENING NATIONAL HEALTH SYSTEMS AND TARGETING KEY HEALTH THREATS. MACEPA CONTINUED TO PARTNER WITH THE GOVERNMENT TO STRENGTHEN THE MALARIA PROGRAM THROUGH FIELD-TESTING NEW STRATEGIES TO DECREASE MALARIA TRANSMISSION, EFFICIENT PLANNING, SURVEILLANCE, AND OTHER AREAS CRUCIAL TO ELIMINATION. THROUGH THE MALARIACARE EFFORT, WE TRAINED LABORATORY WORKERS AND CLINICIANS TO TEST FOR AND TREAT MALARIA AND PROVIDED ONGOING SUPERVISION.

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OUR EFFORTS TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN INCLUDED AN ASSESSMENT OF OPPORTUNITIES TO STOP THE TRANSMISSION OF SYPHILIS FROM MOTHERS TO BABIES.

IN COLLABORATION WITH OTHER ADVOCATES, OUR ADVOCACY TEAM PERSUADED THE GOVERNMENT OF ZAMBIA TO ADOPT TWO NEW NATIONAL POLICIES THAT WILL IMPROVE THE HEALTH OF NEWBORNS BY GUIDING HEALTH WORKERS AND ENCOURAGING INCREASED GOVERNMENT FUNDING.

TO IMPROVE IMMUNIZATION, WE WORKED THROUGH GAVI, THE VACCINE ALLIANCE, TO EVALUATE KEY BARRIERS TO IMMUNIZATION IN ZAMBIA. AND THROUGH THE BID INITIATIVE, WE CONTINUED A BROAD PORTFOLIO OF WORK TO IMPROVE THE COLLECTION AND USE OF HIGH-QUALITY IMMUNIZATION DATA. WORKING WITH OTHER PARTNERS, WE ALSO DEMONSTRATED THAT THE HPV VACCINE, WHICH CAN HELP PREVENT CERVICAL CANCER, CAN BE SUCCESSFULLY ADMINISTERED TO ADOLESCENT GIRLS WHO ATTEND SCHOOL.

FINALLY, THE PATH-LED THRIVE PROJECT IMPROVED NUTRITION FOR PEOPLE LIVING WITH HIV/AIDS, PREGNANT WOMEN, AND ORPHANS AND VULNERABLE CHILDREN IN FOUR PROVINCES. WE TRAINED HEALTH WORKERS IN NUTRITION ASSESSMENT, COUNSELING, AND SUPPORT, AND WE INCREASED ACCESS TO KEY PRODUCTS AND SERVICES. IN 2014, FOR EXAMPLE, WE WORKED WITH OUR PARTNERS TO EXPAND THE AVAILABILITY AND MARKET VIABILITY OF HIGH-ENERGY PROTEIN SUPPLEMENT, OR "HEPS"-A NUTRIENT-RICH PORRIDGE. WE INCREASED HEALTH WORKERS' COMFORT WITH HEPS, RAISED PRODUCTION STANDARDS, AND ARE EXPLORING SUSTAINABLE MARKETING AND DISTRIBUTION.

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

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

IN THE UNITED STATES; WITH MULTILATERAL HEALTH LEADERS ENGAGED IN

GLOBAL POLICY AND PLANNING; AND WITH COUNTRIES AND COMMUNITIES AROUND

THE WORLD. WE HELP POLICYMAKERS UNDERSTAND ISSUES AND MOTIVATE THEM TO

COMMIT FUNDING, CRAFT POLICIES, AND SPONSOR INITIATIVES TO STRENGTHEN

GLOBAL HEALTH EFFORTS. IN 2014, WE LED ADVOCACY EFFORTS FOR THE

INCLUSION OF RESEARCH AND DEVELOPMENT (R&D) IN THE POST-2015

DEVELOPMENT AGENDA, AS WELL AS ENSURING SUPPORT FOR GLOBAL HEALTH R&D

IN THE UNITED STATES AND EUROPE.

