

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2010

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH) Doing Business As PATH		<b>D</b> Employer identification number 91-1157127
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2201 WESTLAKE AVENUE 200		<b>E</b> Telephone number 206-285-3500
	City or town, state or country, and ZIP + 4 SEATTLE, WA 98121		<b>G</b> Gross receipts \$ 292,589,308.
	<b>F</b> Name and address of principal officer: CHRISTOPHER J. ELIAS SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**J** Website: ▶ WWW.PATH.ORG

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

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

**H(c)** Group exemption number ▶

**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>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	557
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h) .....	257,511,086.
<b>9</b> Program service revenue (Part VIII, line 2g) .....	78,272.	39,288.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	6,032,096.	4,395,076.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	499,400.	1,521,452.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	264,120,854.	158,390,221.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	65,985,291.	66,816,117.	
<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) .....	68,366,763.	75,954,516.	
<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) ▶ 1,857,963.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	92,360,614.	113,930,546.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	226,712,668.	256,701,179.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	37,408,186.	-98,310,958.	

		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16) .....	700,396,332.
<b>21</b> Total liabilities (Part X, line 26) .....	41,163,573.	61,244,212.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	659,232,759.	560,109,495.	

**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.

<b>Sign Here</b>	Signature of officer	Date	10/10/11
	CHRISTOPHER J. ELIAS, PRESIDENT & CEO	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	10/13/11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶				
	Firm's address ▶ 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930				Phone no. (301) 951-9090	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: PATH IS AN INTERNATIONAL NONPROFIT ORGANIZATION. PATH'S MISSION IS TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY BEHAVIORS.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 114,714,716. including grants of \$ 39,425,525. ) (Revenue \$ 6,113. ) VACCINES AND IMMUNIZATION: VACCINATION MAY BE THE MOST EFFECTIVE HEALTH INTERVENTION OF ALL TIME. PATH IS WORKING TO IMPROVE ACCESS TO LIFESAVING VACCINES IN LOW-INCOME COUNTRIES AROUND THE WORLD. OUR PROJECTS IN VACCINES AND IMMUNIZATION ACCELERATE RESEARCH AND DEVELOPMENT, INCREASE ACCESS TO NEW VACCINES, AND STRENGTHEN HEALTH SYSTEMS.

IN 2010, WE USED INNOVATIVE APPROACHES TO INCREASE THE USE OF EXISTING VACCINES IN DEVELOPING COUNTRIES AND WORKED WITH PARTNERS TO ADVANCE THE DEVELOPMENT OF SAFE, EFFECTIVE, AFFORDABLE NEW VACCINES. THROUGH THIS WORK, WE ARE FIGHTING DEADLY DISEASES AND ILLNESSES INCLUDING CERVICAL CANCER, DIARRHEAL DISEASE, JAPANESE ENCEPHALITIS, MALARIA,

4b (Code: ) (Expenses \$ 56,903,356. including grants of \$ 16,947,452. ) (Revenue \$ 13,710. ) EMERGING AND EPIDEMIC DISEASES: THE BURDEN OF EMERGING AND EPIDEMIC DISEASES, INCLUDING MALARIA, TUBERCULOSIS (TB), HIV/AIDS, AND INFLUENZA, FALLS MOST HEAVILY ON DEVELOPING COUNTRIES WITH THE FEWEST RESOURCES TO RESPOND. PATH WORKS AROUND THE GLOBE TO HELP COUNTRIES RESPOND TO THESE THREATS BY STRENGTHENING PREVENTION, DIAGNOSIS, AND TREATMENT, ENCOURAGING HEALTHY BEHAVIORS, AND MOBILIZING RESOURCES TO CONTROL DISEASE.

IN 2010, PATH WORKED TO ENHANCE HIV EDUCATION AND PREVENTION FOR AT-RISK GROUPS, PREVENT MOTHER-TO-CHILD HIV TRANSMISSION, STRENGTHEN CARE AND TREATMENT, AND INTEGRATE RELATED SERVICES. IN UGANDA, A NEW PROGRAM AIMS TO PREVENT HIV INFECTIONS BY ADDRESSING THE UNMET NEED FOR

4c (Code: ) (Expenses \$ 18,660,801. including grants of \$ 3,373,101. ) (Revenue \$ 2,910. ) HEALTH TECHNOLOGIES: PATH DEVELOPS APPROPRIATELY DESIGNED, AFFORDABLE, AND INNOVATIVE TECHNOLOGIES AND WORKS TO BRING THEM TO LOW-RESOURCE SETTINGS. OUR INTERVENTIONS HELP IMPROVE IMMUNIZATION, NUTRITION, DIAGNOSIS, CHILD SURVIVAL, AND MATERNAL AND REPRODUCTIVE HEALTH IN DEVELOPING COUNTRIES.

IN 2010, OUR LARGEST TECHNOLOGY PROJECTS INCLUDED THE SAFE WATER PROJECT, WHICH IS DEVELOPING AND PILOT-TESTING A VARIETY OF METHODS FOR THE COMMERCIAL PRODUCTION, MARKETING, AND DISTRIBUTION OF HOUSEHOLD WATER TREATMENT AND SAFE STORAGE SOLUTIONS IN ASIA AND AFRICA. FOR EXAMPLE, THE PROJECT COMPLETED DESIGN OF AN UPDATED WATER FILTER TO BE DISTRIBUTED IN THE CAMBODIAN MARKETPLACE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 34,278,522. including grants of \$ 7,069,131. ) (Revenue \$ 16,555. )

4e Total program service expenses 224,557,395.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		
20b			

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... <b>1a</b> 178		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... <b>1c</b> X	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 557		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b> X	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b> N/A	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b> N/A	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? ..... N/A <b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? ..... N/A <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... N/A <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... N/A <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... <b>14b</b>		

