

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2015

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning and ending

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

**C** Name of organization: **PATH**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2201 WESTLAKE AVENUE 200**  
 City or town, state or province, country, and ZIP or foreign postal code: **SEATTLE, WA 98121**

**D** Employer identification number: **91-1157127**

**E** Telephone number: **206-285-3500**

**F** Name and address of principal officer: **STEPHEN B. DAVIS**  
**SAME AS C ABOVE**

**G** Gross receipts \$: **281,425,424.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: **WWW.PATH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1981** **M** State of legal domicile: **WA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **SEE PART III, LINE 1.**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>757</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	286,891,535.	243,499,792.
<b>9</b> Program service revenue (Part VIII, line 2g)	22,378.	24,796.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,565,398.	1,908,636.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	801,633.	2,513,804.
<b>12</b> Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,280,944.	247,947,028.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,872,357.	61,297,455.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	110,831,078.	110,366,669.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,575,067.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93,920,413.	91,916,808.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	276,623,848.	263,580,932.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,657,096.	15,633,904.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	495,616,246.	458,736,625.
<b>21</b> Total liabilities (Part X, line 26)	54,206,418.	47,244,164.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	441,409,828.	411,492,461.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: *[Signature]* Date: **11/10/16**  
 OLIVIA D. POLIUS, CHIEF FINANCIAL OFFICER  
 Type or print name and title

Paid Preparer: Print/Type preparer's name: **DAVID F. GRALING CPA** Preparer's signature: *[Signature]* Date: **10-10-16** Check if self-employed:  PIN: **P00366995**  
 Firm's name: **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN: **52-1392008**  
 Firm's address: **4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930** Phone no. (301) 951-9090

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:
PATH'S 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 \$ 93,828,364. including grants of \$ 26,027,397.) (Revenue \$ 3,740.)
PRODUCT DEVELOPMENT: PATH IS A GLOBAL LEADER IN IDENTIFYING,
DEVELOPING, AND INTRODUCING AFFORDABLE, EFFECTIVE, AND EASY-TO-USE
HEALTH TECHNOLOGIES TO ADDRESS URGENT AND ENTRENCHED HEALTH CHALLENGES.
OUR VACCINES, DRUGS, DIAGNOSTICS, AND DEVICES ARE EMPOWERING PEOPLE
WORLDWIDE.

PATH WORKS WITH GOVERNMENTS, NONGOVERNMENTAL ORGANIZATIONS, PRIVATE
COMPANIES, EDUCATIONAL INSTITUTIONS, AND OTHER GROUPS TO SHEPHERD
HEALTH TECHNOLOGIES AND OTHER INNOVATIONS ALL THE WAY FROM BRIGHT IDEA
TO LARGE-SCALE USE. WE OVERCOME BARRIERS ON THIS "JOURNEY OF
INNOVATION," INCLUDING MARKET FAILURES, GAPS IN DEMAND AND SUPPLY,
POLICY AND REGULATORY ROADBLOCKS, AND OTHER CONSIDERATIONS TO ENSURE

4b (Code: ) (Expenses \$ 71,613,093. including grants of \$ 17,733,260.) (Revenue \$ 1,056.)
PUBLIC HEALTH: PATH'S PUBLIC HEALTH PORTFOLIO ENCOMPASSES HIV/AIDS AND
TUBERCULOSIS; MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION;
REPRODUCTIVE HEALTH; MALARIA CONTROL AND ELIMINATION; AND
NONCOMMUNICABLE DISEASES. IT ALSO INCLUDES OUR WORK ON DIGITAL HEALTH
SOLUTIONS ACROSS A RANGE OF HEALTH AREAS. IN ALL OUR PUBLIC HEALTH
EFFORTS, WE COLLABORATE WITH GOVERNMENTS, COMMUNITIES, AND
CIVIL-SOCIETY GROUPS TO STRENGTHEN THE LOCAL AND NATIONAL HEALTH
SYSTEMS THAT PROVIDE SERVICES.

IN 2015, OUR EFFORTS TO REDUCE THE GLOBAL BURDEN OF HIV/AIDS AND TB
INCLUDED DEVELOPING AND EXPANDING THE USE OF LIFESAVING PREVENTION
TOOLS, SIMPLER AND AFFORDABLE DIAGNOSTICS, NEW TREATMENT FORMULATIONS,

4c (Code: ) (Expenses \$ 37,704,208. including grants of \$ 13,847,933.) (Revenue \$ -37,698.)
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 2015, OUR INTERNATIONAL DEVELOPMENT PORTFOLIO SUPPORTED WORK IN MORE
THAN 70 COUNTRIES, RANGING FROM SMALL-SCALE PILOTS TO LARGE,
MULTI-COUNTRY EFFORTS. EACH PROJECT WAS DESIGNED TO COMPLEMENT EXISTING
COUNTRY AND COMMUNITY STRENGTHS, PRIORITIES, AND PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 10,245,424. including grants of \$ 3,688,865.) (Revenue \$ 20,000.)

4e Total program service expenses 213,391,089.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-19 contain various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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 boxes. 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 CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) GEORGE GOTSADZE VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) FELIX OLALE SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) DAVID KING TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) JO ADDY DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) PHYLLIS CAMPBELL DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) ALEX CHIKA EZEH DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) RAJENDRA VATTIKUTI DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) KEVIN REILLY DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) TSITSI MASIYIWA DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) IREENA VITTAL DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) YEHONG ZHANG DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) STEPHEN B. DAVIS PRESIDENT AND CEO	38.00 2.00			X				607,729.	0.	59,038.
(14) MICHAEL B. KOLLINS CHIEF OPERATING OFFICER	40.00 0.00			X				277,018.	0.	47,051.
(15) OLIVIA D. POLIUS CHIEF FINANCIAL OFFICER	38.00 2.00			X				264,997.	0.	46,727.
(16) DAVID C. KASLOW VP - PRODUCT DEVELOPMENT	38.00 2.00				X			316,540.	0.	58,018.
(17) AMIE E. BATSON CHIEF STRATEGY OFFICER	39.00 1.00				X			283,722.	0.	30,937.

**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) DANIEL LASTER GENERAL COUNSEL	38.00 2.00				X			268,812.	0.	39,328.
(19) KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	40.00 0.00				X			246,743.	0.	17,393.
(20) DAVID W. FLEMING VP - PUBLIC HEALTH	40.00 0.00				X			235,724.	0.	35,118.
(21) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	40.00 0.00				X			228,870.	0.	42,452.
(22) MARK D. MURRAY VP - GLOBAL ENGAGEMENT	40.00 0.00				X			159,809.	0.	19,900.
(23) JOHN SKIBIAK ASSOCIATE DIRECTOR	40.00 0.00					X		385,415.	0.	97,321.
(24) JAMES B. MCKENNA ASSOCIATE DIRECTOR	40.00 0.00					X		325,662.	0.	71,016.
(25) TRAD M. HATTON CHIEF OF PARTY	40.00 0.00					X		285,519.	0.	37,425.
(26) RIKKA E. TRANGSRUD COUNTRY PROGRAM LEADER	40.00 0.00					X		282,119.	0.	33,289.
<b>1b Sub-total</b>								4,168,679.	0.	635,013.
<b>c Total from continuation sheets to Part VII, Section A</b>								279,786.	0.	50,480.
<b>d Total (add lines 1b and 1c)</b>								4,448,465.	0.	685,493.

**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 267

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> 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	1,447,519.
WIDENET CONSULTING GROUP, LLC 11400 SE 6TH ST #130, BELLEVUE, WA 98004	CONSULTING	871,041.
VOLT MANAGEMENT CORP 2401 N. GLASSELL ST, ORANGE, CA 92865	STAFFING SERVICES	316,898.
CLARK, NUBER & CO., PS, 10900 NE 4TH STREET #1700, BELLEVUE, WA 98004	ACCOUNTING SERVICES	258,344.
NORTHERN TRUST 50 S. LASALLE ST, CHICAGO, IL 60675	ASSET MANAGEMENT	251,009.

**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 28

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	20,019,449.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	112,658,199.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	110,822,144.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		7,414,673.				
	<b>h Total.</b> Add lines 1a-1f		243,499,792.				
<b>Program Service Revenue</b>	<b>2 a</b> HONORARIUM	<b>Business Code</b>					
		900099	23,740.	23,740.			
	<b>b</b> SALES	900099	1,056.	1,056.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		24,796.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,471,233.			1,471,233.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		33,714,492.	33,000.				
		<b>b</b> Less: cost or other basis and sales expenses		33,299,270.	10,819.		
		<b>c</b> Gain or (loss)		415,222.	22,181.		
	<b>d</b> Net gain or (loss)		437,403.			437,403.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	130,609.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	168,307.				
	<b>c</b> Net income or (loss) from sales of inventory		-37,698.	-37,698.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER	900099	1,856,704.			1,856,704.		
<b>b</b> GAIN-FOREIGN EXCH.	900099	461,667.			461,667.		
<b>c</b> REIMBURSEMENTS	900099	233,131.			233,131.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		2,551,502.					
<b>12 Total revenue.</b> See instructions.		247,947,028.	-12,902.	0.	4,460,138.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,384,116.	29,384,116.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	59,013.	59,013.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	31,854,326.	31,854,326.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,285,925.	849,768.	2,371,322.	64,835.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	82,352,339.	50,486,887.	30,573,539.	1,291,913.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,731,338.		7,731,338.	
<b>9</b> Other employee benefits	10,954,519.	669,203.	10,285,316.	
<b>10</b> Payroll taxes	6,042,548.	366,124.	5,676,424.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	379,660.	43,032.	336,628.	
<b>c</b> Accounting	460,442.	38,838.	421,604.	
<b>d</b> Lobbying	56,008.	24,000.	32,008.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	190,639.		190,639.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,825,034.	6,817,283.	2,901,610.	106,141.
<b>12</b> Advertising and promotion	268,310.	120,515.	88,351.	59,444.
<b>13</b> Office expenses	4,912,752.	3,726,973.	1,113,660.	72,119.
<b>14</b> Information technology	1,118,797.	521,291.	556,370.	41,136.
<b>15</b> Royalties	38,100.	38,100.		
<b>16</b> Occupancy	10,296,364.	377,585.	9,918,779.	
<b>17</b> Travel	18,378,870.	16,337,778.	1,977,943.	63,149.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,481,513.	5,861,428.	363,462.	256,623.
<b>20</b> Interest	57,803.		57,803.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,316,090.	44,795.	2,271,295.	
<b>23</b> Insurance	400,377.	44,216.	356,161.	
<b>24</b> 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.)				
<b>a</b> SUBCONTRACTS	21,138,346.	19,989,975.	563,642.	584,729.
<b>b</b> EQUIP RENT & MAINT	5,687,802.	3,831,961.	1,826,972.	28,869.
<b>c</b> FACILITIES ALLOC	0.	10,352,823.	-10,692,678.	339,855.
<b>d</b> LEAVE & BENS ALLOC	0.	25,054,283.	-25,725,231.	670,948.
<b>e</b> All other expenses	9,909,901.	6,496,776.	3,417,819.	-4,694.
<b>25</b> Total functional expenses. Add lines 1 through 24e	263,580,932.	213,391,089.	46,614,776.	3,575,067.
<b>26</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	27,155,160.	<b>1</b>	17,233,932.
	<b>2</b> Savings and temporary cash investments .....	85,106,641.	<b>2</b>	70,140,432.
	<b>3</b> Pledges and grants receivable, net .....	225,750,342.	<b>3</b>	213,160,918.
	<b>4</b> Accounts receivable, net .....	12,072,596.	<b>4</b>	8,998,343.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,917,489.	<b>9</b>	8,519,638.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 34,928,052.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,722,070.	16,920,582.	<b>10c</b> 15,205,982.
	<b>11</b> Investments - publicly traded securities .....	125,648,641.	<b>11</b>	125,477,380.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	44,795.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	495,616,246.	<b>16</b>	458,736,625.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	50,802,396.	<b>17</b>	44,777,022.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,404,022.	<b>23</b>	2,467,142.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	54,206,418.	<b>26</b>	47,244,164.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	19,517,592.	<b>27</b>	20,834,939.
	<b>28</b> Temporarily restricted net assets .....	418,505,291.	<b>28</b>	387,267,912.
	<b>29</b> Permanently restricted net assets .....	3,386,945.	<b>29</b>	3,389,610.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	441,409,828.	<b>33</b>	411,492,461.
<b>34</b> Total liabilities and net assets/fund balances .....	495,616,246.	<b>34</b>	458,736,625.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	247,947,028.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	263,580,932.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-15,633,904.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	441,409,828.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,116,541.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-13,166,922.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	411,492,461.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b>  PATH	<b>Employer identification number</b>  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 (Form 990 or 990-EZ).)
- 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 (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		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	240,628,741.	171,536,869.	260,656,932.	286,891,535.	243,499,792.	1203213869.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	240,628,741.	171,536,869.	260,656,932.	286,891,535.	243,499,792.	1203213869.
<b>5</b> 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) .....						410,427,009.
<b>6 Public support.</b> Subtract line 5 from line 4.						792,786,860.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	240,628,741.	171,536,869.	260,656,932.	286,891,535.	243,499,792.	1203213869.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,797,154.	2,295,453.	1,577,831.	1,370,599.	1,471,233.	9,512,270.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...				38,502.		38,502.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	502,596.	730,742.	2,432,891.	763,131.	2,551,502.	6,980,862.
<b>11 Total support.</b> Add lines 7 through 10						1219745503.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	288,536.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.00 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	66.29 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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) (2015)

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/>	\$ 80,979,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 14,137,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 69,881,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 6,532,998.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,944,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,732,952.	Person <input checked="" 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 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
7	<hr/> <hr/> <hr/> <hr/>	\$ 5,018,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  PATH	Employer identification number  91-1157127
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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
4	SOFTWARE _____ _____ _____	\$ 6,532,998.	10/15/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2015**

**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](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of 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) 2015

LHA  
532041  
10-05-15

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	14,461.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	142,500.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	156,961.													
<b>d</b>	Other exempt purpose expenditures .....	263,423,971.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	263,580,932.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	193,545.	106,680.	222,686.	156,961.	679,872.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures		3,098.	1,207.	14,461.	18,766.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,404,188.	9,016,994.	7,806,786.	6,868,767.	6,671,532.
b Contributions	2,665.	9,350.	2,550.	5,392.	2,700.
c Net investment earnings, gains, and losses	-58,783.	768,184.	1,503,301.	932,627.	194,535.
d Grants or scholarships					
e Other expenditures for facilities and programs	450,846.	390,340.	295,643.		
f Administrative expenses					
g End of year balance	8,897,224.	9,404,188.	9,016,994.	7,806,786.	6,868,767.

