

Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning and ending

Form 990 header section containing organization name (PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)), EIN (91-1157127), address (2201 WESTLAKE AVENUE, SEATTLE, WA 98121), and principal officer (STEVE DAVIS).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Governance and revenue metrics; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

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.

Signature block containing signatures and dates for Steve Davis (officer), David F. Graling CPA (preparer), and Gelman, Rosenberg & Freedman (firm).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 95,376,349. including grants of \$ 42,365,436.) (Revenue \$ 826.) VACCINES AND IMMUNIZATION: VACCINATION MAY BE THE MOST EFFECTIVE HEALTH INTERVENTION OF ALL TIME. PATH IS WORKING TO IMPROVE ACCESS TO LIFESAVING VACCINES IN POOR COUNTRIES AROUND THE WORLD. OUR PROJECTS ACCELERATE VACCINE RESEARCH AND DEVELOPMENT, INCREASE ACCESS TO NEW VACCINES, AND STRENGTHEN IMMUNIZATION SYSTEMS.

IN 2011 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, AND AFFORDABLE NEW VACCINES. THROUGH THIS WORK, WE ARE FIGHTING POTENTIALLY DEADLY HEALTH THREATS SUCH AS DIARRHEAL DISEASE, JAPANESE ENCEPHALITIS, MALARIA, MENINGITIS,

4b (Code:) (Expenses \$ 71,900,662. including grants of \$ 22,405,739.) (Revenue \$ 13,946.) EMERGING AND EPIDEMIC DISEASES: THE BURDEN OF EMERGING AND EPIDEMIC DISEASES-INCLUDING MALARIA, HIV/AIDS, TUBERCULOSIS (TB), AND INFLUENZA-FALLS MOST HEAVILY ON DEVELOPING COUNTRIES WITH THE FEWEST RESOURCES TO RESPOND. PATH WORKS AROUND THE GLOBE TO HELP THESE COUNTRIES STRENGTHEN PREVENTION, DIAGNOSIS, AND TREATMENT; ENCOURAGE HEALTHY BEHAVIORS; AND MOBILIZE RESOURCES TO CONTROL DISEASE.

TO DECREASE MALARIA TRANSMISSION, PATH PARTNERS WITH NATIONAL PROGRAMS TO PIONEER NEW CONTROL STRATEGIES. IN 2011 THE MALARIA CONTROL AND EVALUATION PARTNERSHIP IN AFRICA, A PROGRAM AT PATH, WORKED CLOSELY WITH SENEGAL'S MALARIA CONTROL PROGRAM TO DEVELOP DISTRICT-LEVEL PLANS

4c (Code:) (Expenses \$ 19,873,807. including grants of \$ 2,885,836.) (Revenue \$ 51,717.) HEALTH TECHNOLOGIES: PATH DEVELOPS APPROPRIATELY DESIGNED, AFFORDABLE, AND INNOVATIVE TECHNOLOGIES TO ADDRESS HIGH-PRIORITY HEALTH PROBLEMS IN LOW-RESOURCE SETTINGS. OUR INTERVENTIONS HELP IMPROVE IMMUNIZATION, NUTRITION, DIAGNOSIS, CHILD SURVIVAL, AND MATERNAL AND REPRODUCTIVE HEALTH.

IN 2011 ONE OF OUR LARGEST TECHNOLOGY-FOCUSED EFFORTS WAS THE SAFE WATER PROJECT, WHICH WORKED TO DEVELOP A VARIETY OF METHODS FOR THE COMMERCIAL PRODUCTION, MARKETING, AND DISTRIBUTION OF HOUSEHOLD WATER TREATMENT AND SAFE STORAGE SOLUTIONS IN ASIA AND AFRICA. IN ADDITION, OUR TECHNOLOGIES FOR HEALTH PROJECT FOCUSED ON ADAPTING, DESIGNING, DEVELOPING, AND ADVANCING A RANGE OF TECHNOLOGIES. THESE INCLUDED

4d Other program services (Describe in Schedule O.) (Expenses \$ 31,254,919. including grants of \$ 6,944,090.) (Revenue \$ 13,026.)