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARLOW KEE, 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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
MOLLY JOEL COYE BOARD CHAIR	2.00	X		X				0.	0.	0.
VERA CORDEIRO BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
DEAN ALLEN BOARD TREASURER	2.00	X		X				0.	0.	0.
JAY SATIA, PHD BOARD SECRETARY	2.00	X		X				0.	0.	0.
SUPAMIT CHUNSUTTIWAT DIRECTOR	2.00	X						0.	0.	0.
AWA MARIE COLL-SECK DIRECTOR	2.00	X						0.	0.	0.
ALEX CHIKA EZEH DIRECTOR	2.00	X						0.	0.	0.
GEORGE GOTSADZE DIRECTOR	2.00	X						0.	0.	0.
EIVOR HALKJAER DIRECTOR	2.00	X						0.	0.	0.
VINCENT MCGEE DIRECTOR	2.00	X						0.	0.	0.
KEVIN REILLY DIRECTOR	2.00	X						0.	0.	0.
CHRISTOPHER J ELIAS PRESIDENT AND CEO	40.00			X				516,893.	0.	39,394.
ERIC G WALKER VP, CORPORATE SERVICES	40.00			X				224,097.	0.	35,302.
AYORINDE AJAYI VP, FIELD PROGRAMS	40.00				X			237,644.	0.	32,074.
ERIK A ARNOLD CHIEF INFORMATION OFFICER	40.00				X			181,362.	0.	23,030.
JOHN W BOSLEGO DIR, VACCINE DEV. PROGRAM	40.00				X			300,049.	0.	38,978.
CATHERINE BROKENSHIRE-SCOTT COUNTRY LEADER - SOUTH AFRICA	40.00				X			203,057.	0.	15,899.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
RAMONA ANNE BYRKIT COUNTRY LEADER - VIETNAM	40.00				X			195,564.	0.	24,402.
MICHAEL J FREE VP & SR. ADVISOR FOR TECH.	40.00				X			206,615.	0.	34,124.
MICHELLE GARDNER COUNTRY LEADER - CAMBODIA	40.00				X			161,824.	0.	24,732.
JANE E HUTCHINGS DIR, REPRODUCTIVE HEALTH	40.00				X			152,546.	0.	27,250.
SCOTT JACKSON VP, EXTERNAL RELATIONS	40.00				X			226,528.	0.	31,602.
MARLOW KEE CHIEF FINANCIAL OFFICER	40.00				X			192,366.	0.	33,195.
F MARC LAFORCE PROJ DIR, MENINGITIS VACCINE	40.00				X			226,818.	0.	33,363.
DAN LASTER GENERAL COUNSEL	40.00				X			208,322.	0.	26,579.
CHRISTIAN GEORGES LOUCQ DIR, MALARIA VACCINE INIT.	40.00				X			276,441.	0.	37,310.
<b>1b Sub-total</b>								3,510,126.	0.	457,234.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,435,888.	0.	314,391.
<b>d Total (add lines 1b and 1c)</b>								5,946,014.	0.	771,625.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **144**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SELLEN CONSTRUCTION CO., INC. 227 WESTLAKE AVE N., SEATTLE, WA 98109	GENERAL CONTRACTOR	3,884,637.
QWEST P.O. BOX 52124, PHOENIX, AZ 85072	GENERAL CONTRACTOR	888,884.
COMMERCIAL OFFICE INTERIORS 2601 4TH AVE, STE 700, SEATTLE, WA 98121	GENERAL CONTRACTOR	882,103.
NORTHERN TRUST 50 S LASALLE ST, CHICAGO, IL 60675	ASSET MANAGEMENT	545,350.
SKB ARCHITECTS 2333 THIRD AVENUE, SEATTLE, WA 98121	GENERAL CONTRACTOR	392,507.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<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>	17,500.				
	<b>d</b> Related organizations	<b>1d</b>	10,280,497.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	98,876,196.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	43,260,212.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,896,139.				
	<b>h Total.</b> Add lines 1a-1f		152,434,405.				
	Program Service Revenue	<b>2 a</b> CONSULTANCIES	Business Code 541900	16,753.	16,753.		
<b>b</b> HONORARIUM		900099	15,125.	15,125.			
<b>c</b> SALES		900099	7,410.	7,410.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			39,288.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,241,260.			4,241,260.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		58,998.			58,998.	
	<b>6 a</b> Gross Rents	(i) Real	79,808.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	169,800.				
		<b>c</b> Rental income or (loss)	-89,992.				
	<b>d</b> Net rental income or (loss)		-89,992.			-89,992.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	128,302,000.				
		(ii) Other	5,863,616.				
		<b>b</b> Less: cost or other basis and sales expenses	127,950,723.	6,061,077.			
		<b>c</b> Gain or (loss)	351,277.	-197,461.			
	<b>d</b> Net gain or (loss)		153,816.			153,816.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 17,500. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	11,975.				
		<b>b</b> Less: direct expenses	17,487.				
<b>c</b> Net income or (loss) from fundraising events			-5,512.			-5,512.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<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>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> REIMBURSEMENTS	900099	834,328.			834,328.		
<b>b</b> GAIN-FOREIGN EXCH.	900099	659,710.			659,710.		
<b>c</b> OTHER	900099	63,920.			63,920.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		1,557,958.					
<b>12 Total revenue.</b> See instructions.		158,390,221.	39,288.	0.	5,916,528.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	24,520,935.	24,520,935.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	42,295,182.	42,295,182.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5,459,402.	3,459,919.	1,961,216.	38,267.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	53,739,803.	33,174,033.	20,017,172.	548,598.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	5,090,549.		5,090,549.	
9 Other employee benefits .....	6,822,478.	1,022,893.	5,799,585.	
10 Payroll taxes .....	4,842,284.	205,135.	4,637,149.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	506,548.	295,025.	211,523.	
c Accounting .....	309,022.	16,695.	292,327.	
d Lobbying .....	124,207.	89,299.	34,139.	769.
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	549,888.		549,888.	
g Other .....	7,941,474.	5,709,561.	2,182,745.	49,168.
12 Advertising and promotion .....	193,212.	154,313.	37,133.	1,766.
13 Office expenses .....	4,837,421.	3,439,991.	1,346,258.	51,172.
14 Information technology .....	685,710.	255,481.	428,377.	1,852.
15 Royalties .....	65,913.	63,738.	2,175.	
16 Occupancy .....	8,746,463.	884,578.	7,861,885.	
17 Travel .....	13,742,178.	12,217,119.	1,519,630.	5,429.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	5,940,113.	5,517,889.	320,079.	102,145.
20 Interest .....	137,520.		137,520.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,506,635.	179,178.	2,327,457.	
23 Insurance .....	683,693.	372,438.	311,255.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a SUBCONTRACTS .....	52,622,488.	52,572,391.	50,097.	
b EQUIP RENT & MAINT .....	8,275,464.	6,247,076.	1,995,318.	33,070.
c DONATED GOODS .....	3,558,384.	3,537,387.	12,497.	8,500.
d LEAVE & BENS ALLOC .....	0.	17,925,585.	-18,221,189.	295,604.
e FACILITIES ALLOC .....	0.	8,939,136.	-9,163,513.	224,377.
f All other expenses .....	2,504,213.	1,462,418.	544,549.	497,246.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	256,701,179.	224,557,395.	30,285,821.	1,857,963.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,069,962.	<b>1</b>	1,850,749.	
	<b>2</b> Savings and temporary cash investments .....	20,037,101.	<b>2</b>	21,823,779.	
	<b>3</b> Pledges and grants receivable, net .....	355,924,238.	<b>3</b>	318,307,139.	
	<b>4</b> Accounts receivable, net .....	8,873,606.	<b>4</b>	7,205,996.	
	<b>5</b> 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> 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 instructions) .....		<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 .....	1,881,855.	<b>9</b>	2,336,629.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,136,139.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,584,317.	16,860,950.	<b>10c</b> 20,551,822.	
	<b>11</b> Investments - publicly traded securities .....	292,807,935.	<b>11</b>	248,516,086.	
	<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 .....	940,685.	<b>14</b>	761,507.	
	<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) .....	700,396,332.	<b>16</b>	621,353,707.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	32,867,687.	<b>17</b>	54,530,127.	
	<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> 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 .....	8,295,886.	<b>23</b>	6,714,085.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	41,163,573.	<b>26</b>	61,244,212.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	17,490,894.	<b>27</b>	18,148,725.	
	<b>28</b> Temporarily restricted net assets .....	638,376,702.	<b>28</b>	538,593,817.	
	<b>29</b> Permanently restricted net assets .....	3,365,163.	<b>29</b>	3,366,953.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 .....	659,232,759.	<b>33</b>	560,109,495.	
<b>34</b> Total liabilities and net assets/fund balances .....	700,396,332.	<b>34</b>	621,353,707.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	158,390,221.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	256,701,179.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-98,310,958.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	659,232,759.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-812,306.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	560,109,495.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	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>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
<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 (2010)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b> 91-1157127
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	165,997,082.	189,454,652.	270,187,073.	257,511,086.	152,434,405.	1035584298.
<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 .....	165,997,082.	189,454,652.	270,187,073.	257,511,086.	152,434,405.	1035584298.
<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) .....						529,657,875.
<b>6 Public support.</b> Subtract line 5 from line 4.						505,926,423.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	165,997,082.	189,454,652.	270,187,073.	257,511,086.	152,434,405.	1035584298.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	11,683,620.	11,645,679.	9,272,569.	5,825,631.	4,380,066.	42,807,565.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	240,170.	222,330.	483,060.	524,296.	1,557,958.	3,027,814.
<b>11 Total support.</b> Add lines 7 through 10						1081419677.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,384,662.
<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 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	46.78	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	38.97	%
<b>16a 33 1/3% support test - 2010.</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 - 2009.</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 - 2010.</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 IV 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 - 2009.</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 IV 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