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

- a Board designated or quasi-endowment  39.00 %
- b Permanent endowment  38.00 %
- c Temporarily restricted endowment  23.00 %

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

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

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

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

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,094,754.	9,008,929.	11,085,825.
d Equipment		11,244,084.	8,622,298.	2,621,786.
e Other		3,589,214.	2,090,843.	1,498,371.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,205,982.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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" on 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" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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	0	0	MANAGEMENT & GENERAL		-475.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	39,394.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PUBLIC HEALTH	37,983.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		887,791.
EAST ASIA AND THE PACIFIC	4	58	MANAGEMENT & GENERAL		1,621,763.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	1,172,665.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,348,225.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC HEALTH	560,412.
<b>3 a</b> Sub-total .....	4	58			6,667,758.
<b>b</b> Total from continuation sheets to Part I .....	29	632			94,519,631.
<b>c Totals</b> (add lines 3a and 3b) .....	33	690			101,187,389.

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

Schedule F (Form 990) 2015

**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	PROGRAM SERVICES	OTHER	31,563.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		3,095,659.
EUROPE	3	25	MANAGEMENT & GENERAL		2,707,537.
EUROPE	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	5,297,548.
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	137,237.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC HEALTH	3,493,412.
EUROPE	0	0	PROGRAM SERVICES	OTHER	352,128.
EUROPE	0	0	GRANTMAKING		14,928,836.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL		-45.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	1,898.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	7,950.
NORTH AMERICA	0	0	MANAGEMENT & GENERAL		8,833.
NORTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	57,240.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	14,015.
NORTH AMERICA	0	0	PROGRAM SERVICES	OTHER	8,091.
NORTH AMERICA	0	0	FUNDRAISING		3,718.
NORTH AMERICA	0	0	GRANTMAKING		150,721.
RUSSIA AND NEIGHBORING STATES	1	13	MANAGEMENT & GENERAL		549,398.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	304,029.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	PUBLIC HEALTH	533,725.
<b>Totals</b> .....					

**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 AND NEIGHBORING STATES	0	0	GRANTMAKING		268,476.
SOUTH AMERICA	1	2	MANAGEMENT & GENERAL		93,223.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	8,096.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	198,212.
SOUTH AMERICA	0	0	GRANTMAKING		234,193.
SOUTH ASIA	6	52	MANAGEMENT & GENERAL		1,667,848.
SOUTH ASIA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	688,950.
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	1,369,891.
SOUTH ASIA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	733,334.
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	1,671.
<b>Totals</b> .....					

**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		258.
SOUTH ASIA	0	0	GRANTMAKING		2,279,502.
SUB-SAHARAN AFRICA	18	540	MANAGEMENT & GENERAL		10,272,603.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRODUCT DEVELOPMENT	3,071,457.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	12,134,808.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	19,171,880.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	628,481.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		4,107.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,009,148.
<b>Totals</b> .....	29	632			94,519,631.

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	227,247.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	301,581.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	358,963.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	56,100.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	8,812.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	43,868.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	522,521.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	25,381.	CHECK/WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **255**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	35,154.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	23,127.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	22,289.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	193,059.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	OTHER	59,803.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	150,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	153,642.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	196,179.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	100,339.	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	10,230.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	30,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	77,479.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	210,541.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	79,192.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PRODUCT DEVELOPMENT	312,562.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	740,354.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	14,494.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	23,251.	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	INTERNATIONAL DEVELOPMENT	20,110.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	16,088.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	37,193.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	271,389.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	127,669.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	210,095.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	173,854.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	110,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	7,795.	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	123,558.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	141,749.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	206,561.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	126,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	56,117.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	88,863.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	21,485.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	67,196.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	37,838.	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	2,102,817.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	800,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	302,936.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	24,238.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	7,728.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	150,000.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	163,089.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	1,525,146.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	71,861.	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	250,649.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	194,610.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	65,503.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	20,946.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	85,000.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	83,062.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	51,934.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	105,872.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	94,459.	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	87,420.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	724,350.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	63,755.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	27,667.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	70,786.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	101,412.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	238,543.	CHECK/WIRE	0.		
		NORTH AMERICA	PRODUCT DEVELOPMENT	105,800.	CHECK/WIRE	0.		
		NORTH AMERICA	PUBLIC HEALTH	39,921.	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)
		RUSSIA AND NEIGHBORING STATES	INTERNATIONAL DEVELOPMENT	71,342.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	INTERNATIONAL DEVELOPMENT	110,501.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	8,555.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	8,384.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	19,115.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	50,579.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	13,760.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	39,967.	CHECK/WIRE	0.		
		SOUTH AMERICA	PRODUCT DEVELOPMENT	175,930.	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	INTERNATIONAL DEVELOPMENT	45,275.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	538,389.	CHECK/WIRE	0.		
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	406,366.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	125,887.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	9,604.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	224,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	14,263.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	30,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	402,079.	CHECK/WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PRODUCT DEVELOPMENT	120,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	5,476.	CHECK/WIRE	0.		
		SOUTH ASIA	PRODUCT DEVELOPMENT	48,717.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	66,877.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	10,879.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	65,420.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	15,000.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	36,054.	CHECK/WIRE	0.		
		SOUTH ASIA	PUBLIC HEALTH	115,215.	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	68,749.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	31,916.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	58,121.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	59,708.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,646.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	62,614.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,526.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,696.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	11,233.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	38,644.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,855.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	27,223.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,103.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,934.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,788.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,913.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,239.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,914.	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	16,023.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,509.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,856.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,724.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	58,779.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	82,289.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	152,626.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	80,424.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,584.	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	112,848.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,125.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,640.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	47,940.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,697.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,120.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,324.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,560.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	78,691.	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	44,868.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,941.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	47,295.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,932.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,086.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	72,097.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,875.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,112.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,307.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	35,762.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,883.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,595.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,384.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	60,668.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,621.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,470.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	143,321.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,013.	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	73,936.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,658.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,444.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,886.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,320.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	11,010.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	71,352.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,883.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,746.	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	17,493.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,956.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,091.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	81,186.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,937.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,355.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,361.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	109,684.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,893.	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	107,057.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,076.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,791.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,901.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,550.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,413.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,505.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,052.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,815.	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	14,757.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	143,046.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	56,553.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,173.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,922.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,783.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,970.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,976.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,269.	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	36,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,950.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	76,173.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	50,319.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	54,977.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,160.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,987.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	48,316.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	71,277.	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	15,577.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	10,650.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,429.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	17,579.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	13,301.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,904.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	12,116.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	39,554.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OTHER	7,511.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	24,930.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	197,453.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	251,005.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	28,498.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	26,442.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	1,484,050.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	39,872.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	121,448.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	58,578.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	29,085.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	17,387.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	46,755.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	7,111.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PRODUCT DEVELOPMENT	162,331.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,363.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	10,923.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	354,281.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	24,222.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,090.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,960.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,375.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,375.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	15,007.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	216,679.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,040.	CHECK/WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	38,392.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,199.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,468.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,250.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,964.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,900.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,720.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	25,238.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	293,922.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	109,224.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	56,385.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	19,702.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	31,769.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	282,364.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	37,011.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	14,148.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	36,112.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,398.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	79,235.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	32,843.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	44,896.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,785.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	27,233.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,957.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,042.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	11,175.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	35,510.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	33,324.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	18,795.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,738.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	8,330.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	99,522.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,900.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	30,829.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	102,340.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,077.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	18,763.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	9,820.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	40,062.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	314,319.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	44,835.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	18,398.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	43,112.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,628.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,585.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,601.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	43,317.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,440.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	36,387.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	52,473.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	170,414.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	33,830.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	34,455.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	215,404.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	48,810.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	69,327.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	72,198.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,797.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	63,549.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	50,603.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	INTERNATIONAL DEVELOPMENT	7,087.	CHECK/WIRE	0.		
		EUROPE	PRODUCT DEVELOPMENT	2,982,658.	CHECK/WIRE	0.		
		EUROPE	PUBLIC HEALTH	149,631.	CHECK/WIRE	0.		
		EUROPE	OTHER	2,532,119.	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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2015

**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 PROGRAMMATIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND PROCESSES. PATH ALSO USES CROSS-PROGRAM INDICATORS TO TRACK OVERALL ORGANIZATIONAL PERFORMANCE AND LINK OUR WORK AND THE WORK OF SUBRECIPIENTS TO SPECIFIC IMPROVEMENTS IN HEALTH-RELATED OUTCOMES. MONITORING THIS SET OF INDICATORS HELPS PATH SET FUTURE BENCHMARKS AND ADOPT BEST PRACTICES THAT IMPROVE PROGRAMMATIC EFFECTIVENESS OVER TIME.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROADREACH HEALTHCARE, LLC 1655 NORTH FORT MYER DR., SUITE 70 ARLINGTON, VA 22209	86-1052728	N/A	75,874.	0.			INTERNATIONAL DEVELOPMENT
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	4,103,980.	0.			INTERNATIONAL DEVELOPMENT
INITIATIVES INC. 264 BEACON STREET BOSTON, MA 02116	04-2961350	N/A	346,705.	0.			INTERNATIONAL DEVELOPMENT
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	1,809,595.	0.			INTERNATIONAL DEVELOPMENT
WORLD VISION 300 I ST., NE WASHINGTON DC, DC 20002	95-1922279	501(C)(3)	1,709,287.	0.			INTERNATIONAL DEVELOPMENT
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007-1098	36-2275597	501(C)(3)	45,509.	0.			OTHER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.