OUR PROJECT TO PROVIDE ADVOCACY SUPPORT IN KEY PARTNER COUNTRIES

SUCCEEDED IN ADVANCING HEALTH POLICIES WITH THE POTENTIAL TO IMPROVE

THE HEALTH OF WOMEN AND CHILDREN. FOR EXAMPLE, IN THE INDIAN STATE OF

UTTAR PRADESH, PATH WORKED WITH THE GOVERNMENT TO HELP APPROVE POLICIES

THAT WOULD PROVIDE EMERGENCY TRANSPORT FOR WOMEN IN LABOR. INFANT AND

MATERNAL MORTALITY RATES ARE HIGH IN THE STATE, IN PART DUE TO LACK OF

TRANSPORTATION TO HOSPITALS. PATH'S ADVOCACY EFFORTS LED TO THE

DEVELOPMENT OF AN EMERGENCY MEDICAL TRANSPORTATION FRAMEWORK THAT WILL

HELP SAVE LIVES.

MARKET DYNAMICS: OVER THE PAST YEAR, PATH ALSO ESTABLISHED A FORMAL

MARKET DYNAMICS DEPARTMENT. MARKET DYNAMICS WORK ENCOMPASSES EFFORTS TO

CHARACTERIZE MARKETS, ASSESS SHORTCOMINGS, AND DESIGN MARKET-BASED

INTERVENTIONS TO IMPROVE HEALTH OUTCOMES. THIS WORK COMPLEMENTS PATH'S

OTHER EFFORTS, SUCH AS PRODUCT DEVELOPMENT; BUILDS UPON OUR EXISTING

STRENGTH IN COMMERCIALIZATION; ALIGNS EXPERTISE ACROSS TEAMS; AND

EXPANDS OUR CAPACITY TO ADDRESS MARKET-BASED ISSUES. THE DEPARTMENT IS

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CURRENTLY LEADING WORK ON MALARIA DRUG SUPPLY STRATEGIES AND SUPPORTING OTHER PATH PROJECTS, INCLUDING ASSESSING MARKETS FOR SEVERAL NOVEL DIAGNOSTICS (FOR EXAMPLE, MALARIA POINT-OF-CARE DIAGNOSTICS) AND ADVOCATING FOR MARKET-BASED SOLUTIONS TO IMPROVE ACCESS TO MATERNAL, NEWBORN, AND CHILD HEALTH PRODUCTS.

SPECIAL INITIATIVES: PATH IS ENGAGED IN A VARIETY OF PROJECTS THAT GALVANIZE OUR EXPERTISE AND RESOURCES AND THAT OF OUR GLOBAL PARTNERS TO SAVE MORE LIVES, MORE QUICKLY. THESE SPECIAL INITIATIVES INCREASE OUR IMPACT BY ALIGNING DIVERSE EFFORTS, BRINGING US CLOSER TO A WORLD WHERE HEALTH IS IN REACH FOR EVERY PERSON, NO MATTER WHERE THEY LIVE.

OUR MALARIA CENTER OF EXCELLENCE, FOR EXAMPLE, COORDINATES WORK ACROSS OUR INNOVATION PLATFORMS (VACCINES, DRUGS, DIAGNOSTICS, DEVICES, AND SYSTEMS AND SERVICE INNOVATIONS) TO COMBAT MALARIA EVEN MORE EFFECTIVELY AND AGGRESSIVELY. BY ALIGNING AND FOCUSING OUR STRENGTHS, THE INITIATIVE WILL ACCELERATE MOMENTUM TOWARD ACHIEVING THE AUDACIOUS GOAL OF A WORLD WITHOUT MALARIA.

IN 2014, WE ALSO LAUNCHED THE PATH-LED INNOVATION COUNTDOWN 2030 (IC2030) INITIATIVE. IC2030 IS REIMAGINING WHAT IS POSSIBLE IN GLOBAL HEALTH. IT AIMS TO IDENTIFY, EVALUATE, AND SHOWCASE HIGH-IMPACT TECHNOLOGIES AND IDEAS THAT CAN TRANSFORM GLOBAL HEALTH BY 2030. BY ENGAGING ENTREPRENEURS, INVESTORS, INNOVATORS, AND EXPERTS ACROSS SECTORS AND AROUND THE WORLD, THE PROJECT AIMS TO HELP DRIVE DECISION-MAKING AND INVESTMENTS IN GAME-CHANGING INNOVATIONS AND ACCELERATE PROGRESS TOWARD ACHIEVING THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS AND RELATED HEALTH TARGETS.