**Name of the organization**

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

**Employer identification number**

91-1157127

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, 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) (2010)

<b>Name of organization</b> PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b> 91-1157127
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 59,984,433.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 31,693,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 13,636,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,280,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,036,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 3,973,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b>  91-1157127
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____ _____ _____	\$ 3,544,164.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b> 91-1157127
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	VACCINES <hr/> <hr/> <hr/> <hr/>	\$ 3,544,164.	12/31/10
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b>  91-1157127
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**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.  
**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>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	6,398.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	213,011.													
<b>c</b>	Total lobbying expenditures (add lines 1 a and 1 b) .....	219,409.													
<b>d</b>	Other exempt purpose expenditures .....	256,481,770.													
<b>e</b>	Total exempt purpose expenditures (add lines 1 c and 1 d) .....	256,701,179.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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	222,019.	244,080.	195,195.	219,409.	880,703.
<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	11,136.	7,575.	4,137.	6,398.	29,246.

Schedule C (Form 990 or 990-EZ) 2010

**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)).**

	(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? If "Yes," describe in Part IV .....			
<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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

---



---



---



---



---



---



---



---



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization** PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH) **Employer identification number** 91-1157127

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,943,911.	4,752,059.	6,474,476.		
b Contributions	1,790.	2,039.	21,290.		
c Net investment earnings, gains, and losses	725,831.	1,189,813.	-1,591,603.		
d Grants or scholarships					
e Other expenditures for facilities and programs			152,104.		
f Administrative expenses					
g End of year balance	6,671,532.	5,943,911.	4,752,059.		

- 2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  50.00 %
- b Permanent endowment  50.00 %
- c Term endowment  %

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,201,645.	3,383,955.	15,817,690.
d Equipment		8,401,877.	5,673,333.	2,728,544.
e Other		2,532,617.	527,029.	2,005,588.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,551,822.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and rows 2 through 11.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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 HELP STRENGTHEN OUR EXISTING

PROGRAMMATIC WORK IN GLOBAL HEALTH AND TO FUND NEW OPPORTUNITIES TO EXPAND

OUR 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" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization  
PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

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

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	12			0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CROSS PROGRAM	14,465.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	4,545.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	36,204.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	367,416.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	49,242.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	213,101.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	19,778.
<b>3 a</b> Sub-total .....	1	12			704,751.
<b>b</b> Total from continuation sheets to Part I .....	31	507			112,529,973.
<b>c Totals</b> (add lines 3a and 3b) .....	32	519			113,234,724.

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

Schedule F (Form 990) 2010

**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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		35,474.
EAST ASIA AND THE PACIFIC	4	93			0.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CROSS PROGRAM	20,038.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	1,648,177.
EAST ASIA AND THE PACIFIC			FUNDRAISING	FUNDRAISING	805.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	459,791.
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	1,511,135.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	88,173.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	644,481.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	1,024,942.
<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
EAST ASIA AND THE PACIFIC	0	0	GRANTS		4,785,326.
EUROPE	2	51			0.
EUROPE	0	0	PROGRAM SERVICES	CROSS PROGRAM	1,039.
EUROPE	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	2,016,801.
EUROPE	0	0	FUNDRAISING	FUNDRAISING	225.
EUROPE	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	155,306.
EUROPE	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	2,879,612.
EUROPE	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	267,657.
EUROPE	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	577,357.
EUROPE	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	9,109,037.
<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
EUROPE	0	0	GRANTS		15,266,953.
MIDDLE EAST AND NORTH AFRICA	0	0			0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	82,303.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	-25.
NORTH AMERICA	0	0			0.
NORTH AMERICA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	21,783.
NORTH AMERICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	9,563.
NORTH AMERICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	16,404.
NORTH AMERICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	33,140.
NORTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	9,790.
<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
NORTH AMERICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	172,713.
NORTH AMERICA	0	0	GRANTS		24,399.
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	19			0.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	1,664,742.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	745,886.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	5,255.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	919.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS		58,800.
SOUTH AMERICA	1	2			0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	CROSS PROGRAM	31.
<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 AMERICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	92,052.
SOUTH AMERICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	85,632.
SOUTH AMERICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	158,085.
SOUTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	469,238.
SOUTH AMERICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	3,901.
SOUTH AMERICA	0	0	GRANTS		505,031.
SOUTH ASIA	5	91			0.
SOUTH ASIA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	600,332.
SOUTH ASIA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	623,843.
SOUTH ASIA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	1,687,162.
<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	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	2,411,734.
SOUTH ASIA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	695,583.
SOUTH ASIA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	2,931,465.
SOUTH ASIA	0	0	GRANTS		4,322,839.
SUB-SAHARAN AFRICA	18	251			0.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	14,482,880.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING	FUNDRAISING	3,749.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	145,363.
SUB-SAHARAN AFRICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	4,051,544.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	2,234,395.
<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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	518,667.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	15,872,086.
SUB-SAHARAN AFRICA	0	0	GRANTS		17,296,360.
<b>Totals</b> .....	31	507			112,529,973.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)
		SOUTH ASIA	HEALTH TECHNOLOGIES	5,838.	WIRE/CHECK	0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH	24,399.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	22,192.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	238,001.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	48,336.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	59,706.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	120,043.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	150,000.	WIRE/CHECK	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  157

3 Enter total number of other organizations or entities  19

<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	EMERGING AND EPIDEMIC DISEASES	46,338.	WIRE/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH	16,000.	WIRE/CHECK	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	22,500.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	413,559.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	26,896.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	52,500.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	219,840.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	506,597.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	8,297.	WIRE/CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH	33,721.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	26,695.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	66,203.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	45,384.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	838,635.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	157,662.	WIRE/CHECK	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	650,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	25,300.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	26,799.	WIRE/CHECK	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	VACCINES AND IMMUNIZATIONS	923,029.	WIRE/CHECK	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	47,414.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	29,327.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	933,243.	WIRE/CHECK	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	8,911.	WIRE/CHECK	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	12,266.	WIRE/CHECK	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	8,935.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	54,717.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	94,250.	WIRE/CHECK	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)
		EUROPE	REPRODUCTIVE HEALTH	6,075.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	45,343.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	63,281.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	43,469.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	914,753.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	301,535.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	44,161.	WIRE/CHECK	0.		
		EUROPE	REPRODUCTIVE HEALTH	10,000.	WIRE/CHECK	0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	330,850.	WIRE/CHECK	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	EMERGING AND EPIDEMIC DISEASES	64,605.	WIRE/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	VACCINES AND IMMUNIZATIONS	8,179.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	29,621.	WIRE/CHECK	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	612,346.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	4,105,785.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	11,232.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	5,686.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	59,631.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	47,860.	WIRE/CHECK	0.		