**3** Enter total number of other organizations listed in the line 1 table ▶ 22.

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

Schedule I (Form 990) (2015)

**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 RESEARCH & TRAINING INSTITUTE, INC. - 1616 NORTH FORT MYER DRIVE, 11TH FLOOR - ARLINGTON, VA 22209	04-2578579	N/A	13,010.	0.			OTHER
SAVE THE CHILDREN ACTION NETWORK 2000 L STREET NW SUITE 500 WASHINGTON, DC 20003	06-0726487	501(C)(3)	7,335.	0.			OTHER
VISUAL EPIDEMIOLOGY, INC 88B HOWE STREET NEW HAVEN, CT 06511	45-5049084	N/A	55,300.	0.			OTHER
WORLD VISION, INC. 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	7,283.	0.			OTHER
ACCELOVANCE, INC. 2276 RESEARCH BOULEVARD, SUITE 700 ROCKVILLE, MD 20850	20-0956757	N/A	249,738.	0.			PRODUCT DEVELOPMENT
ADVANCED BIOSCIENCE LABORATORIES, INC. - 9800 MEDICAL CENTER DRIVE, BUILDING D - ROCKVILLE, MD 20850	62-1242262	N/A	451,195.	0.			PRODUCT DEVELOPMENT
BECTON DICKINSON ONE BECTON DRIVE FRANKLIN LAKES, NJ 07417	22-0761200	N/A	212,000.	0.			PRODUCT DEVELOPMENT
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	82,793.	0.			PRODUCT DEVELOPMENT
CASCADE DESIGNS, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	215,000.	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
CATALYTICA, INC. 4332 FRANCIS AVE N SUITE #5 SEATTLE, WA 98103	26-2673830	N/A	46,300.	0.			PRODUCT DEVELOPMENT
CDC FOUNDATION CDC FOUNDATION 55 PARK PLACE NE, S ATLANTA, GA 30303	58-2106707	501(C)(3)	111,337.	0.			PRODUCT DEVELOPMENT
CONRAD EASTERN VIRGINIA MEDICAL SCHOOL 1911 NORTH FORT MYER DRIVE - ARLINGTON, VA 2	23-7053028	501(C)(3)	573,142.	0.			PRODUCT DEVELOPMENT
FINA BIOSOLUTIONS LLC 9430 KEY WEST AVE SUITE 200 ROCKVILLE, MD 20850	20-5448275	N/A	43,049.	0.			PRODUCT DEVELOPMENT
FOOD & DRUG ADMINISTRATION 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20993	53-0196965	GOV	538,584.	0.			PRODUCT DEVELOPMENT
FRAUNHOFER USA CENTER FOR MOLECULAR BIOTECHNOLOGY - 9 INNOVATION WAY SUITE 200 - NEWARK, DE 19711	38-3203030	501(C)(3)	521,476.	0.			PRODUCT DEVELOPMENT
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	85,617.	0.			PRODUCT DEVELOPMENT
INTERNATIONAL AIDS VACCINE INITIATIVE - 110 WILLIAM ST., 27TH FLOOR - NEW YORK, NY 10038	13-3870223	501(C)(3)	133,925.	0.			PRODUCT DEVELOPMENT
JHU, BLOOMBERG SCHOOL OF PUBLIC HEALTH - 615 N. WOLFE STREET - BALTIMORE, MD 21205	13-1687001	501(C)(3)	48,636.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 615 N WOLFE STREET, W1100 - BALTIMORE, MD	13-1687001	501(C)(3)	355,468.	0.			PRODUCT DEVELOPMENT
JWM ASSOCIATES LLC PO BOX 818 OCEAN SHORES, WA 98569	41-2039407	N/A	6,642.	0.			PRODUCT DEVELOPMENT
KARL WEYRAUCH DBA PYGMY SURVIVAL ALLIANCE - 4545 49TH AVE NE - SEATTLE, WA 98105	27-0438932	501(C)(3)	9,000.	0.			PRODUCT DEVELOPMENT
LOYOLA UNIVERSITY CHICAGO 6339 N. SHERIDAN ROAD CHICAGO, IL 60660	36-1408475	501(C)(3)	193,563.	0.			PRODUCT DEVELOPMENT
MANN GLOBAL HEALTH, LLC 1317 BELMONT DRIVE COLUMBIA, SC 29205	47-2218176	N/A	17,335.	0.			PRODUCT DEVELOPMENT
NIH, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES - 6610 ROCKLEDGE DRIVE, MSC 6612 - BETHESDA, MD 20892	52-0858115	GOV	1,335,647.	0.			PRODUCT DEVELOPMENT
PPD DEVELOPMENT LP 8551 RESEARCH WAY, SUITE 90 MIDDLETON, WI 53562	56-1640186	N/A	90,037.	0.			PRODUCT DEVELOPMENT
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	445,589.	0.			PRODUCT DEVELOPMENT
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL, FUSZ HALL, SU ST. LOUIS, MO 63108	43-0654872	501(C)(3)	15,000.	0.			PRODUCT DEVELOPMENT

Schedule I (Form 990)

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SANARIA, INC. 9800 MEDICAL CENTER DRIVE SUITE A2 ROCKVILLE, MD 20850	56-2354362	N/A	219,311.	0.			PRODUCT DEVELOPMENT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E. SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	115,001.	0.			PRODUCT DEVELOPMENT
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N. SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	525,000.	0.			PRODUCT DEVELOPMENT
SOLAR ELECTRIC LIGHT FUND 1612 K STREET NW SUITE 300 WASHINGTON, DC 20006	52-1701564	501(C)(3)	190,000.	0.			PRODUCT DEVELOPMENT
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	25,000.	0.			PRODUCT DEVELOPMENT
UNITED STATES NAVAL MEDICAL RESEARCH CENTER - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOV	348,830.	0.			PRODUCT DEVELOPMENT
UNITED STATES PHARMACOPEIAL CONVENTION - 12601 TWIN BROOK PARKWAY - ROCKVILLE, MD 20852-1790	13-1656692	501(C)(3)	89,026.	0.			PRODUCT DEVELOPMENT
UNITUS LABS 435 S 660 W OREM, UT 84059-6078	87-0621367	501(C)(3)	150,000.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH STREET SOUTH AB 1170 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	100,000.	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.)

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 505 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	167,996.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF FLORIDA 219 GRINTER HALL P.O. BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	16,903.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MARYLAND BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	501(C)(3)	653,897.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY GABLES ONE TOWER, SUITE 650 - CORAL GABLES, FL 3314	59-0624458	501(C)(3)	149,332.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET WATERMAN 217 - BURLINGTON, VT 05405	03-0179440	501(C)(3)	114,486.	0.			PRODUCT DEVELOPMENT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	1,104,688.	0.			PRODUCT DEVELOPMENT
WALTER REED ARMY INSTITUTE OF RESEARCH - 503 ROBERT GRANT DRIVE - SILVER SPRING, MD 20910-7500	52-0664528	GOV	997,988.	0.			PRODUCT DEVELOPMENT
WORLD VISION, INC. 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	51,750.	0.			PRODUCT DEVELOPMENT
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	40,000.	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
ABT ASSOCIATES 4550 MONTGOMERY AVE, SUITE 800 NOR BETHESDA, MD 20814	04-2347643	N/A	71,793.	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)	148,627.	0.			PUBLIC HEALTH
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	83,506.	0.			PUBLIC HEALTH
BRAC USA 110 WILLIAM STREET, 29TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	116,278.	0.			PUBLIC HEALTH
CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	88,804.	0.			PUBLIC HEALTH
CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH - 1329 SHEPARD DRIVE SUITE 6 - STERLING, VA 20164	54-1932761	501(C)(3)	146,227.	0.			PUBLIC HEALTH
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	357,721.	0.			PUBLIC HEALTH
ENGENDERHEALTH 440 NINTH AVENUE NEW YORK, NY 10001	13-1623838	501(C)(3)	194,182.	0.			PUBLIC HEALTH
EVIDENCE ACTION 641 S ST. NW, 3RD FL, WEWORK WASHINGTON, DC 20001	90-0874591	501(C)(3)	126,377.	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.)

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FAMILY CARE INTERNATIONAL, INC. 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	23-7413005	501(C)(3)	164,056.	0.			PUBLIC HEALTH
FAMILY HEALTH INTERNATIONAL 360 359 BLACKWELL ST., SUITE 200 DURHAM, NC 27701	23-7413005	501(C)(3)	116,378.	0.			PUBLIC HEALTH
FINANCING FOR DEVELOPMENT 1800 MASSACHUSETTS AVENUE SUITE 40 WASHINGTON, DC 20036	68-0683026	501(C)(3)	123,118.	0.			PUBLIC HEALTH
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156070	501(C)(3)	9,829.	0.			PUBLIC HEALTH
GEORGETOWN UNIVERSITY INSTITUTE FOR REPRODUCTIVE HEALTH - 4301 CONNECTICUT AVENUE NW, SUITE 310 - WASHINGTON, DC 20008	53-0196603	501(C)(3)	155,265.	0.			PUBLIC HEALTH
GLOBAL HEALTH INSIGHTS LLC 3 PETER COOPER ROAD APT MC NEW YORK, NY 10010	26-3809493	N/A	24,755.	0.			PUBLIC HEALTH
GMMB INC. 1200 WESTLAKE AVENUE N. SUITE 1005 SEATTLE, WA 98109	52-1305983	N/A	262,459.	0.			PUBLIC HEALTH
HARVARD UNIVERSITY, SCHOOL OF PUBLIC HEALTH - INTERNATIONAL HEALTH 677 HUNTINGTON AVENUE - BOSTON, MA 02115	04-2103580	501(C)(3)	245,991.	0.			PUBLIC HEALTH
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH, 12TH FLOOR NEW YORK, NY 10010	13-5562162	501(C)(3)	168,443.	0.			PUBLIC HEALTH

Schedule I (Form 990)

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IBIS REPRODUCTIVE HEALTH 17 DUNSTER STREET, SUITE 201 CAMBRIDGE, MA 02138	03-0382773	501(C)(3)	31,388.	0.			PUBLIC HEALTH
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - 125 MAIDEN LANE 9TH FLOOR - NEW YORK, NY 10038	13-1845455	501(C)(3)	10,228.	0.			PUBLIC HEALTH
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL, NC 27514	55-0825466	501(C)(3)	170,695.	0.			PUBLIC HEALTH
JOHN SNOW, INC. 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	45,696.	0.			PUBLIC HEALTH
JSI RESEARCH & TRAINING INSTITUTE, INC. - 1616 NORTH FORT MYER DRIVE, 11TH FLOOR - ARLINGTON, VA 22209	04-2578580	N/A	144,230.	0.			PUBLIC HEALTH
KYBELE INC. 3524 YADKINVILLE ROAD #124 WINSTON SALEM, NC 27106	90-0759003	501(C)(3)	512,979.	0.			PUBLIC HEALTH
MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DRIVE SUITE 320 MEDFORD, MA 02155	04-2482188	501(C)(3)	21,775.	0.			PUBLIC HEALTH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	159,999.	0.			PUBLIC HEALTH
MEDICAL CARE DEVELOPMENT INC. 8401 COLESVILLE ROAD, SUITE 425 SILVER SPRING, MD 20910	01-6022787	501(C)(3)	3,311,861.	0.			PUBLIC HEALTH

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PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	75,322.	0.			PUBLIC HEALTH
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA 3RD FLO NEW YORK, NY 10017	13-1687001	501(C)(3)	130,569.	0.			PUBLIC HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET, NW SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	1,269,108.	0.			PUBLIC HEALTH
RESULTS FOR DEVELOPMENT INSTITUTE, INC. - 1111 19TH ST NW SUITE 7400 - WASHINGTON, DC 20036	20-8530747	501(C)(3)	68,100.	0.			PUBLIC HEALTH
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E. SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	294,877.	0.			PUBLIC HEALTH
SHIFT LABS, INC. 1752 NW MARKET ST. #211 SEATTLE, WA 98107	45-4541971	N/A	10,500.	0.			PUBLIC HEALTH
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE - 1440 CANAL ST - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	256,784.	0.			PUBLIC HEALTH
UNITED NATIONS FUND FOR POPULATION ACTIVITIES - 220 EAST 42ND STREET - NEW YORK, NY 10017		GOV	121,238.	0.			PUBLIC HEALTH
UNITED STATES PHARMACOPEIAL CONVENTION - 12601 TWIN BROOK PARKWAY - ROCKVILLE, MD 20852-1790	13-1656692	501(C)(3)	41,043.	0.			PUBLIC HEALTH

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WIDENET CONSULTING GROUP 2910 1ST AVENUE S SUITE 200 SEATTLE, WA 98134	26-4198815	N/A	246,408.	0.			PUBLIC HEALTH
PATH DRUG SOLUTIONS 2201 WESTLAKE AVE., SUITE 200 SEATTLE, WA 98121	83-0431851	501(C)(3)	816,360.	0.			OTHER
PATH VACCINE SOLUTIONS 2201 WESTLAKE AVE., SUITE 200 SEATTLE, WA 98121	94-3384500	501(C)(3)	84,282.	0.			OTHER
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-2106707	GOV	-50,922.	0.			PRODUCT DEVELOPMENT
UW, HARBORVIEW MEDICAL CENTER INFECTIOUS DISEASES RESEARCH CLINIC - BOX 359932 HARBORVIEW MEDICAL CENTER 325 9TH AVE. -	91-6001537	501(C)(3)	-5,446.	0.			PRODUCT DEVELOPMENT
WORLD VISION 300 I ST., NE WASHINGTON DC, DC 20002	95-1922279	501(C)(3)	-4,426.	0.			PUBLIC HEALTH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PUBLIC HEALTH	1	15,000.	0.		
OTHER	2	44,013.	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 ARE REQUIRED TO SUBMIT PROGRESS REPORTS, WHICH ARE REVIEWED  
 BY RESPONSIBLE PATH PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS TO ENSURE  
 THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS.  
 THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS CONTACT  
 SUBRECIPIENTS WITH QUESTIONS AND FOLLOW UP ON ANY CONCERNS. IN SOME CASES,  
 SUBAWARD TERMS MAY REQUIRE SPECIFIED DELIVERABLES IN ADDITION TO, OR IN  
 LIEU OF, TECHNICAL REPORTS. IN ADDITION, DISCRETIONARY ON-SITE VISITS ARE  
 CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH THE PROGRAMMATIC OBJECTIVES OF

**Part IV Supplemental Information**

THE PROJECT AND THE APPROPRIATENESS OF THE SUBRECIPIENT'S ADMINISTRATIVE

SYSTEMS AND PROCESSES. PATH ALSO USES CROSS-PROGRAM INDICATORS TO TRACK

OVERALL ORGANIZATIONAL PERFORMANCE AND LINK OUR WORK AND THE WORK OF

SUBRECIPIENTS TO SPECIFIC IMPROVEMENTS IN HEALTH-RELATED OUTCOMES.