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PATH'S GLOBAL HEALTH INNOVATION HUB ALSO CONTINUES TO IMPROVE ACCESS TO HEALTH SOLUTIONS. THE HUB SUPPORTS LOCAL INNOVATORS IN COUNTRIES AROUND THE WORLD. DRAWING ON OUR EXPERTISE IN BRINGING TOGETHER THE BEST MINDS FROM ACROSS PUBLIC AND PRIVATE SECTORS, WE HELP INNOVATORS OVERCOME HURDLES-WHETHER IN PRODUCT DESIGN, CLINICAL VALIDATION, COMMERCIALIZATION, OR MARKET DEVELOPMENT-AND GET THEIR SOLUTIONS TO MORE PEOPLE IN RESOURCE-LIMITED COMMUNITIES. IN 2014, WE LAUNCHED THE HUB IN SOUTH AFRICA, WHERE WE STRENGTHENED OUR PARTNERSHIPS WITH SCIENTISTS, ENTREPRENEURS, COMPANIES, AND INVESTORS FOCUSED ON GLOBAL HEALTH INNOVATIONS. WE ALSO ESTABLISHED THE FUNDING NECESSARY TO LAUNCH A HUB IN INDIA IN 2015.

IN 2014, IN RECOGNITION OF PATH'S LEADING ROLE IN HEALTH INNOVATION, THE BILL & MELINDA GATES FOUNDATION PROVIDED A GENEROUS INNOVATION FUND (IF) GRANT. THE GRANT WAS CREATED TO INSPIRE AND SUPPORT PATH TEAMS' BEST IDEAS AND CREATIVITY. AFTER SOLICITING IDEAS FROM ACROSS PATH, CREATING A SHORT LIST, AND INVITING STAFF TO VOTE, A PATH INNOVATION FUND TASK FORCE AND OUR EXECUTIVE TEAM SELECTED NINE INNOVATIONS FOR FUNDING. THROUGHOUT 2014, THE GRANT ADVANCED RESEARCH AND WORK TOWARD POTENTIAL SOLUTIONS IN NUTRITION, DIAGNOSTICS, MALARIA, VACCINES, AND OTHER HEALTH AREAS.

EXPENSES \$ 10,076,043. INCL GRANTS OF \$ 3,539,407. REVENUE \$ 20,545.

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

BELGIUM, CAMBODIA, CHINA, CONGO, DEM REP,
ETHIOPIA, FRANCE, GHANA, INDIA,

MOZAMBIQUE, OTHER COUNTRY, NICARAGUA, PERU,

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SWITZERLAND, TANZANIA, THAILAND, UGANDA,

KENYA, UKRAINE, VIETNAM, ZAMBIA,

SENEGAL, SOUTH AFRICA, UNITED KINGDOM

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

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

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

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:

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

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

PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK

EXECUTIVE COMPENSATION (PRESIDENT/CEO, VICE PRESIDENTS, AND EXECUTIVE TEAM

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MEMBERS). 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 EXECUTIVE TEAM MEMBERS. MERCER USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES FOR THESE POSITIONS. THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE COMPENSATION PACKAGES FOR THE VICE PRESIDENTS AND EXECUTIVE TEAM. 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 APPROVED THE COMMITTEE'S RECOMMENDATION FOR THE PRESIDENT/CEO'S TOTAL COMPENSATION PACKAGE.

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:
PATH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST; MOST DOCUMENTS ARE ALSO AVAILABLE ONLINE.

**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.

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

OMB No. 1545-0047

2014

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	
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) 2014

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	15,586,258.	FMV
(2) PATH DRUG SOLUTIONS	C	5,119,574.	FMV
(3) PATH DRUG SOLUTIONS	B	798,172.	FMV
(4) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	C	2,151,116.	FMV
(5) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	5,656,857.	FMV
(6)			

• 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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. PATH	Employer identification number (EIN) or 91-1157127
	Number, street, and room or suite no. If a P.O. box, see instructions. 2201 WESTLAKE AVENUE, NO. 200	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)

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. 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.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2015.

5 For calendar year 2014, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____
ADDITIONAL TIME IS REQUIRED TO FILE 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 Date