Schedule F (Form 990)

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	MATERNAL & CHILD HEALTH	218,364.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	34,329.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	25,349.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	60,259.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	415,147.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	88,663.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	75,920.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	8,707.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	10,726.	WIRE/CHECK	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	VACCINES AND IMMUNIZATIONS	4,212,406.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	484,901.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	48,960.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	168,400.	WIRE/CHECK	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	37,609.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	29,227.	WIRE/CHECK	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	93,000.	WIRE/CHECK	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	648,877.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	8,513.	WIRE/CHECK	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	MATERNAL & CHILD HEALTH	119,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	38,413.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	19,256.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	35,474.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	91,202.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,990.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	265,054.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,060,127.	WIRE/CHECK	0.		
		EUROPE	HEALTH TECHNOLOGIES	50,000.	WIRE/CHECK	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 & THE PACIFIC	REPRODUCTIVE HEALTH	28,219.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,252,699.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	550,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,111,159.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	625,862.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	16,285.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	11,551.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	8,521.	WIRE/CHECK	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	23,544.	WIRE/CHECK	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	HEALTH TECHNOLOGIES	68,424.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	6,329.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	90,664.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	184,819.	WIRE/CHECK	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	72,976.	WIRE/CHECK	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	16,106.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	19,380.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	742,125.	WIRE/CHECK	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	12,000.	WIRE/CHECK	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)
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	406,194.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	8,664.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	9,089.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	55,316.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	28,188.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	8,100.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	87,843.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	91,715.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	197,824.	WIRE/CHECK	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	EMERGING AND EPIDEMIC DISEASES	121,776.	WIRE/CHECK	0.		
		EUROPE	MATERNAL & CHILD HEALTH	272,726.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	115,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	117,205.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	75,465.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	263,910.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	13,618.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	124,792.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	95,605.	WIRE/CHECK	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	MATERNAL & CHILD HEALTH	25,033.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	90,345.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	147,718.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	108,183.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	50,000.	WIRE/CHECK	0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	15,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	MATERNAL & CHILD HEALTH	175,888.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	178,975.	WIRE/CHECK	0.		
		EUROPE	HEALTH TECHNOLOGIES	194,778.	WIRE/CHECK	0.		

Schedule F (Form 990)

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 & THE PACIFIC	VACCINES AND IMMUNIZATIONS	24,473.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	30,394.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	47,211.	WIRE/CHECK	0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	63,083.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	9,000.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	61,864.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	7,294.	WIRE/CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	VACCINES AND IMMUNIZATIONS	58,800.	WIRE/CHECK	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	152,478.	WIRE/CHECK	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 & THE PACIFIC	HEALTH TECHNOLOGIES	159,247.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	32,741.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	66,243.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	37,116.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	130,454.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	6,564.	WIRE/CHECK	0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	30,750.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	71,378.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	32,637.	WIRE/CHECK	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	MATERNAL & CHILD HEALTH	33,879.	WIRE/CHECK	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	33,472.	WIRE/CHECK	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	51,518.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	14,666.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	6,764.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	30,928.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	61,399.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	34,275.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	112,593.	WIRE/CHECK	0.		

Schedule F (Form 990)

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 & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	81,584.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	296,281.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	15,026.	WIRE/CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH	10,096.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	2,399,718.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	50,613.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	16,687.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	2,000,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	33,189.	WIRE/CHECK	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	VACCINES AND IMMUNIZATIONS	20,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	977,672.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	27,485.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	31,496.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	70,230.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	233,458.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	441,731.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	338,337.	WIRE/CHECK	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	4,276,951.	WIRE/CHECK	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	EMERGING AND EPIDEMIC DISEASES	472,400.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	34,440.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,829.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	25,398.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	12,195.	WIRE/CHECK	0.		



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: SUBRECIPIENTS MUST SUBMIT PROGRESS REPORTS

THAT ARE REVIEWED BY RESPONSIBLE PATH PROGRAM MANAGERS AND PROGRAM

ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE

WITH AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM

ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS OR FOLLOW UP ON ANY

AREA OF CONCERN. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED

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

ADDITION, DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH

COMPLIANCE WITH THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE

APPROPRIATENESS OF THE SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND

PROCESSES. PATH ALSO USES CROSS-PROGRAM INDICATORS TO TRACK OVERALL

ORGANIZATIONAL PERFORMANCE AND LINK OUR WORK AND THE WORK OF

SUBRECIPIENTS TO SPECIFIC IMPROVEMENTS IN HEALTH-RELATED OUTCOMES.

MONITORING THIS SET OF INDICATORS HELPS PATH SET FUTURE BENCHMARKS AND

ADOPT BEST PRACTICES THAT IMPROVE PROGRAMMATIC EFFECTIVENESS OVER TIME.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2010

Open To Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN**  
**HEALTH (PATH)** Employer identification number  
**91-1157127**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PARTY WITH A PURPOSE (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	29,475.			29,475.
	<b>2</b> Less: Charitable contributions .....	17,500.			17,500.
	<b>3</b> Gross income (line 1 minus line 2) .....	11,975.			11,975.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	12,947.			12,947.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	4,540.			4,540.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 17,487 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-5,512.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

**Employer identification number**  
91-1157127

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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
ABT ASSOCIATES, INC. 4550 MONTGOMERY AVE, SUITE 800 BETHESDA, MD 20814	04-2347643	N/A	24,222.	0.			REPRODUCTIVE HEALTH
ACADEMY FOR EDUCATIONAL DEVELOPMENT - 1825 CONNECTICUT AVE., NW - WASHINGTON, DC 20009	13-6110212	501(C)(3)	15,000.	0.			HEALTH TECHNOLOGIES
AKTIVPAK, INC. 4361 - 13TH STREET BOULDER, CO 80304	26-3111597	N/A	35,000.	0.			HEALTH TECHNOLOGIES
BLAIR AND COMPANY, LLC 602 WEST LYON FARM DRIVE GREENWICH, CT 06831	06-1515285	N/A	17,004.	0.			VACCINES AND IMMUNIZATIONS
BOSTON UNIVERSITY, TRUSTEES OF OFFICE OF SPONSORED PROGRAMS, 25 B BOSTON, MA 02215	04-2103547	501(C)(3)	55,436.	0.			HEALTH TECHNOLOGIES
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201	86-1052728	N/A	375,050.	0.			EMERGING AND EPIDEMIC DISEASES

- 2** Enter total number of section 501(c)(3) and government organizations **▶ 47.**
- 3** Enter total number of other organizations **▶ 27.**