MONITORING THIS SET OF INDICATORS HELPS PATH SET BENCHMARKS AND ADOPT BEST

PRACTICES THAT IMPROVE PROGRAMMATIC EFFECTIVENESS OVER TIME.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN B. DAVIS PRESIDENT AND CEO	(i)	458,417.	147,592.	1,720.	31,000.	28,038.	666,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL B. KOLLINS CHIEF OPERATING OFFICER	(i)	275,298.	0.	1,720.	28,326.	18,725.	324,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OLIVIA D. POLIUS CHIEF FINANCIAL OFFICER	(i)	263,202.	0.	1,795.	31,000.	15,727.	311,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID C. KASLOW VP - PRODUCT DEVELOPMENT	(i)	314,890.	0.	1,650.	31,000.	27,018.	374,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMIE E. BATSON CHIEF STRATEGY OFFICER	(i)	283,722.	0.	0.	30,029.	908.	314,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL LASTER GENERAL COUNSEL	(i)	267,092.	0.	1,720.	31,000.	8,328.	308,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	(i)	246,743.	0.	0.	8,111.	9,282.	264,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID W. FLEMING VP - PUBLIC HEALTH	(i)	235,724.	0.	0.	18,409.	16,709.	270,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	(i)	227,150.	0.	1,720.	25,183.	17,269.	271,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK D. MURRAY VP - GLOBAL ENGAGEMENT	(i)	159,809.	0.	0.	11,076.	8,824.	179,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN SKIBIAK ASSOCIATE DIRECTOR	(i)	140,263.	0.	245,152.	17,604.	79,717.	482,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAMES B. MCKENNA ASSOCIATE DIRECTOR	(i)	121,278.	0.	204,384.	16,595.	54,421.	396,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TRAD M. HATTON CHIEF OF PARTY	(i)	115,280.	0.	170,239.	15,091.	22,334.	322,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RIKKA E. TRANGSRUD COUNTRY PROGRAM LEADER	(i)	180,167.	0.	101,952.	19,820.	13,469.	315,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ASHLEY J. BIRKETT GLOBAL PROGRAM LEADER	(i)	278,841.	0.	945.	28,360.	22,120.	330,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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 POSITIONS. 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

**2015**

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](http://www.irs.gov/form990).

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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	X	2	61,125	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	21	182,670	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 ( SOFTWARE )	X	2	6,532,998	COST OR SALES PRICE
26	Other ( SUPPLIES )	X	4	637,880	COST OR SALES PRICE
27	Other ( )				
28	Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) (2015)



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 A 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 FUNDERS AND COLLABORATORS SPAN THE PUBLIC, PRIVATE, AND NONPROFIT

SECTORS AND ARE PIVOTAL TO OUR SUCCESS. THEIR CONTRIBUTIONS SUPPORT OUR

WIDE-REACHING WORK TO ACCELERATE INNOVATION FROM IDEA TO IMPACT.

SINCE 2011, PATH AND OUR PARTNERS AND SUPPORTERS HAVE REACHED AN

AVERAGE OF 150 MILLION PEOPLE PER YEAR WITH LIFESAVING HEALTH

SOLUTIONS.

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

THAT SMART SOLUTIONS REACH THE PEOPLE WHO NEED THEM. WE SPECIALIZE IN

THE MIDDLE STEPS-SUCH AS TESTING AND REFINING INNOVATIONS, GAINING

REGULATORY APPROVAL, FOSTERING A SUPPORTIVE POLICY ENVIRONMENT,

BRINGING PRODUCTS SUCCESSFULLY TO MARKET, CREATING SUSTAINABLE MARKETS

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

532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization PATH	Employer identification number 91-1157127
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IN LOW-RESOURCE SETTINGS, AND INTRODUCING NEW APPROACHES.

ONE AREA OF FOCUS FOR PATH IS ACCELERATING THE DEVELOPMENT AND DELIVERY OF VACCINES THAT PROVIDE PROTECTION AGAINST DISEASES THAT ARE COMMON IN LOW- AND MIDDLE-INCOME COUNTRIES. FOR EXAMPLE, IN 2015, WE CONTINUED TO SUPPORT THE INTRODUCTION OF A VACCINE AGAINST JAPANESE ENCEPHALITIS, AN INCURABLE DISEASE COMMON IN SOUTHEAST ASIA AND THE WESTERN PACIFIC. IN COLLABORATION WITH A CHINESE VACCINE MANUFACTURER, WE WORKED WITH COUNTRY GOVERNMENTS IN CAMBODIA AND NEPAL TO LAY THE GROUNDWORK FOR THE INTRODUCTION AND EXPANSION OF VACCINATION PROGRAMS. TO DATE, OUR EFFORTS HAVE RESULTED IN DELIVERY OF MORE THAN 232 MILLION DOSES OF VACCINE ACROSS SIX COUNTRIES.

WE ALSO WORKED IN 2015 TO EXPAND USE OF MENAFRIVAC, A LOW-COST VACCINE DEVELOPED BY PATH, THE WORLD HEALTH ORGANIZATION, AND SERUM INSTITUTE OF INDIA PVT. LTD. (SIIPL). THIS VACCINE PROTECTS CHILDREN AND YOUNG ADULTS FROM DEBILITATING AND OFTEN DEADLY SEROGROUP A MENINGOCOCCAL MENINGITIS, WHICH HAS BEEN VIRTUALLY ELIMINATED WHEREVER THE VACCINE HAS BEEN INTRODUCED. BY THE END OF 2015, MORE THAN 235 MILLION PEOPLE HAD RECEIVED THE VACCINE IN MASS IMMUNIZATION CAMPAIGNS, AND THE VACCINE WAS POISED FOR INTRODUCTION INTO ROUTINE IMMUNIZATION PROGRAMS. IN PARTNERSHIP WITH SIIPL, PATH ALSO CONTINUED DEVELOPMENT OF A VACCINE TO PROTECT AGAINST OTHER SEROGROUPS OF MENINGOCOCCAL MENINGITIS THAT CAUSE EPIDEMICS IN AFRICA.

TO STOP MALARIA, PATH IS ACCELERATING THE DEVELOPMENT OF MORE THAN 20 MALARIA VACCINE CANDIDATES AND APPROACHES. IN 2015, WE PRESENTED THE RESULTS OF A PHASE 3 TRIAL OF PATH AND GLAXOSMITHKLINE'S RTS,S MALARIA

Name of the organization PATH	Employer identification number 91-1157127
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VACCINE CANDIDATE TO EUROPEAN REGULATORS, WHO SUBSEQUENTLY ISSUED A POSITIVE OPINION, INFORMING A RECOMMENDATION FROM THE WORLD HEALTH ORGANIZATION FOR PILOT IMPLEMENTATION IN AFRICA. WE ALSO ADVANCED RESEARCH ON WHETHER AN ALTERNATIVE-DOSE FORMULATION OF RTS,S COULD IMPROVE PROTECTION.

WE CONTINUED THE FIGHT AGAINST DIARRHEAL DISEASES, THE SECOND-LEADING CAUSE OF DEATH AMONG CHILDREN IN LOW-INCOME COUNTRIES. TO COMBAT ROTAVIRUS, A MAJOR CAUSE OF SEVERE DIARRHEA, WE PARTNERED WITH SIIPL TO STUDY A VACCINE THAT MAY REMAIN STABLE AND POTENT EVEN DURING EXTENDED PERIODS WITHOUT REFRIGERATION, ENABLING WIDER USE IN REMOTE COMMUNITIES. WE COMPLETED ENROLLMENT FOR A PHASE 3 EFFICACY STUDY OF THE VACCINE (THE LARGEST EVER UNDERTAKEN AMONG CHILDREN IN INDIA) AND BEGAN A STUDY TO EXAMINE CLINICAL LOT CONSISTENCY AND POTENTIAL INTERFERENCE WITH OTHER ROUTINE VACCINES. FINALLY, ROTAVAC, AN INDIAN-MADE VACCINE DEVELOPED WITH PATH SUPPORT, REMAINED ON TRACK FOR INTRODUCTION IN INDIA'S PUBLIC SECTOR IN 2016.

WE ALSO CONDUCTED CLINICAL TRIALS OF VACCINE CANDIDATES THAT MAY PROVIDE PROTECTION AGAINST ENTEROTOXIGENIC ESCHERICHIA COLI (ETEC) AND SHIGELLA, LEADING CAUSES OF BACTERIAL DIARRHEAL ILLNESS. IN 2015, FOR EXAMPLE, WE BEGAN A CLINICAL STUDY IN BANGLADESH OF ETVAX, A VACCINE CANDIDATE THAT MAY PROTECT AGAINST ETEC. TO HELP STOP SHIGELLA, WE PARTNERED WITH THE WALTER REED ARMY INSTITUTE OF RESEARCH TO STUDY A VACCINE CANDIDATE THAT WE FOUND TO BE SAFE AND CAPABLE OF PRODUCING AN IMMUNE RESPONSE IN CHILDREN.

PATH ALSO ADVANCED DEVELOPMENT OF LOW-COST VACCINE CANDIDATES TO



Name of the organization PATH	Employer identification number 91-1157127
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PROTECT CHILDREN AGAINST PNEUMOCOCCAL BACTERIA, THE TOP CAUSE OF SEVERE CHILDHOOD PNEUMONIA. IN THE GAMBIA, FOR INSTANCE, WE EVALUATED A PNEUMOCOCCAL CONJUGATE VACCINE (PCV-10) CANDIDATE DESIGNED TO BE AFFORDABLE AND TO PROVIDE PROTECTION AGAINST THE TEN BACTERIAL SEROTYPES CAUSING THE MOST CASES OF INVASIVE PNEUMOCOCCAL DISEASE IN AFRICA AND ASIA. IN KENYA, PATH AND OUR PARTNERS ALSO STUDIED A VACCINE CANDIDATE WITH THE POTENTIAL TO PROVIDE LOW-COST, BROAD PROTECTION ACROSS MANY SEROTYPES.

IN ADDITION, WE HELPED THE GOVERNMENTS OF MORE THAN 20 COUNTRIES IN AFRICA AND ASIA PLAN, IMPLEMENT, AND EVALUATE USE OF HUMAN PAPILOMAVIRUS (HPV) VACCINE TO PROTECT AGAINST CERVICAL CANCER. WE ALSO COLLABORATED WITH GOVERNMENT AND LOCAL GROUPS IN ETHIOPIA TO INCREASE VACCINE DEMAND AND IMMUNIZATION COVERAGE.

MUCH OF OUR WORK IN 2015 TO DEVELOP AND ADVANCE TECHNOLOGIES TO IMPROVE THE ADMINISTRATION OF VACCINES AND DRUGS CENTERED ON DETERMINING THE VALUE, APPROPRIATENESS, AND ACCEPTABILITY OF INJECTION TECHNOLOGIES, SUCH AS DISPOSABLE-SYRINGE JET INJECTORS AND MICRONEEDLE PATCHES THAT DELIVER VACCINES OR DRUGS THROUGH THE SKIN. FOR EXAMPLE, WE ADVANCED A FIRST-OF-ITS KIND PATCH TO DELIVER DRUGS THROUGH THE SKIN OR MUCOUS MEMBRANES TO PREVENT HIV INFECTION. OUR TEAMS ALSO INVESTIGATED OPTIONS FOR INTRADERMAL VACCINE DELIVERY BECAUSE SOME VACCINES MAY BE PROTECTIVE AT FAR LOWER DOSES WHEN ADMINISTERED DIRECTLY UNDER THE SKIN.

IN ADDITION, WE TESTED FORMULATION TECHNOLOGIES AND APPROACHES THAT CAN MAKE VACCINES EASIER TO TRANSPORT AND MORE HEAT-STABLE, AND WE

Name of the organization PATH	Employer identification number 91-1157127
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INVESTIGATED THE USE OF VARIOUS ADJUVANTS, WHICH ARE INGREDIENTS IN A VACCINE THAT CAN INCREASE THE BODY'S IMMUNOLOGICAL RESPONSE. WE ALSO SUPPORTED EFFORTS TO IMPROVE THE SYSTEMS AND EQUIPMENT THAT COUNTRIES USE TO MOVE VACCINES FROM MANUFACTURER TO STORAGE TO CLINIC. THESE ACTIVITIES RANGED FROM CREATING OR TESTING NEW REFRIGERATION EQUIPMENT AND TRANSPORT COOLERS TO EVALUATING SUPPLY SYSTEMS AND TRAINING HEALTH WORKERS.

ONE RESULT OF PATH'S DRUG DEVELOPMENT WORK IN 2015 WAS THE SHIPMENT OF 51 MILLION ANTIMALARIAL TREATMENTS MADE WITH SEMISYNTHETIC ARTEMISININ TO MORE THAN 20 COUNTRIES IN SUB-SAHARAN AFRICA. PATH AND OUR PARTNERS PREVIOUSLY DEVELOPED AND SCALED UP USE OF SEMISYNTHETIC ARTEMISININ TO COMPLEMENT BOTANICAL SUPPLIES OF ARTEMISIN, HELPING TO IMPROVE ACCESS TO MALARIA TREATMENT FOR MILLIONS OF PEOPLE. WE ALSO PARTNERED WITH THE CLINTON HEALTH ACCESS INITIATIVE TO ADVANCE STABILIZATION OF ARTEMISININ MARKETS BY DEVELOPING PROJECTIONS FOR FUTURE SUPPLY AND DEMAND FOR THE INGREDIENT.

TO REDUCE DIARRHEAL DISEASE, PATH SUPPORTED THE STUDY OF DRUG CANDIDATES TO FIGHT CRYPTOSPORIDIUM, A LEADING CAUSE OF DIARRHEAL DISEASE AND A MAJOR CAUSE OF MALNUTRITION AND OTHER HEALTH ISSUES AMONG YOUNG CHILDREN. ONLY ONE DRUG IS CURRENTLY APPROVED FOR TREATMENT, AND NEW THERAPIES ARE URGENTLY NEEDED.

IN WORK TO HELP PREVENT HIV INFECTION, WE COLLABORATED WITH GLOBAL PARTNERS TO CONDUCT A PHASE 2 STUDY OF A LONG-ACTING INJECTABLE FORMULATION OF RILPIVIRINE TO TEST ITS SAFETY AND ACCEPTABILITY FOR PREEXPOSURE PROPHYLAXIS (PREP). A NEW FORMULATION THAT REQUIRES

Name of the organization PATH	Employer identification number 91-1157127
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LESS-FREQUENT DOSING MAY IMPROVE UPTAKE AND TREATMENT ADHERENCE AND

EXPAND THE GLOBAL TOOLBOX OF PREVENTION INTERVENTIONS AVAILABLE TO

DOCTORS AND PATIENTS.

WE ALSO ADVANCED LOW-COST, CULTURALLY APPROPRIATE METHODS TO DELIVER

ANTIRETROVIRAL DRUGS AND MICROBICIDES. THIS INCLUDED ADVANCING USE OF

THE SILCS DIAPHRAM TO BOTH DELIVER MIRCOBICIDE GEL AND PREVENT

PREGNANCY; DEVELOPING AND TESTING SELF-ADMINISTERED, FAST-DISSOLVING

MICROBICIDE VAGINAL INSERTS FOR THE PREVENTION OF HIV INFECTION; AND

EXPLORING USE OF A LOW-COST, ENVIRONMENTALLY SOUND PAPER APPLICATOR FOR

MICROBICIDE GEL DELIVERY.

PATH ALSO DEVELOPS, ADAPTS, AND INTRODUCES DEVICES AND TOOLS TO IMPROVE

NUTRITION; MATERNAL, NEWBORN, AND REPRODUCTIVE HEALTH; AND WATER AND

SANITATION IN LOW-RESOURCE SETTINGS. FOR EXAMPLE, PATH WORKED WITH

PARTNERS IN 2015 TO BRING A NEW FEEDING CUP TO MARKET THAT WILL HELP

CAREGIVERS AND HEALTH WORKERS GIVE LIFESAVING BREASTMILK TO THE 9

MILLION INFANTS IN AFRICA AND ASIA WHO HAVE DIFFICULTY BREASTFEEDING.

IN 2015, THE WOMAN'S CONDOM ACHIEVED PREQUALIFICATION BY THE WORLD

HEALTH ORGANIZATION AND UNITED NATIONS POPULATION FUND, A CRITICAL STEP

TOWARD INCREASING ACCESS WORLDWIDE. A PATH-LED PRODUCT DEVELOPMENT

PARTNERSHIP PAVED THE WAY FOR INCREASED MANUFACTURING CAPACITY AND

REGULATORY APPROVALS NEEDED TO EXPAND ACCESS TO NEW MARKETS.

IN ADDITION, PATH HELPED TO LAUNCH THE MOUNTAIN SAFETY RESEARCH SE200

COMMUNITY CHLORINE MAKER IN 2015. THIS PRODUCT IS THE OUTCOME OF A

FIVE-YEAR, CROSS-SECTOR PARTNERSHIP TO BRING LOW-COST COMMUNITY WATER

Name of the organization PATH	Employer identification number 91-1157127
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SOLUTIONS TO THE GLOBAL MARKET. WIDESPREAD USE COULD HELP TO IMPROVE HEALTH FOR MANY OF THE MORE THAN 600 MILLION PEOPLE WORLDWIDE WHO STILL LACK RELIABLE ACCESS TO CLEAN WATER.

PATH'S WORK TO DEVELOP AND INTRODUCE FAST, ACCURATE DIAGNOSTIC TECHNOLOGIES INCLUDES TOOLS TO DETECT AND MONITOR NEGLECTED TROPICAL DISEASES, MALARIA, POLIO, HIV, AND NONCOMMUNICABLE DISEASES, SUCH AS DIABETES. IN A KEY 2015 MILESTONE, WE SUPPORTED COUNTRY UPTAKE OF AN AFFORDABLE, EASY-TO-USE DIAGNOSTIC TEST THAT CAN QUICKLY DETECT PREVIOUS EXPOSURE TO THE PARASITE THAT CAUSES RIVER BLINDNESS (ONCHOCERCIASIS). PATH WORKED WITH PARTNERS TO DEVELOP THE TEST, WHICH WAS LAUNCHED IN 2014. IN 2015, PATH FACILITATED SHIPMENT OF 90,000 TESTS TO SEVEN COUNTRIES AND DEVELOPED RELATED TRAINING MATERIALS.

PATH ALSO EVALUATED PROTOTYPES FOR A NEW DUAL-DETECTION TEST FOR BOTH RIVER BLINDNESS AND LYMPHATIC FILARIASIS, A DISEASE THAT CAUSES DISFIGUREMENT AND DISABILITY. WE ALSO EVALUATED PROTOTYPES OF A NEW TEST ONLY FOR LYMPHATIC FILARIASIS. IN ADDITION, PATH ADVANCED DIAGNOSTIC TOOLS FOR OTHER NEGLECTED DISEASES BY DEVELOPING MULTIPLE TARGET PRODUCT PROFILES AND CONDUCTING BIOMARKER, LANDSCAPE, AND MARKET ANALYSES.

OUR PIONEERING WORK ON THE USE OF DIAGNOSTICS FOR MALARIA ELIMINATION INCLUDED IMPROVING ACCESS TO AVAILABLE TESTS WHILE DEVELOPING NEW OPTIONS THAT WILL HELP TO IMPROVE TREATMENT. WITH OUR DEVELOPMENT PARTNERS, PATH ADVANCED THREE NEW PROTOTYPES FOR RAPID TESTS FOR G6PD DEFICIENCY, A CONDITION THAT CAN COMPLICATE MALARIA TREATMENT. WE ARE ALSO ADVANCING NEW TESTS THAT CAN DETECT LOW LEVELS OF MALARIA

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

INFECTION THAT MIGHT OTHERWISE BE MISSED.

AS PART OF THE GLOBAL EFFORT TO ERADICATE POLIO, PATH ALSO BEGAN A  
STUDY IN KENYA TO VALIDATE A NEW TEST TO DETECT POLIOVIRUS IN SEWAGE  
AND CONDUCTED TRAINING IN PAKISTAN TO PREPARE FOR A FIELD VALIDATION  
STUDY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
AND INNOVATIVE SERVICE DELIVERY APPROACHES FOR HIV AND CO-INFECTIONS.  
OUR WORK TO IMPROVE LABORATORY SYSTEMS ADVANCED ACCESSIBLE AND  
AFFORDABLE DIAGNOSTIC TESTS TO FILL GAPS IN SELF-TESTING, EARLY INFANT  
DIAGNOSIS AND TREATMENT, VIRAL LOAD DETECTION, AND MONITORING FOR DRUG  
RESISTANCE. WE FOCUSED ON THE UNIQUE NEEDS OF MARGINALIZED AND  
HARD-TO-REACH GROUPS, INCLUDING ADOLESCENT GIRLS AND YOUNG WOMEN,  
ORPHANS AND VULNERABLE CHILDREN, PEOPLE WITH BOTH HIV AND TB, SEX  
WORKERS AND THEIR CLIENTS, MEN WHO HAVE SEX WITH MEN, AND PEOPLE WHO  
INJECT DRUGS. PATH ALSO SUPPORTED EFFORTS TO INTEGRATE SCREENING AND  
TREATMENT FOR NONCOMMUNICABLE DISEASES, SUCH AS DIABETES AND  
CARDIOVASCULAR DISEASE, INTO HIV TESTING AND SERVICE DELIVERY AND VICE  
VERSA.

PATH HELPED COUNTRIES STRENGTHEN EXISTING HEALTH STRUCTURES TO IMPROVE  
DIAGNOSIS, TREATMENT, AND CARE FOR HIV AND OTHER HEALTH CONCERNS. IN  
WESTERN KENYA, FOR EXAMPLE, OUR AIDS, POPULATION, AND HEALTH INTEGRATED  
ASSISTANCE PROGRAM (APHIAPLUS) INTEGRATED HIV/AIDS, REPRODUCTIVE  
HEALTH, TB, MALARIA, AND OTHER SERVICES TO HELP MORE PEOPLE ACCESS A  
GREATER SPECTRUM OF SERVICES. IN THE DEMOCRATIC REPUBLIC OF THE CONGO,

Name of the organization PATH	Employer identification number 91-1157127
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PATH LED PROVICPLUS, A WIDE-REACHING HIV/AIDS PROJECT THAT SUPPORTS HEALTH FACILITIES AND HEALTH ZONES TO PROVIDE AN INTEGRATED PACKAGE OF HIV TESTING, TREATMENT, CARE, AND PREVENTION SERVICES. IN 2015, PATH EXPANDED PROVISION OF FAMILY PLANNING SERVICES IN SUPPORTED FACILITIES AND TRAINED FACILITY STAFF TO OFFER CRITICAL MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES. IN VIETNAM, PATH PILOTED NEW APPROACHES TO HELP CONTROL HIV AMONG KEY POPULATIONS. FOR EXAMPLE, WE EQUIPPED LOCAL GROUPS OPERATED BY MEMBERS OF KEY POPULATIONS TO SUPPORT SERVICES AND ENCOURAGE UPTAKE AMONG THEIR PEERS, AND WE HELPED TO DEVELOP A LOCAL COMMERCIAL CONDOM MARKET.

IN THE FIGHT AGAINST MALARIA, PATH IS DEVELOPING AND DEPLOYING AN ARRAY OF INNOVATIONS, INCLUDING AN UNPARALLELED PORTFOLIO OF MALARIA VACCINE CANDIDATES AND COMMUNITY-LEVEL STRATEGIES TO DETECT, TRACK, AND TREAT EVERY LAST CASE OF TRANSMISSION. IN 2015, WE ESTABLISHED A NEW PATH CENTER FOR MALARIA CONTROL AND ELIMINATION, HARNESSING OUR SCIENTIFIC EXPERTISE, GLOBAL PARTNERSHIPS, AND ON-THE-GROUND EXPERIENCE TO PURSUE OUR GOAL OF A WORLD WITHOUT MALARIA.

IN ZAMBIA, IN PARTNERSHIP WITH THE MINISTRY OF HEALTH, WE CONTINUED TO EVALUATE THE EFFECTS OF ADMINISTERING THE ANTIMALARIAL DRUG DIHYDROARTEMISININ-PIPERAQUINE TO ENTIRE POPULATIONS AND TARGETED SUBSETS IN THE COUNTRY'S SOUTHERN PROVINCE. OUR COMPREHENSIVE APPROACH TO ELIMINATING MALARIA-WHICH INCLUDES SURVEILLANCE, TESTING, AND TREATMENT-HAS PROVEN SO SUCCESSFUL THAT ZAMBIA IS MAKING IT A CENTRAL FEATURE OF ITS NATIONWIDE PROGRAM.

IN ZAMBIA AND ETHIOPIA, PATH PROVIDED SUPPORT FOR MALARIA INDICATOR

Name of the organization PATH	Employer identification number 91-1157127
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SURVEYS TO ASSESS PROGRESS, HIGHLIGHT GAPS, AND INFORM PROGRAM

DECISIONS. WE ALSO ACCELERATED THE DEVELOPMENT AND AVAILABILITY OF

HIGH-QUALITY DIAGNOSTIC TESTS THAT CAN DETECT LOW LEVELS OF INFECTION

AND ASYMPTOMATIC CASES, ENHANCING EFFORTS TO ELIMINATE THE DISEASE.