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

Schedule I (Form 990) (2010)

**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
CALIFORNIA FAMILY HEALTH COUNCIL, INC. - 3600 WILSHIRE BLVD, SUITE 600 - LOS ANGELES, CA 90010	95-2564024	501(C)(3)	42,320.	0.			HEALTH TECHNOLOGIES
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030	13-1685039	501(C)(3)	210,398.	0.			MATERNAL & CHILD HEALTH
CARTER CENTER ONE COPENHILL, 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	426,423.	0.			EMERGING AND EPIDEMIC DISEASES
CASCADE DESIGN, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	420,554.	0.			HEALTH TECHNOLOGIES
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	124,757.	0.			MATERNAL & CHILD HEALTH
CDC FOUNDATION 55 PARK PLACE, SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	200,000.	0.			HEALTH TECHNOLOGIES
CDC FOUNDATION 55 PARK PLACE, SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	58,750.	0.			VACCINES AND IMMUNIZATIONS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 55 PARK PLACE, SUITE 400 - ATLANTA, GA 30303	58-2106707	GOVERNMENT	14,898.	0.			VACCINES AND IMMUNIZATIONS
COOPERATIVE LEAGUE OF THE USA (CLUSA) - 1401 NEW YORK AVENUE, N.W. SUITE 1100 - WASHINGTON, DC 20005	36-2007481	501(C)(3)	13,582.	0.			EMERGING AND EPIDEMIC DISEASES

LHA

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
DEPT OF PUBLIC POLICY, UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 217 ABERNETHY HALL CB #3435 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	22,260.	0.			EMERGING AND EPIDEMIC DISEASES
DIAGNOSTIC CONSULTING NETWORK, INC. - 6354 CORTE DEL ABETO - SUITE B - CARLSBAD, CA 92011	20-5531959	N/A	19,791.	0.			HEALTH TECHNOLOGIES
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	2,936,414.	0.			EMERGING AND EPIDEMIC DISEASES
EMMES CORPORATION, THE 401 NORTH WASHINGTON STREET, SUITE ROCKVILLE, MD 20850	54-1058268	N/A	88,639.	0.			VACCINES AND IMMUNIZATIONS
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR, MAILSTOP 1499/001/BH - ATLANTA, GA 30322	58-0566256	501(C)(3)	103,716.	0.			VACCINES AND IMMUNIZATIONS
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	56,349.	0.			HEALTH TECHNOLOGIES
FOOD & DRUG ADMINISTRATION (FDA) DHHS/FDA/CDRH/OST/DMMS BETHESDA, MD 20892	53-0196965	GOVERNMENT	440,500.	0.			VACCINES AND IMMUNIZATIONS
FORREST AND COMPANY, INC. PO BOX 444 NYACK, NY 10960	27-1898512	N/A	51,298.	0.			VACCINES AND IMMUNIZATIONS
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH, PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	88,169.	0.			HEALTH TECHNOLOGIES

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH, PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	41,270.	0.			VACCINES AND IMMUNIZATIONS
GENVEC, INC. 65 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878	23-2705690	N/A	96,501.	0.			VACCINES AND IMMUNIZATIONS
HALOSOURCE 1631 220TH STREET SE, SUITE 100 BOTHELL, WA 98021	91-1792092	N/A	84,266.	0.			HEALTH TECHNOLOGIES
HARDY DIAGNOSTICS 1430 WEST MCCOY LANE SANTA MARIA, CA 93455	77-0043660	N/A	31,784.	0.			HEALTH TECHNOLOGIES
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVE NE SEATTLE, WA 98105	94-3047981	501(C)(3)	10,303.	0.			EMERGING AND EPIDEMIC DISEASES
INOVIO BIOMEDICAL CORPORATION 450 SENTRY PARKWAY BLUE BELL, PA 19422	33-0969592	N/A	539,133.	0.			VACCINES AND IMMUNIZATIONS
INVENEO INC. 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	20-1663266	N/A	53,900.	0.			HEALTH TECHNOLOGIES
IQUUM, INC. 700 NICKERSON ROAD MARLBOROUGH, MA 01752	04-3471059	N/A	43,744.	0.			HEALTH TECHNOLOGIES
JHPIEGO 1615 THAMES STREET, SUITE 200 BALTIMORE, MD 21231	23-7424444	N/A	784,685.	0.			EMERGING AND EPIDEMIC DISEASES

LHA

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
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	139,955.	0.			REPRODUCTIVE HEALTH
JOHN SNOW, INC. 1616 N. FORT MYER DRIVE, 11TH FLOOR ARLINGTON, VA 22209	04-2578580	N/A	91,619.	0.			REPRODUCTIVE HEALTH
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - OFFICE OF RESEARCH ADMINISTRATION, 615 N WOLFE STREET, W1100 - BALTIMORE, MD	52-0595110	501(C)(3)	575,726.	0.			MATERNAL & CHILD HEALTH
JUVARIS BIOTHERAPEUTICS, INC. 863A MITTEN ROAD BURLINGAME, CA 94010	84-1603994	N/A	55,589.	0.			VACCINES AND IMMUNIZATIONS
LELAND STANFORD JUNIOR UNIVERSITY 251 CAMPUS DRIVE, MSOB-X226 PALO ALTO, CA 94305	94-1156365	501(C)(3)	7,301.	0.			VACCINES AND IMMUNIZATIONS
LIQUIDIA TECHNOLOGIES, INC. 419 DAVIS DRIVE, SUITE 100 DURHAM, NC 27713	20-1926605	N/A	212,718.	0.			VACCINES AND IMMUNIZATIONS
MANOFF GROUP 4301 CONNECTICUT AVE NW, SUITE 454 WASHINGTON, DC 20008	04-3030192	N/A	804,969.	0.			MATERNAL & CHILD HEALTH
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, ROOM 4071 - BETHESDA, MD 20892	52-0858115	GOVERNMENT	460,902.	0.			VACCINES AND IMMUNIZATIONS
NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910	47-0100048	GOVERNMENT	569,020.	0.			VACCINES AND IMMUNIZATIONS

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDICINE, 650 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	167,663.	0.			VACCINES AND IMMUNIZATIONS
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	5,381.	0.			HEALTH TECHNOLOGIES
OREGON FREEZE DRY, INC. PO BOX 1048 ALBANY, OR 97321	43-1121507	N/A	73,000.	0.			HEALTH TECHNOLOGIES
PAN AMERICAN HEALTH ORGANIZATION (PAHO) - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC 20037	23-7072046	501(C)(3)	85,000.	0.			REPRODUCTIVE HEALTH
PAN AMERICAN HEALTH ORGANIZATION (PAHO) - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC 20037	23-7072046	501(C)(3)	311,845.	0.			VACCINES AND IMMUNIZATIONS
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE, 3RD FLOOR BOSTON, MA 02215	04-3567502	501(C)(3)	25,000.	0.			REPRODUCTIVE HEALTH
PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	333,074.	0.			EMERGING AND EPIDEMIC DISEASES
PHARMAJET INC. 221 CORPORATE CIRCLE, SUITE D GOLDEN, CO 80401	20-3058403	N/A	14,250.	0.			HEALTH TECHNOLOGIES
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW, SUITE 200 WASHINGTON, DC 20036	52-0812075	501(C)(3)	123,066.	0.			REPRODUCTIVE HEALTH