IN ADDITION, UNDER THE PRESIDENT'S MALARIA INITIATIVE, PATH AND OUR

PARTNERS WORKED IN MULTIPLE COUNTRIES IN AFRICA AND ASIA TO EXPAND USE

OF HIGH-QUALITY DIAGNOSTICS, FOSTER APPROPRIATE TREATMENT OF FEBRILE

ILLNESS, AND FACILITATE PARTNERSHIPS WITH PRIVATE-SECTOR ORGANIZATIONS

TO IMPROVE MALARIA CARE. TARGET COUNTRIES INCLUDED CAMBODIA, THE

DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, GHANA, KENYA, MALAWI, MALI,

NIGERIA, SENEGAL, TANZANIA, AND ZAMBIA.

IN OUR EFFORTS TO IMPROVE REPRODUCTIVE HEALTH, PATH WORKS TO INCREASE

ACCESS TO A VARIETY OF SAFE AND AFFORDABLE FAMILY PLANNING OPTIONS,

IMPROVE SCREENING AND TREATMENT FOR CERVICAL AND BREAST CANCERS,

PREVENT SEXUALLY TRANSMITTED INFECTIONS, ADVOCATE FOR HEALTH SERVICES

AND SUPPLIES, INTRODUCE NEW CONTRACEPTIVE TECHNOLOGIES, AND ENCOURAGE

HEALTHY BEHAVIORS.

IN 2015, WE COORDINATED COUNTRY-LED PILOT USE OF A NEW FORM OF

INJECTABLE CONTRACEPTION, SAYANA PRESS. THIS PRODUCT COMBINES A

LOWER-DOSE FORMULATION OF THE WIDELY USED CONTRACEPTIVE DEPO-PROVERA

WITH THE PATH-DEVELOPED UNIJECT INJECTION SYSTEM. NEARLY 275,000 DOSES

WERE ADMINISTERED IN 2015 TO WOMEN IN BURKINA FASO, NIGER, SENEGAL, AND

UGANDA, INCLUDING 75,000 WOMEN WHO WERE USING MODERN CONTRACEPTION FOR

THE FIRST TIME. HUNDREDS OF WOMEN IN SENEGAL AND UGANDA ALSO TOOK PART

IN STUDIES ON SELF-INJECTION. EARLY RESULTS INDICATE THAT MOST CAN

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

SUCCESSFULLY ADMINISTER THE CONTRACEPTIVE THEMSELVES, POTENTIALLY

INCREASING WOMEN'S CONTROL OF AND ACCESS TO FAMILY PLANNING. SAYANA

PRESS SELF-INJECTION WAS APPROVED BY THE UNITED KINGDOM'S REGULATORY

AUTHORITY IN 2015, AND SEVERAL EUROPEAN UNION COUNTRIES HAVE ALSO

APPROVED SELF-INJECTION.

PATH ALSO WORKED WITH PARTNERS WORLDWIDE AND IN SEVERAL COUNTRIES TO

IMPROVE THE PREVENTION, DETECTION, AND TREATMENT OF CERVICAL CANCER,

WHICH IS MOST OFTEN CAUSED BY INFECTION WITH HUMAN PAPILLOMAVIRUS

(HPV). FOR EXAMPLE, WE PARTNERED WITH COMPANIES TO DEVELOP NEW DEVICES

TO IMPROVE PRECANCER TREATMENT IN LOW-RESOURCE SETTINGS. IN UGANDA, WE

HELPED TO BUILD CAPACITY FOR TRAINING HEALTH CARE PROVIDERS IN RAPID

SCREENING AND SAME-DAY TREATMENT OF WOMEN WITH PRECANCEROUS LESIONS.

PARTNERING WITH THE MINISTRIES OF HEALTH IN GUATEMALA, NICARAGUA, AND

HONDURAS, WE PROVIDED TECHNICAL ASSISTANCE TO INTRODUCE AND QUICKLY

SCALE UP HPV TESTING FOR PRIMARY CERVICAL CANCER SCREENING. THIS METHOD

ENABLES WOMEN TO COLLECT THEIR OWN SAMPLES FOR SCREENING, REDUCING

BOTTLENECKS IN THE HEALTH CARE SYSTEM AND ALLOWING GOVERNMENTS TO FOCUS

ON WOMEN WHO ARE AT GREATEST RISK OF DEVELOPING CANCER.

PATH ALSO CONTINUED TO SERVE IN 2015 AS THE SECRETARIAT FOR THE

REPRODUCTIVE HEALTH SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF ABOUT

300 PUBLIC, PRIVATE, AND NONGOVERNMENTAL ORGANIZATIONS WORKING TO

EXPAND ACCESS TO SUPPLIES, SERVICES, AND OPTIONS FOR PREVENTING

UNINTENDED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS.

IN OUR WORK TO ADDRESS THE GROWING BURDEN OF NONCOMMUNICABLE

DISEASES-INCLUDING DIABETES, CARDIOVASCULAR DISEASE, AND CANCERS-OUR



Name of the organization PATH	Employer identification number 91-1157127
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GOAL IS TO REDUCE ILLNESS AND DEATH BY INCREASING ACCESS TO PREVENTION

AND CARE. IN 2015, PATH CONTINUED A RANGE OF PROJECTS, OFTEN IN

PARTNERSHIP WITH MINISTRIES OF HEALTH, TO ADDRESS CHALLENGES IN

ACCESSING AND PROVIDING NONCOMMUNICABLE DISEASE (NCD) SERVICES IN

RESOURCE-CONSTRAINED HEALTH SYSTEMS. THE NO EMPTY SHELVES PROJECT, FOR

EXAMPLE, GATHERED EVIDENCE ON BARRIERS AND OPPORTUNITIES AROUND THE

AVAILABILITY AND AFFORDABILITY OF KEY NCD SUPPLIES IN LOW-RESOURCE

SETTINGS. WE ARE NOW LEVERAGING THE DATA AND FINDINGS TO MOBILIZE

STAKEHOLDERS TO IMPROVE ACCESS TO ESSENTIAL NCD MEDICINES AND

TECHNOLOGIES, WITH AN INITIAL FOCUS ON DIABETES.

TO IMPROVE MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION, PATH

WORKS WITH PARTNERS TO DESIGN, IMPLEMENT, AND EVALUATE TECHNOLOGIES AND

APPROACHES TO REDUCE ILLNESS AND DEATH AND GIVE CHILDREN THE BEST

POSSIBLE START IN LIFE. OUR INTEGRATED, COST-EFFECTIVE SOLUTIONS

REACHED MOTHERS AND CHILDREN IN COUNTRIES ACROSS AFRICA, ASIA, EASTERN

EUROPE, THE MIDDLE EAST, AND LATIN AMERICA AND THE CARIBBEAN.

IN 2015, THROUGH THE NUTRITION EMBEDDING EVALUATION PROGRAM, PATH

HELPED 18 GRANTEE EVALUATE THE IMPACT OF NUTRITION PROGRAMS

IMPLEMENTED BY NONGOVERNMENTAL ORGANIZATIONS AND LOCAL CIVIL-SOCIETY

GROUPS IN COUNTRIES AROUND THE WORLD. THROUGH ROBUST EVALUATIONS, THE

PROGRAM ADDED TO THE EVIDENCE BASE ON WHAT WORKS IN IMPROVING MATERNAL

AND CHILD NUTRITION OUTCOMES.

IN THE MAXIMIZING THE QUALITY OF SCALING UP NUTRITION (MQSUN) PROJECT,

PATH HELPED MANY COUNTRIES STRENGTHEN NUTRITION PROGRAMS, PROVIDING

TECHNICAL ASSISTANCE THROUGH INTERNATIONAL AND LOCALLY RECRUITED

Name of the organization PATH	Employer identification number 91-1157127
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EXPERTS. AN INDEPENDENT EVALUATION OF MQSUN CONCLUDED THAT THE PROGRAM WAS EFFECTIVE AND EFFICIENT.

PATH ALSO LED EFFORTS IN SOUTH AFRICA AND ELSEWHERE TO SCALE UP USE OF HUMAN MILK BANKS SO NEWBORNS AND INFANTS BENEFIT FROM BREAST MILK EVEN WHEN THEIR MOTHERS ARE UNABLE TO BREASTFEED. MILK BANKS USE DONATED EXTRA MILK FROM LACTATING MOTHERS, PASTEURIZE IT TO MAKE IT SAFE, AND FREEZE IT UNTIL IT IS NEEDED.

THROUGH THE MAKING EVERY BABY COUNT INITIATIVE, PATH SUPPORTED GHANA'S CENTRAL GOVERNMENT AND REGIONS TO IMPROVE NEWBORN CARE. WE TRAINED HEALTH CARE WORKERS AND OTHERS ON HOW TO PROVIDE THE BEST NEWBORN CARE AND PROCURE NEEDED COMMODITIES.

IN SOUTH AFRICA AND MOZAMBIQUE, THE WINDOW OF OPPORTUNITY PROJECT LED BY PATH SUPPORTED THE PLANNING, PROVISION, AND USE OF CRITICAL MATERNAL AND CHILD HEALTH AND EARLY CHILDHOOD DEVELOPMENT SERVICES IN TARGETED DISTRICTS, WITH STRIKING RESULTS. FOR EXAMPLE, THE PROJECT CONTRIBUTED TO SUBSTANTIAL REDUCTIONS IN MATERNAL MORTALITY, WITH ONE DISTRICT ACHIEVING A 65 PERCENT REDUCTION.

PATH ALSO USES INFORMATION AND COMMUNICATIONS TECHNOLOGIES TO IMPROVE HEALTH AND SAVE LIVES AROUND THE WORLD. FROM SYSTEMS THAT IMPROVE DISEASE SURVEILLANCE TO NEW WAYS TO CONNECT PEOPLE TO HEALTH CARE THROUGH THEIR MOBILE PHONES, THESE DIGITAL HEALTH SOLUTIONS (DHS) ARE CRUCIAL TO IMPROVING HEALTH SERVICES WORLDWIDE.

IN 2015, OUR GROWING DHS TEAM APPLIED ITS EXPERTISE TO AN INCREASING

Name of the organization PATH	Employer identification number 91-1157127
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NUMBER OF PATH PROJECTS. KEY ACCOMPLISHMENTS INCLUDED DEVELOPMENT OF A TOOLKIT ON HOW TO ESTABLISH DATA INDICATORS TO MONITOR PROVIDER PAYMENT SYSTEMS. WE ALSO COLLABORATED WITH THE GOVERNMENT OF TANZANIA TO CREATE AN INVESTMENT ROAD MAP TO IMPROVE NATIONAL HEALTH DATA SYSTEMS AND DATA USE. IN ADDITION, WE APPLIED OUR DIGITAL HEALTH EXPERTISE TO STRENGTHEN THE CAPACITY OF KEY PARTNER COUNTRIES, INCLUDING SENEGAL, TANZANIA, AND VIETNAM, TO DETECT, CONTROL, AND STOP EMERGING INFECTIOUS DISEASES AS PART OF THE GLOBAL HEALTH SECURITY AGENDA.

THE BID INITIATIVE, A COLLABORATION BETWEEN PATH AND SUB-SAHARAN AFRICAN COUNTRIES, EMPOWERED COUNTRY GOVERNMENTS TO ENHANCE IMMUNIZATION THROUGH IMPROVED DATA COLLECTION, QUALITY, AND USE. IN 2015, WE LAUNCHED BID INITIATIVE SOLUTIONS IN ZAMBIA AND TANZANIA, INCLUDING NATIONAL ELECTRONIC IMMUNIZATION REGISTRIES AND OTHER INTERVENTIONS THAT PUT THE POWER OF DATA IN THE HANDS OF HEALTH WORKERS. THESE TOOLS AND PRACTICES WILL HELP HEALTH WORKERS TRACK CHILDREN'S IMMUNIZATIONS, FLAG THOSE WHO HAVE MISSED A POTENTIALLY LIFESAVING VACCINE, AND ALERT CAREGIVERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
TO ILLUSTRATE PATH'S EFFORTS IN INTERNATIONAL DEVELOPMENT, WE PROVIDE HIGHLIGHTS OF OUR WORK IN 2015 IN TANZANIA, KENYA, THE DEMOCRATIC REPUBLIC OF THE CONGO, AND INDIA.

IN TANZANIA, PATH WORKED WITH THE MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY, AND CHILDREN (MOHDGEC) AND PARTNERS THROUGHOUT THE COUNTRY TO IMPROVE HEALTH BY ENHANCING DATA QUALITY AND

Name of the organization PATH	Employer identification number 91-1157127
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USE, STRENGTHENING HEALTH SYSTEMS, AND ADDRESSING LEADING HEALTH THREATS. OUR WORK TO FIGHT MALARIA INCLUDED ROLLING OUT THE USE OF RAPID DIAGNOSTIC TESTS, WHICH ALLOW HEALTH WORKERS TO DETECT INFECTION AND CUSTOMIZE TREATMENT QUICKLY, CONSISTENTLY, AND SAFELY. WE ALSO PROVIDED TRAINING AND SUPERVISION TO HELP LOCAL PROVIDERS USE NATIONAL GUIDELINES TO IMPROVE MALARIA CASE MANAGEMENT, TREATMENT, AND DIAGNOSIS. OUR WORK COVERED EIGHT REGIONS IN TANZANIA, BUILDING CAPACITY AT HUNDREDS OF FACILITIES AND AMONG HUNDREDS OF HEALTH CARE WORKERS. WE ARE ALSO WORKING TO BUILD SUPPLY CHAINS FOR MALARIA-RELATED PRODUCTS AND SERVICES ACROSS CHALLENGING GEOGRAPHY, DEVELOPING A TABLET-BASED TOOL TO PROVIDE REAL-TIME FEEDBACK ON SUPPLY CHAIN CHALLENGES, IMPROVING IMMUNIZATION DATA CAPTURE AND USE, AND SUPPORTING A GOVERNMENT STUDY ON RESISTANCE TO THE DRUG MOST COMMONLY USED TO TREAT MALARIA.

IN 2015, PATH JOINED A GLOBAL EFFORT TO IMPROVE GLOBAL HEALTH SECURITY BY PREPARING FOR EMERGING HEALTH THREATS SUCH AS ZIKA AND EBOLA. IN COLLABORATION WITH THE US CENTERS FOR DISEASE CONTROL AND PREVENTION AND COUNTRY PARTNERS, WE WORKED IN TANZANIA TO STRENGTHEN THE DISEASE SURVEILLANCE SYSTEM SO THAT LEADERS CAN QUICKLY AND EFFECTIVELY DETECT AND RESPOND TO CROSS-BORDER PANDEMIC THREATS AND PUBLIC HEALTH EMERGENCIES.

WE ALSO HELPED TANZANIANS FIGHT ONE OF THE WORLD'S HIGHEST BURDENS OF TB, INCLUDING THE INCREASING THREAT OF MULTIDRUG-RESISTANT TB. WE MOBILIZED COMMUNITIES TO IDENTIFY AND REPORT SYMPTOMS, ENCOURAGED FAMILIES AND INDIVIDUALS TO ACCESS SERVICES, AND INCREASED SERVICES FOR MARGINALIZED POPULATIONS, INCLUDING PRISONERS AND PEOPLE WHO INJECT

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

DRUGS. WE ALSO CONTINUED EFFORTS TO INTEGRATE TB CARE WITH OTHER

SERVICES AND PARTNERED WITH TANZANIAN LABORATORIES TO INCREASE TB

SURVEILLANCE AND INTRODUCE HIGHER-QUALITY, EASIER-TO-USE TESTS.

A KEY COMPONENT OF OUR WORK IN TANZANIA IN 2015 WAS THE INTRODUCTION

AND USE OF APPROPRIATE AND SUSTAINABLE DIGITAL HEALTH SOLUTIONS.

TOGETHER WITH NATIONAL LEADERS, WE DEVELOPED A SCALABLE APPROACH TO

EVIDENCE-BASED DECISION- MAKING TO IMPROVE INFORMATION SYSTEMS AND DATA

MANAGEMENT POLICIES. WE ALSO GAVE HEALTH WORKERS NEW TOOLS TO IMPROVE

THEIR DAY-TO-DAY PRACTICE. FOR INSTANCE, WE SUPPORTED A NATIONAL EFFORT

(ONE OF THE FIRST OF ITS KIND WORLDWIDE) TO USE BAR CODES TO TRACK

VACCINES AS THEY MOVE FROM MANUFACTURER TO CLINIC TO USE. WE ALSO

SUPPORTED A PILOT PROGRAM TO USE BAR CODES TO HELP IDENTIFY CHILDREN

WHO VISIT HEALTH FACILITIES AND TRACK THE VACCINES THEY HAVE ALREADY

HAD OR STILL NEED.

IN ADDITION, OUR GLOBAL ADVOCATES WORKED WITH TANZANIAN ADVOCATES TO

STRENGTHEN NATIONAL AND LOCAL POLICIES THAT SUPPORT THE HEALTH OF WOMEN

AND CHILDREN. THIS INCLUDED GATHERING EVIDENCE AND CREATING SPECIFIC

RECOMMENDATIONS (SUCH AS INCREASED USE OF PROVEN DRUGS AND APPROACHES)

TO ENCOURAGE LEADERS TO PRIORITIZE AND SUPPORT BETTER PREVENTION AND

TREATMENT OF DIARRHEAL DISEASE AND PNEUMONIA, THE LEADING CAUSES OF

DEATH AMONG CHILDREN IN TANZANIA.

IN KENYA, OUR WIDE-REACHING PROJECTS AND PARTNERSHIPS SUPPORT WOMEN,

CHILDREN, AND COMMUNITIES TO IMPROVE THEIR HEALTH AND REALIZE THEIR

FULL POTENTIAL. IN 2015, AS THE LEADER OF THE AIDS, POPULATION, AND

HEALTH INTEGRATED ASSISTANCE (APHIAPLUS) WESTERN PROJECT, WE WORKED

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

WITH MORE THAN 800 PUBLIC AND PRIVATE HEALTH CARE FACILITIES, LOCAL ORGANIZATIONS, COMMUNITIES, GOVERNMENT AGENCIES, HEALTH WORKERS, AND VOLUNTEERS TO STRENGTHEN SERVICES FOR HIV AND TB; MALARIA; MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION; REPRODUCTIVE HEALTH; AND MORE. WE IMPROVED HIV TESTING, TREATMENT, AND CARE FOR MORE THAN 90,000 PEOPLE LIVING WITH HIV TO ENSURE THEY HAVE ACCESS TO ONGOING TREATMENT AND CARE. WE CONTINUED OUR WORK TO ROOT OUT THE GENDER-BASED VIOLENCE THAT INCREASES VULNERABILITY TO HIV AMONG WOMEN AND GIRLS.

TO COMBAT MALARIA, WE LEVERAGED THE BROAD SCOPE OF OUR APHIAPLUS EFFORTS TO STRENGTHEN DIAGNOSIS AND CARE AND MOBILIZED COMMUNITIES TO SUPPORT MALARIA CONTROL AND ELIMINATION. WE ADVANCED NEW DIAGNOSTIC TOOLS TO DETECT INFECTION AND STRENGTHENED HEALTH WORKERS' CAPACITY TO USE THEM.

OUR WIDE-RANGING EFFORTS TO IMPROVE MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION INCLUDED WORK TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV, STRENGTHEN ACCESS TO CARE BEFORE AND AFTER BIRTH, AND SUPPORT SAFE WATER, SANITATION, AND HYGIENE. NEW FUNDING ALLOWED US TO CONTINUE WORKING WITH NATIONAL LEADERS TO LAY THE FOUNDATION FOR A HUMAN MILK BANKING SYSTEM IN KENYA. ONCE ESTABLISHED, THESE MILK BANKS WILL NOT ONLY PROVIDE LIFESAVING BREASTMILK TO BABIES WHO CANNOT NURSE BUT ALSO PROMOTE BREASTFEEDING AS A KEY INTERVENTION TO SAVE LIVES.

IN ADDITION, WE ESTABLISHED OUR NEW CENTER FOR HEALTH INNOVATION IN LEARNING, A "VIRTUAL" TEAM THAT BRINGS TOGETHER RESEARCHERS, HEALTH WORKERS, AND OTHER EXPERTS FROM AROUND THE WORLD TO IMPROVE THE QUALITY AND EFFECTIVENESS OF HEALTH SERVICE DELIVERY IN KENYA AND OTHER

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

LOW-RESOURCE SETTINGS WORLDWIDE.

OUR GLOBAL ADVOCATES WORKED TO BUILD LOCAL CAPACITY IN ADVOCACY AND  
POLICY IN KENYA AND TO ADVANCE KEY POLICY PRIORITIES. THESE PRIORITIES  
INCLUDED NATIONAL GUIDELINES TO TREAT CHILDHOOD PNEUMONIA WITH  
AMOXICILLIN AND A CHILD HEALTH POLICY AND NATIONAL STRATEGY TO ENSURE  
THE RIGHT PRODUCTS AND SERVICES REACH CHILDREN WHO NEED THEM. WE ALSO  
HELPED TO STRENGTHEN LOCAL HEALTH RESEARCH AND DEVELOPMENT CAPACITY TO  
CREATE HEALTH SOLUTIONS FOR KENYA, THE REGION, AND THE WORLD.

IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC), PATH APPLIED OUR  
IN-DEPTH, ON-THE-GROUND EXPERIENCE AND HEALTH EXPERTISE TO ADDRESS HIV,  
TB, MALARIA, AND NEGLECTED TROPICAL DISEASES AS WELL AS TO IMPROVE  
REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH. OUR WORK INCLUDED  
ADVOCATING AT THE NATIONAL LEVEL TO STRENGTHEN FUNDING FOR ESSENTIAL  
HEALTH INTERVENTIONS, SUCH AS IMMUNIZATION; PROVIDING TARGETED  
TECHNICAL ASSISTANCE; AND HELPING LOCAL GROUPS IMPLEMENT INNOVATIVE,  
LOW-COST TECHNOLOGIES AND EVIDENCE-BASED BEST PRACTICES.

OUR WORK UNDER THE PROVIC AND PROVICPLUS PROJECTS HELPED TO EMPOWER  
COMMUNITIES AND ENHANCE CARE FOR THOSE WITH HIV/AIDS, CONTRIBUTING  
TOWARD ACHIEVEMENT OF THE JOINT UNITED NATIONS PROGRAM ON HIV/AIDS  
90-90-90 TARGETS (90 PERCENT OF PEOPLE LIVING WITH HIV KNOW THEIR  
STATUS, 90 PERCENT OF THOSE WITH HIV RECEIVE ANTIRETROVIRAL THERAPY,  
AND 90 PERCENT OF THOSE WHO RECEIVE THERAPY HAVE VIRAL SUPPRESSION WITH  
SUSTAINED TREATMENT). WE IMPLEMENTED KEY INTERVENTIONS SUCH AS MOBILE  
"MOONLIGHT" HIV COUNSELING AND TESTING IN TARGETED URBAN LOCATIONS, USE  
OF "MENTOR MOTHERS" TO SUPPORT HIV-POSITIVE PREGNANT WOMEN, AND

Name of the organization PATH	Employer identification number 91-1157127
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PROVISION OF A COMPLETE PACKAGE OF HIV SERVICES AT HEALTH FACILITIES, INCLUDING SERVICES TO PREVENT MOTHER-TO-CHILD TRANSMISSION (PMTCT) AND TO PROVIDE EARLY INFANT DIAGNOSIS, CARE, AND TREATMENT. BY THE END OF 2015, PROVIC AND PROVICPLUS HAD PROVIDED HIV COUNSELING AND TESTING TO MORE THAN 660,000 PEOPLE, REACHED MORE THAN 190,000 PREGNANT WOMEN WITH PMTCT COUNSELING AND TESTING, PROVIDED MORE THAN 13,300 ORPHANS AND VULNERABLE CHILDREN AND PEOPLE LIVING WITH HIV WITH CLINICAL SERVICES, AND TRAINED MORE THAN 8,600 HEALTH WORKERS.

PATH'S WORK TO STRENGTHEN ADVOCACY AND POLICY TO IMPROVE HEALTH IN THE DRC LED TO SEVERAL SUCCESSES. FOR EXAMPLE, OUR ADVOCACY EFFORTS CONTRIBUTED TO A DECISION BY THE GOVERNMENT OF THE DRC TO PAY MORE THAN US\$2 MILLION TOWARD THE COST OF VACCINES PURCHASED BY GAVI, THE VACCINE ALLIANCE, ALLOWING THE DRC TO MEET A COMMITMENT FOR COFUNDING AND THUS MAINTAIN ELIGIBILITY FOR FUTURE GAVI SUPPORT. IN ADDITION, PATH PARTNERED WITH THE GOVERNMENT TO REVISE THE NATIONAL STRATEGY FOR HUMAN AFRICAN TRYPANOSOMIASIS (SLEEPING SICKNESS)-SHIFTING THE FOCUS FROM DISEASE CONTROL TOWARD ELIMINATION. THE NEW STRATEGY HAS THE POTENTIAL TO DRAMATICALLY ACCELERATE THE DRC'S PROGRESS TOWARD STAMPING OUT THIS DISEASE.