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROFECTUS BIOSCIENCES, INC. 6411 BECKLEY STREET, SUITE 201 BALTIMORE, MD 21224	02-0579416	N/A	101,025.	0.			VACCINES AND IMMUNIZATIONS
SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVENUE, SUITE 71 WASHINGTON, DC 20006	06-1389829	501(C)(3)	632,634.	0.			VACCINES AND IMMUNIZATIONS
SANARIA INC. 9800 MEDICAL CENTER DRIVE, SUITE A ROCKVILLE, MD 20850	56-2354362	N/A	43,070.	0.			HEALTH TECHNOLOGIES
SANARIA INC. 9800 MEDICAL CENTER DRIVE, SUITE A ROCKVILLE, MD 20850	56-2354362	N/A	1,525,000.	0.			VACCINES AND IMMUNIZATIONS
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N., SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	2,219,059.	0.			VACCINES AND IMMUNIZATIONS
SOUTH AFRICA PARTNERS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-3396641	501(C)(3)	515,647.	0.			EMERGING AND EPIDEMIC DISEASES
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFOMATICS INSTITUTE (PHII) - 326 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	96,262.	0.			HEALTH TECHNOLOGIES
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFOMATICS INSTITUTE (PHII) - 326 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	78,077.	0.			MATERNAL & CHILD HEALTH
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFOMATICS INSTITUTE (PHII) - 326 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	120,000.	0.			VACCINES AND IMMUNIZATIONS

LHA

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
THE GLOBAL BUSINESS COALITION 110 WILLIAM STREET, SUITE 1800 NEW YORK, NY 10038	13-4185520	501(C)(3)	154,317.	0.			EMERGING AND EPIDEMIC DISEASES
THE MIRIAM HOSPITAL ONE HOPPIN STREET, SUITE 500 PROVIDENCE, RI 02903	05-0258905	501(C)(3)	11,382.	0.			HEALTH TECHNOLOGIES
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, P-221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	95,158.	0.			HEALTH TECHNOLOGIES
TULANE EDUCATIONAL FUND 1430 TULANE AVENUE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	179,318.	0.			VACCINES AND IMMUNIZATIONS
TULANE UNIVERSITY, SCHOOL OF PUB. HEALTH - 1440 CANAL ST, STE 2200 - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	122,619.	0.			EMERGING AND EPIDEMIC DISEASES
UNIVERSITY OF COLORADO P.O. BOX 6508, MSF428 AURORA, CO 80045	84-6000555	501(C)(3)	32,481.	0.			HEALTH TECHNOLOGIES
UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC. - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	27,500.	0.			VACCINES AND IMMUNIZATIONS
UNIVERSITY OF MARYLAND, BALTIMORE 620 WEST LEXINGTON ST., 4TH FLOOR BALTIMORE, MD 21201	52-6002033	501(C)(3)	453,616.	0.			VACCINES AND IMMUNIZATIONS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	658,101.	0.			HEALTH TECHNOLOGIES

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910	52-0664528	GOVERNMENT	5,840.	0.			HEALTH TECHNOLOGIES
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910	52-0664528	GOVERNMENT	2,798,302.	0.			VACCINES AND IMMUNIZATIONS
WEST PHARMACEUTICAL SERVICES, INC. 101 GORDON DRIVE LIONVILLE, PA 19341	23-1210010	N/A	32,970.	0.			HEALTH TECHNOLOGIES
WOMEN DELIVER 588 BROADWAY, SUITE 5033 NEW YORK, NY 10012	26-4462256	501(C)(3)	595,650.	0.			REPRODUCTIVE HEALTH
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	2,437,125.	0.			EMERGING AND EPIDEMIC DISEASES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE



**Part IV Supplemental Information**

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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER J ELIAS	(i)	399,446.	117,147.	300.	28,828.	10,566.	556,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ERIC G WALKER	(i)	223,636.	0.	461.	24,545.	10,757.	259,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 AYORINDE AJAYI	(i)	237,644.	0.	0.	26,044.	6,030.	269,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ERIK A ARNOLD	(i)	181,040.	0.	322.	21,725.	1,305.	204,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN W BOSLEGO	(i)	299,833.	0.	216.	29,400.	9,578.	339,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CATHERINE BROKENSHIRE-SCOTT	(i)	136,429.	0.	66,628.	14,496.	1,403.	218,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RAMONA ANNE BYRKIT	(i)	133,352.	0.	62,212.	14,002.	10,400.	219,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHAEL J FREE	(i)	206,615.	0.	0.	24,535.	9,589.	240,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHELLE GARDNER	(i)	126,444.	0.	35,380.	15,173.	9,559.	186,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JANE E HUTCHINGS	(i)	152,546.	0.	0.	18,305.	8,945.	179,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SCOTT JACKSON	(i)	226,303.	0.	225.	21,109.	10,493.	258,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MARLOW KEE	(i)	190,124.	0.	2,242.	22,815.	10,380.	225,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 F MARC LAFORCE	(i)	211,261.	0.	15,557.	23,217.	10,146.	260,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DAN LASTER	(i)	208,322.	0.	0.	16,666.	9,913.	234,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 CHRISTIAN GEORGES LOUCQ	(i)	273,307.	0.	3,134.	26,486.	10,824.	313,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JULIE M PULERWITZ	(i)	161,455.	0.	150.	17,711.	7,822.	187,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACQUELINE D SHERRIS	(i)	237,644.	0.	300.	26,569.	1,783.	266,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CATHERINE TAYLOR	(i)	194,352.	0.	0.	21,300.	7,824.	223,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SHARON THOMPSON	(i)	190,124.	0.	0.	18,879.	7,933.	216,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RIKKA TRANGSRUD	(i)	152,437.	0.	73,545.	17,273.	8,550.	251,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN ROBERT WECKER	(i)	215,656.	0.	300.	25,682.	11,664.	253,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 RICHARD STEKETEE	(i)	184,743.	0.	139,413.	22,169.	1,609.	347,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN SKIBIAK	(i)	165,206.	0.	71,444.	19,825.	1,609.	258,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DUNCAN OWENS EARLE	(i)	194,364.	0.	34,188.	23,324.	4,819.	256,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GEORGE ROBERTSON	(i)	212,839.	0.	0.	23,326.	10,380.	246,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RICHARD WALKER	(i)	207,728.	0.	0.	23,804.	10,536.	242,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. 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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**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.**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number  
**91-1157127**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	23	337,755.	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 .....	X	1	3,544,164.	COST OR SALES PRICE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SUPPLIES ) .....	X	4	8,820.	COST OR SALES PRICE
26 Other ▶ ( SHIRTS ) .....	X	1	5,000.	COST OR SALES PRICE
27 Other ▶ ( SOFTWARE LIC. ) .....	X	2	400.	COST OR SALES PRICE
28 Other ▶ ( ) .....				

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

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

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

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

MENINGITIS, PANDEMIC INFLUENZA, AND PNEUMOCOCCAL DISEASE.