OTHER WORK IN THE DRC INCLUDED SCALING UP HIGH-QUALITY DIAGNOSTIC AND TREATMENT SERVICES FOR MALARIA AND OTHER FEBRILE ILLNESSES AND INCREASING COVERAGE OF CRITICAL HEALTH INTERVENTIONS FOR MOTHERS AND CHILDREN. THIS INCLUDED EFFORTS TO INCREASE COVERAGE OF FAMILY PLANNING THROUGH COLLABORATION WITH COMMERCIAL FIRMS, NONPROFIT GROUPS, AND GOVERNMENT AGENCIES.



Name of the organization PATH	Employer identification number 91-1157127
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IN INDIA, PATH'S WORK HAS RANGED FROM FOSTERING INNOVATION IN HEALTH TECHNOLOGIES, TO INCREASING USE OF MATERNAL AND CHILD HEALTH SERVICES, TO IMPROVING NUTRITION, TO ENCOURAGING HEALTHY BEHAVIORS THROUGH NOVEL TECHNIQUES. ONE AREA OF FOCUS IN 2015 WAS WORKING TO CONTROL THE EPIDEMIC OF TUBERCULOSIS (TB) IN URBAN SLUM POPULATIONS THROUGH SUPPORT FROM FOUNDATIONS AND THE US AGENCY FOR INTERNATIONAL DEVELOPMENT. IN MUMBAI, PATH HAS WORKED WITH LOCAL GOVERNMENT, NONGOVERNMENTAL ORGANIZATIONS, AND PRIVATE-SECTOR PHYSICIANS TO INCREASE ACCESS TO TB DIAGNOSTICS, TREATMENT, AND FOLLOW-UP CARE. THE PROGRAM HAS ENROLLED MORE THAN 4,000 PHYSICIANS IN URBAN AREAS AND PROVIDED CARE AND TREATMENT TO THOUSANDS OF TB PATIENTS. BECAUSE OF THE PROJECT'S SUCCESS IN REACHING POPULATIONS MOST AT RISK FOR TB, THE PROJECT IS BEING REPLICATED IN OTHER CITIES IN INDIA WITH A HIGH BURDEN OF TB.

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

OTHER PROGRAM SERVICES:

ADVOCACY AND PUBLIC POLICY:

PATH'S ADVOCACY AND PUBLIC POLICY TEAM 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 2015, PATH LED ADVOCACY EFFORTS TO ENSURE SUPPORT AMONG POLICYMAKERS IN THE UNITED STATES AND EUROPE FOR RESEARCH AND DEVELOPMENT, MATERNAL AND CHILD HEALTH, AND IMMUNIZATION. WORKING IN PARTNERSHIP WITH KEY COUNTRIES IN AFRICA, WE HELPED ADVANCE POLICIES TO IMPROVE THE HEALTH

Name of the organization PATH	Employer identification number 91-1157127
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OF WOMEN AND CHILDREN. FOR EXAMPLE, IN ZAMBIA, THE GOVERNMENT ANNOUNCED THAT IT WOULD ALLOW TRAINED COMMUNITY HEALTH WORKERS TO ADMINISTER INJECTABLE CONTRACEPTIVES TO WOMEN, WHICH IS ESSENTIAL FOR EXPANDING ACCESS TO HARD-TO-REACH POPULATIONS. IN MALAWI, THE GOVERNMENT UPDATED ITS ESSENTIAL MEDICINES LIST TO INCLUDE THREE NEW MATERNAL AND NEWBORN HEALTH SUPPLIES, WHICH HAD PREVIOUSLY BEEN UNAVAILABLE TO MANY WOMEN AND CHILDREN.

MARKET DYNAMICS:

DURING 2015, PATH ESTABLISHED A MARKET DYNAMICS DEPARTMENT. OUR WORK ON MARKET DYNAMICS 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. IN 2015, OUR WORK FOCUSED ON ASSESSING MARKETS AND IMPROVING MARKET FUNCTIONING FOR MALARIA DRUGS AND DRUG INTERMEDIATES, MALARIA DIAGNOSTICS, OXYGEN THERAPY DEVICES, AND DEVICES FOR TREATMENT OF PRECANCEROUS CERVICAL LESIONS.

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. BY ALIGNING DIVERSE EFFORTS, THESE SPECIAL INITIATIVES INCREASE OUR IMPACT, BRINGING US CLOSER TO A WORLD WHERE HEALTH IS WITHIN REACH FOR EVERYONE, NO MATTER WHERE THEY LIVE.

OUR NEW CENTER FOR MALARIA CONTROL AND ELIMINATION, FOR EXAMPLE,

Name of the organization PATH	Employer identification number 91-1157127
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STRENGTHENS OUR WORK TO COMBAT MALARIA, INCLUDING EFFORTS IN MORE THAN 22 COUNTRIES. THE CENTER COMBINES PATH'S CUTTING-EDGE RESEARCH AND DEVELOPMENT OF MALARIA DRUGS, DIAGNOSTICS, AND VACCINES WITH THE DEVELOPMENT AND DEPLOYMENT OF SYSTEM AND SERVICE INNOVATIONS AND ENHANCED USE OF DATA TO SCALE UP CRITICALLY IMPORTANT MALARIA PROGRAMS. OUR GOAL IS TO HELP OUR COUNTRY PARTNERS ACCELERATE MOMENTUM TOWARD ACHIEVING THE AUDACIOUS GOAL OF A WORLD WITHOUT MALARIA.

IN 2015, THE CENTER IDENTIFIED OPPORTUNITIES TO UNLOCK NEW RESOURCES FOR MALARIA ELIMINATION BY DRAWING ON OUR EXPERTISE ACROSS PROJECTS. IN ADDITION, WE BEGAN DEVELOPING NEW STRATEGIES AND TOOLS TO DETECT AND TREAT MALARIA CAUSED BY THE SPECIES PLASMODIUM VIVAX. ALTHOUGH GLOBAL EMPHASIS TO DATE HAS BEEN ON FIGHTING MALARIA CAUSED BY PLASMODIUM FALCIPARUM (THE MOST LETHAL FORM), MALARIA CAUSED BY P. VIVAX CONTRIBUTES TO CHRONIC ILLNESS, LOST WAGES, AND A LOWER QUALITY OF LIFE THROUGHOUT SOUTH AND SOUTHEAST ASIA, LATIN AMERICA, AND THE HORN OF AFRICA. PATH WORKED IN 2015 TO DEVELOP A COMPREHENSIVE FRAMEWORK OF TOOLS AND APPROACHES TO DETECT, TREAT, AND ELIMINATE P. VIVAX MALARIA-AND TO DEVELOP THE PARTNERSHIPS NECESSARY TO BRING THIS WORK TO SCALE.

IN 2015, PATH LAUNCHED THE GLOBAL HEALTH SECURITY PARTNERSHIP AS PART OF A LARGER US GOVERNMENT COMMITMENT TO EMPOWER LOW-RESOURCE COUNTRIES TO ANTICIPATE, PREVENT, AND RESPOND TO OUTBREAKS OF INFECTIOUS DISEASE. IN OUR INTERCONNECTED WORLD, THERE IS AN INCREASED RISK OF THE EMERGENCE AND SPREAD OF INFECTIOUS DISEASES, AS EVIDENCED BY THE 2016 ZIKA VIRUS OUTBREAK AND THE 2014 EBOLA OUTBREAK.

Name of the organization PATH	Employer identification number 91-1157127
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WITH THE SUPPORT OF THE US CENTERS FOR DISEASE CONTROL AND PREVENTION,  
 PATH WORKED IN 2015 WITH NATIONAL LEADERS IN SENEGAL, TANZANIA, AND  
 VIETNAM TO STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS AND BUILD THEIR  
 CAPACITY TO PREVENT, DETECT, AND RESPOND TO PUBLIC HEALTH EMERGENCIES.

AT THE SAME TIME, OUR GLOBAL HEALTH INNOVATION HUBS IN INDIA AND SOUTH  
 AFRICA CONTINUED TO SUPPORT THE "ECOSYSTEM" OF INVESTMENT, MENTORSHIP,  
 AND TECHNICAL ASSISTANCE THAT BRINGS GOOD IDEAS TO WIDESPREAD USE. THE  
 HUBS CONNECT LOCAL GOVERNMENTS, EDUCATIONAL INSTITUTIONS, AND PUBLIC-  
 AND PRIVATE-SECTOR STAKEHOLDERS TO BOLSTER LOCAL INNOVATORS WHEREVER  
 THEY NEED HELP-FROM PRODUCT DESIGN AND CLINICAL VALIDATION THROUGH  
 REGULATORY APPROVAL, COMMERCIALIZATION, AND MARKET DEVELOPMENT. THROUGH  
 THE HUBS, PATH IS INCREASING THE RATE AT WHICH HEALTH-RELATED TOOLS ARE  
 DEVELOPED, INTRODUCED, AND SCALED UP. IN 2015, WE ADVANCED SEVERAL  
 TECHNOLOGIES THROUGH THE HUBS AND EXPLORED WAYS TO EXPAND THE MODEL TO  
 ADDITIONAL COUNTRIES.

PATH ALSO ESTABLISHED A SPECIAL INITIATIVE ON NUTRITION INNOVATION  
 BECAUSE UNDERNUTRITION CONTRIBUTES TO AN ESTIMATED 3 MILLION CHILD  
 DEATHS EACH YEAR AND CURRENT NUTRITION INTERVENTIONS HAVE PROVEN  
 INADEQUATE. OUR SPECIAL INITIATIVE BUILDS ON OUR EXISTING NUTRITION  
 EFFORTS AND IDENTIFIES NEW OPPORTUNITIES AND PARTNERSHIPS IN NUTRITION  
 AND RELATED AREAS, SUCH AGRICULTURE; WATER, SANITATION, AND HYGIENE;  
 AND CLIMATE CHANGE TO SUSTAINABLY AND EFFECTIVELY ADDRES MALNUTRITION  
 NOW AND INTO THE FUTURE.

EXPENSES \$ 10,245,424. INCL GRANTS OF \$ 3,688,865. REVENUE \$ 20,000.

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

Name of the organization PATH	Employer identification number 91-1157127
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BELGIUM, CAMBODIA, CHINA, CONGO, DEM REP,  
 ETHIOPIA, FRANCE, GHANA, INDIA,  
 KENYA, MALAWI, MOZAMBIQUE, OTHER COUNTRY,  
 PERU, SENEGAL, SOUTH AFRICA, SWITZERLAND,  
 TANZANIA, THAILAND, UGANDA, UNITED KINGDOM,  
 UKRAINE, VIETNAM, ZAMBIA

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 DRAFT WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE CHIEF FINANCIAL OFFICER SIGNED THE RETURN.

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

PATH HAS POLICIES AND PROCEDURES TO ADDRESS CONFLICTS OF INTEREST. 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.

PATH ALSO HAS A WELL-DEFINED PROCEDURE FOR IDENTIFYING AND REPORTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS. NEW BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WITHIN 30 DAYS OF JOINING THE BOARD AND TO COMPLETE A NEW FORM ANNUALLY THEREAFTER. IN ADDITION, MEMBERS ARE REMINDED TO REPORT ANY NEW ISSUES THAT ARISE OUTSIDE OF THE ANNUAL DISCLOSURE PERIOD. THE DISCLOSURE FORMS ARE REVIEWED BY PATH'S GENERAL COUNSEL, AND, IF ANY ACTUAL OR POTENTIAL CONFLICTS ARE

Name of the organization PATH	Employer identification number 91-1157127
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IDENTIFIED, GENERAL COUNSEL MAKES A RECOMMENDATION TO THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE CHAIR OF THE BOARD FOR A MANAGEMENT PLAN TO PROPERLY MANAGE ANY CONFLICTS. A FORMAL MANAGEMENT PLAN IS THEN AGREED UPON WITH THE BOARD MEMBER, AND THE ENTIRE BOARD OF DIRECTORS IS INFORMED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

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 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

Name of the organization PATH	Employer identification number 91-1157127
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TOTAL COMPENSATION PACKAGE.

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

AL, AR, CA, CT, FL, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT  
VA, WI, WV

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FROM TIME TO TIME, UNSPENT AWARD FUNDS (OR UNUSED OBLIGATIONS) MAY BE  
RETURNED TO A FUNDER FOR A VARIETY OF REASONS INCLUDING, BUT NOT LIMITED  
TO, EARLY TERMINATION OF A PROJECT BY A FUNDER, OR A REDUCTION IN FUNDS  
REQUIRED TO ACCOMPLISH A PROJECT'S SCOPE OF WORK. -13,166,922.

TOTAL TO FORM 990, PART XI, LINE 9 -13,166,922.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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	501(C)(3)		PATH	X	

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

Schedule R (Form 990) 2015





**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	14,137,772.	FMV
(2) PATH VACCINE SOLUTIONS	B	84,282.	FMV
(3) PATH DRUG SOLUTIONS	C	3,835,141.	FMV
(4) PATH DRUG SOLUTIONS	B	816,360.	FMV
(5) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	C	2,046,536.	FMV
(6) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	5,671,495.	FMV