FOR EXAMPLE, THE MENINGITIS VACCINE PROJECT, A COLLABORATION WITH THE

WORLD HEALTH ORGANIZATION (WHO), INTRODUCED ITS NEW MENINGITIS A

VACCINE IN BURKINA FASO, MALI, AND NIGER, WHERE NEARLY 20 MILLION

PEOPLE HAVE NOW RECEIVED THE VACCINE. THE THREE COUNTRIES REPORTED THE

LOWEST NUMBER OF CONFIRMED MENINGITIS A CASES EVER RECORDED DURING AN

EPIDEMIC SEASON FOLLOWING THE VACCINE'S SUCCESSFUL INTRODUCTION.

THE ACCELERATED VACCINE INTRODUCTION INITIATIVE, WHICH AIMS TO DEVELOP

A COMMON PLATFORM FOR NEW VACCINE INTRODUCTION, HELPED BRING

PNEUMOCOCCAL CONJUGATE VACCINES TO NICARAGUA AND ROTAVIRUS VACCINES TO

GUYANA. THE INITIATIVE ALSO WORKED TO BUILD SUPPORT AMONG DONORS AND

OTHER COUNTRIES FOR FUTURE VACCINE INTRODUCTIONS.

THE OPTIMIZE PROJECT, ANOTHER PATH-WHO COLLABORATION, SUPPORTED THE

ADVANCEMENT OF 13 NOVEL COLD-CHAIN PRODUCTS THROUGH LABORATORY AND

FIELD TESTING AND ADVANCED OTHER STRATEGIES FOR IMPROVING VACCINE

DELIVERY SYSTEMS AND TECHNOLOGIES. THE ROTAVIRUS VACCINE PROGRAM

EXPANDED WORLDWIDE SURVEILLANCE NETWORKS FOR ROTAVIRUS DISEASE AND

SUPPORTED CLINICAL TRIALS TO EVALUATE VACCINE SAFETY AND EFFICACY. OUR

WORK INFORMED THE GAVI ALLIANCE'S DECISION TO SUPPORT ROTAVIRUS VACCINE

INTRODUCTION IN THE DEVELOPING WORLD.

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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

CONTRACEPTION AMONG HIV-POSITIVE WOMEN. IN KENYA'S WESTERN PROVINCE, WE  
 LED A PROJECT THAT PROVIDED HIV TESTING AND COUNSELING TO MORE THAN 1  
 MILLION PEOPLE.

THE MALARIA CONTROL AND EVALUATION PARTNERSHIP IN AFRICA (MACEPA)  
 WORKED WITH GLOBAL PARTNERS TO SUPPORT NATIONAL EFFORTS IN SUB-SAHARAN  
 AFRICAN COUNTRIES TO REVIEW MALARIA PROGRAMS, IMPLEMENT STRATEGIC  
 PLANS, COLLECT DATA, AND SEEK NEW FUNDING FOR EXPANDED MALARIA  
 PREVENTION AND CONTROL. A REPORT CO-AUTHORED BY MACEPA FOUND THE LIVES  
 OF NEARLY 750,000 CHILDREN IN 34 AFRICAN COUNTRIES HAVE BEEN SAVED BY  
 INCREASING COVERAGE OF MALARIA PREVENTION TOOLS IN THE PAST TEN YEARS.

WE ADDRESSED THE URGENT NEED FOR TB CONTROL BY PROVIDING EXTENSIVE  
 TECHNICAL ASSISTANCE AND SUPPORT. DURING EPIDEMICS OF H1N1 INFLUENZA  
 AND DENGUE FEVER IN NICARAGUA, WE HELPED WORKERS USE TEXT MESSAGING TO  
 SEND REAL-TIME DISEASE SURVEILLANCE INFORMATION TO THE CENTRAL HEALTH  
 SYSTEM IN MANAGUA.

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

OUR JET INJECTOR PROJECT, WHICH FOCUSES ON NEEDLE-FREE SYRINGES FOR  
 ADMINISTERING VACCINES, WORKED WITH MANUFACTURERS AND WHO TO SECURE  
 REGULATORY APPROVALS AND EVALUATE THE APPLICABILITY OF THE TECHNOLOGY  
 WITH DIFFERENT VACCINES. AND OUR TECHNOLOGIES FOR HEALTH PROJECT  
 FOCUSED ON ADAPTING, DESIGNING, DEVELOPING, AND ADVANCING TECHNOLOGY  
 SOLUTIONS FOR HEALTH INTERVENTIONS SUCH AS AN INJECTABLE CONTRACEPTIVE,  
 A PRODUCT FOR CLEANING UMBILICAL CORDS, AND OXYTOCIN FOR REDUCING  
 DEATHS FROM POSTPARTUM HEMORRHAGE.



Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

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

REPRODUCTIVE HEALTH:

PATH WORKS TO IMPROVE REPRODUCTIVE HEALTH BY PREVENTING CERVICAL

CANCER, INTRODUCING CONTRACEPTIVE TECHNOLOGIES, ADDRESSING

FAMILY-PLANNING NEEDS, PREVENTING SEXUALLY TRANSMITTED INFECTIONS,

ADVOCATING FOR SERVICES AND SUPPLIES, AND ENCOURAGING HEALTHIER

BEHAVIORS.

IN 2010, PATH AND OUR PARTNERS COMPLETED VACCINATION OF 57,000 GIRLS IN

INDIA, PERU, UGANDA, AND VIETNAM AGAINST HUMAN PAPILOMAVIRUS (HPV),

THE MOST COMMON CAUSE OF CERVICAL CANCER, AND CONCLUDED DEMONSTRATION

PROJECTS INVESTIGATING STRATEGIES FOR DELIVERING THE VACCINE. IN

ADDITION, WE ADVANCED RAPID, LOW-COST SCREENING TESTS FOR THE TYPES OF

HPV THAT CAUSE CERVICAL CANCER, WITH FOUR CLINICAL STUDIES UNDERWAY IN

INDIA, NICARAGUA, AND UGANDA. WE ALSO SERVED AS SECRETARIAT FOR THE

REPRODUCTIVE HEALTH SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF PUBLIC,

PRIVATE, AND NONGOVERNMENTAL ORGANIZATIONS WORKING TO EXPAND ACCESS TO

SUPPLIES, SERVICES, AND OPTIONS FOR PREVENTING UNINTENDED PREGNANCIES

AND SEXUALLY TRANSMITTED INFECTIONS.

EXPENSES \$ 15,910,162. INCLUDING GRANTS OF \$ 2,443,886. REVENUE \$ 9,330

MATERNAL AND CHILD HEALTH:

PATH IMPROVES THE HEALTH OF WOMEN AND CHILDREN BY APPLYING PROMISING

APPROACHES TO ADDRESS THE LEADING CAUSES OF MATERNAL AND CHILD DEATH IN

LOW-INCOME COUNTRIES. OUR PROJECTS FOCUS ON SAFE BIRTH AND NEWBORN

CARE, NUTRITION, AND CONTROL OF DIARRHEAL DISEASE.

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

IN 2010, KEY PROJECTS INCLUDED THE INFANT AND YOUNG CHILD NUTRITION PROJECT, WHICH WORKS TO IMPROVE NUTRITION FROM PREGNANCY THROUGH THE FIRST TWO YEARS OF LIFE BY TRAINING HEALTH WORKERS, ENCOURAGING HEALTHY BEHAVIORS, STRENGTHENING HEALTH SYSTEMS, AND INTEGRATING AGRICULTURE AND NUTRITION. FOR EXAMPLE, AFTER HAITI'S DEVASTATING EARTHQUAKE, WE WORKED WITH PARTNERS, INCLUDING UNICEF, TO TRAIN MORE THAN 300 EMERGENCY HEALTH WORKERS TO COUNSEL MOTHERS ON FEEDING THEIR YOUNG CHILDREN IN TEMPORARY CAMPS.

THE OXYTOCIN INITIATIVE WORKED IN GHANA AND INDIA TO HELP REDUCE THE RISK OF EXCESSIVE BLEEDING AFTER CHILDBIRTH THROUGH THE USE OF THE DRUG OXYTOCIN. SURE START WORKED IN SELECTED AREAS OF INDIA AND WITH MULTIPLE PARTNERS TO REDUCE INFANT AND MATERNAL ILLNESS AND DEATH THROUGH COMMUNITY EDUCATION AND IMPROVED ACCESS TO HEALTH CARE. "MOTHERS' GROUPS" HAVE REACHED MORE THAN A HALF-MILLION INDIAN WOMEN WITH INFORMATION ABOUT PREGNANCY, BREASTFEEDING, AND GOVERNMENT PROGRAMS THAT SUPPORT HEALTH. IN KENYA, PATH AND OUR PARTNERS HELPED THE GOVERNMENT RENEW NATIONAL POLICY GUIDELINES ON DIARRHEAL DISEASE TO RAMP UP PROVEN INTERVENTIONS AND RAISE PUBLIC AWARENESS.

EXPENSES \$ 18,263,632. INCLUDING GRANTS OF \$ 4,625,245. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 104,728. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,225.

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

BELGIUM, CAMBODIA, CHINA, COTE D IVOIRE,

ETHIOPIA, FRANCE, GHANA, INDIA,

KENYA, NICARAGUA, PERU, SENEGAL,

032212  
01-24-11

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

SOUTH AFRICA, TANZANIA, THAILAND, UGANDA,

UKRAINE, VIETNAM, ZAMBIA

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY ACCOUNTING SERVICES

STAFF. THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE DRAFT

FORM 990 WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT

PERIOD, THE PRESIDENT AND CEO SIGNED THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, PATH MANAGEMENT,

AND ALL STAFF ABOVE A DESIGNATED LEVEL IN THE ORGANIZATION MUST COMPLETE A

CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND

KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY PERSON WITH A

SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S COMPENSATION COMMITTEE

ANNUALLY REVIEWS SALARY AND BENEFITS FOR KEY EMPLOYEE POSITIONS. ANY

PROPOSALS FOR CHANGES TO SALARY AND BENEFITS MUST BE APPROVED BY THE

COMMITTEE BEFORE CONSIDERATION FOR FINAL APPROVAL BY THE BOARD OF

DIRECTORS.

THE SALARY AND BENEFITS FOR PATH'S PRESIDENT AND CEO POSITION ARE REVIEWED

AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR AT THE MAY BOARD

MEETING.

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

EXECUTIVE COMPENSATION (PRESIDENT/CEO AND VICE PRESIDENTS). THE LAST MAJOR

REVIEW WAS COMPLETED IN 2008, WHEN PATH ENGAGED MERCER (A COMPENSATION,

032212  
01-24-11

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND PROPOSED BASE SALARIES OF PATH'S CEO AND VICE PRESIDENTS. MERCER USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES OF THE CEO, VICE PRESIDENTS, AND OTHER KEY EMPLOYEES. THE BOARD'S COMPENSATION COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE COMPENSATION PACKAGES FOR THE VICE PRESIDENTS, WITH RATIFICATION BY THE BOARD. THE COMMITTEE ALSO MADE A RECOMMENDATION TO THE BOARD FOR APPROVAL OF THE PRESIDENT'S COMPENSATION PACKAGE, WHICH THE BOARD SUBSEQUENTLY APPROVED. ADDITIONALLY, MERCER REVIEWED THE PROPOSED TOTAL COMPENSATION FOR THE PRESIDENT AND CEO POSITION AND OBTAINED A SIGNIFICANT NUMBER OF DATA POINTS TO ASCERTAIN ITS REASONABLENESS AND APPROPRIATENESS. THE BOARD REVIEWED MERCER'S FINDINGS AND APPROVED THE PRESIDENT AND CEO POSITION'S COMPENSATION AND BENEFIT PACKAGE.

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

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

FORM 990, PART VI, SECTION C, LINE 19: PATH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-798,587.
PACTEC, INC. FUND BALANCE	-13,719.
TOTAL TO FORM 990, PART XI, LINE 5	-812,306.

FORM 990, PART VII, SECTION A, COLUMN (B): HOURS FOR RELATED ORGANIZATIONS:

CHRISTOPHER J. ELIAS, PRESIDENT AND CEO, DEVOTES APPROXIMATELY ONE HOUR

032212  
01-24-11

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)

Employer identification number 91-1157127

PER WEEK TO PATH VACCINE SOLUTIONS GOVERNANCE.

ERIC G. WALKER, VICE PRESIDENT OF CORPORATE SERVICES, DEVOTES

APPROXIMATELY ONE HOUR PER WEEK TO PATH VACCINE SOLUTIONS GOVERNANCE.

JACQUELINE D. SHERRIS, VICE PRESIDENT OF GLOBAL PROGRAMS, DEVOTES

APPROXIMATELY ONE HOUR PER WEEK TO PATH VACCINE SOLUTIONS GOVERNANCE.

DAN LASTER, GENERAL COUNSEL, DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO

PATH VACCINE SOLUTIONS GOVERNANCE.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)** Employer identification number **91-1157127**

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

(a) Name, address, and EIN 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" to 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)	11A	PATH	X	
PACTEC, INC. - 91-1293588 2201 WESTLAKE AVENUE SEATTLE, WA 98109	A TITLE HOLDING ORGANIZATION	WASHINGTON	501(C)(2)				X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PATH VACCINE SOLUTIONS	C	10,280,497.	
(2) PATH VACCINE SOLUTIONS	P	25,640,498.	
(3)			
(4)			
(5)			
(6)			



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

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

Table with 8 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Are all partners section 501(c)(3) organizations? (Yes/No); (e) Share of end-of-year assets; (f) Disproportionate allocations? (Yes/No); (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (h) General or managing partner? (Yes/No). The table contains 12 empty rows for data entry.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

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

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

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

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number  91-1157127
	Number, street, and room or suite no. If a P.O. box, see instructions. 2201 WESTLAKE AVENUE, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98121	

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

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

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

MARLOW KEE, CHIEF FINANCIAL OFFICER

• The books are in the care of  2201 WESTLAKE AVE., SUITE 200 - SEATTLE, WA 98121  
 Telephone No.  206-285-3500 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

7 State in detail why you need the extension  
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

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

**Signature and Verification**

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

Signature  Title  CPA Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization  PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number  91-1157127
---	--

Name and title of officer  
  
ERIC WALKER  
PRESIDENT & CEO

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	158390221
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize GELMAN, ROSENBERG & FREEDMAN to enter my PIN 25260  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56789204550  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**