4e Total program service expenses 218,405,737.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 187		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 599		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY JOEL COYE BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) VERA CORDEIRO BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(3) DEAN ALLEN BOARD TREASURER	2.00	X		X				0.	0.	0.
(4) JAY SATIA BOARD SECRETARY	2.00	X		X				0.	0.	0.
(5) PHYLLIS CAMPBELL DIRECTOR	2.00	X						0.	0.	0.
(6) SUPAMIT CHUNSUTTIWAT DIRECTOR	2.00	X						0.	0.	0.
(7) AWA MARIE COLL-SECK DIRECTOR	2.00	X						0.	0.	0.
(8) ALEX CHIKA EZEH DIRECTOR	2.00	X						0.	0.	0.
(9) GEORGE GOTSADZE DIRECTOR	2.00	X						0.	0.	0.
(10) EIVOR HALKJAER DIRECTOR	2.00	X						0.	0.	0.
(11) VINCENT MCGEE DIRECTOR	2.00	X						0.	0.	0.
(12) KEVIN REILLY DIRECTOR	2.00	X						0.	0.	0.
(13) CHRISTOPHER J ELIAS PRESIDENT AND CEO	40.00			X				524,445.	0.	39,496.
(14) ERIC G WALKER VP, CORPORATE SERVICES	40.00			X				235,336.	0.	35,164.
(15) AYORINDE AJAYI VP, FIELD PROGRAMS	40.00				X			244,024.	0.	31,424.
(16) ERIK A ARNOLD CHIEF INFORMATION OFFICER	40.00				X			194,761.	0.	33,800.
(17) JOHN W BOSLEGO DIR, VACCINE DEV. GLOBAL PROG.	40.00				X			307,880.	0.	29,405.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE BROKENSHIRE-SCOTT COUNTRY PROG. LEADER, SOUTH AFRICA	40.00				X			240,212.	0.	30,434.
(19) RAMONA ANNE BYRKIT COUNTRY PROG. LEADER, VIETNAM	40.00				X			226,085.	0.	39,856.
(20) MICHAEL J FREE VP AND SR. ADVISOR FOR TECH.	40.00				X			212,162.	0.	17,035.
(21) MICHELLE GARDNER COUNTRY PROG. LEADER, CAMBODIA	40.00				X			178,466.	0.	32,599.
(22) JANE E HUTCHINGS DIR, REPRODUCTIVE HEALTH	40.00				X			170,979.	0.	28,723.
(23) SCOTT JACKSON VP, EXTERNAL RELATIONS	40.00				X			219,188.	0.	31,704.
(24) MARLOW KEE CHIEF FINANCIAL OFFICER	40.00				X			198,034.	0.	33,323.
(25) F MARC LAFORCE PROJECT DIR., MENINGITIS VACCINE	40.00				X			216,939.	0.	33,719.
(26) DAN LASTER GENERAL COUNSEL	40.00				X			216,927.	0.	27,235.
1b Sub-total								3,385,438.	0.	443,917.
c Total from continuation sheets to Part VII, Section A								2,991,112.	0.	394,195.
d Total (add lines 1b and 1c)								6,376,550.	0.	838,112.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **161**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JAMES G. DAVIS CONSTRUCTION CO 12530 PARKLAND DRIVE, ROCKVILLE, MD 20852	GENERAL CONTRACTOR	1,581,272.
COMMERCIAL OFFICE INTERIORS 2601 4TH AVE, STE 700, SEATTLE, WA 98121	GENERAL CONTRACTOR	695,078.
NORTHERN TRUST 50 S. LASALLE ST., CHICAGO, IL 60675	ASSET MANAGEMENT	592,456.
CLARK, NUBER & CO, 10900 NE 4TH STREET, SUITE 1700, BELLEVUE, WA 98004	ACCOUNTING SERVICES	194,195.
NADIR HARJEE, 102 GORDON ROWE CRESCENT, RICHMOND HILL, ONTARIO, CANADA L4C	INDEP. CONSULTANT	190,210.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(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			
(27) CHRISTIAN GEORGES LOUCQ DIR., MALARIA VACCINE INITIATIVE	40.00				X			281,234.	0.	22,161.
(28) JULIE M PULERWITZ HIV/AIDS GLOBAL PROG. LEADER	40.00				X			170,667.	0.	29,179.
(29) JACQUELINE D SHERRIS VP, GLOBAL PROGRAMS	40.00				X			244,324.	0.	19,102.
(30) CATHARINE TAYLOR GLOBAL PROG. LEADER, MCHN GLOBAL PRO	40.00				X			199,577.	0.	28,349.
(31) SHARON THOMPSON CHIEF HUMAN RESOURCES OFFICER	40.00				X			220,785.	0.	32,221.
(32) RIKKA TRANGSRUD COUNTRY PROG. LEADER, KENYA	40.00				X			228,718.	0.	30,591.
(33) JOHN ROBERT WECKER DIR., VACCINE ACCESS AND DELIV.	40.00				X			221,753.	0.	32,735.
(34) JOAN LITTLEFIELD COUNTRY PROGRAM LEADER I	40.00				X			198,687.	0.	37,360.
(35) ASHLEY BIRKETT ASSOCIATE DIRECTOR II	40.00					X		226,976.	0.	27,275.
(36) JOHN SKIBIAK DIRECTOR, RHSC	40.00					X		326,406.	0.	35,378.
(37) DUNCAN OWENS EARLE PROG. DIR., MALARIA CONTROL & EVAL.	40.00					X		237,584.	0.	30,378.
(38) GEORGE ROBERTSON SR. TECH. ADVISOR, VACCINE DEV. PROG	40.00					X		219,198.	0.	34,365.
(39) JORGE FLORES ASSOCIATE DIRECTOR II	40.00					X		215,203.	0.	35,101.
Total to Part VII, Section A, line 1c								2,991,112.		394,195.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	11,696.				
	d Related organizations	1d	11,316,221.				
	e Government grants (contributions)	1e	114,657,534.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	114,643,290.				
	g Noncash contributions included in lines 1a-1f: \$		3,919,516.				
	h Total. Add lines 1a-1f		240,628,741.				
	Program Service Revenue		Business Code				
2 a CONSULTANCIES		541900	39,697.	39,697.			
b HONORARIUM		900099	27,475.	27,475.			
c SALES		900099	12,343.	12,343.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		79,515.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,708,431.			2,708,431.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		11,038.			11,038.	
	6 a Gross rents	(i) Real	77,685.				
		(ii) Personal					
		b Less: rental expenses	200,946.				
		c Rental income or (loss)	-123,261.				
	d Net rental income or (loss)		-123,261.			-123,261.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	53,705,000.				
		(ii) Other	2,016,716.				
		b Less: cost or other basis and sales expenses	52,978,228.	2,108,404.			
		c Gain or (loss)	726,772.	-91,688.			
	d Net gain or (loss)		635,084.			635,084.	
	8 a Gross income from fundraising events (not including \$ 11,696. of contributions reported on line 1c). See Part IV, line 18	a	10,420.				
		b Less: direct expenses	15,534.				
c Net income or (loss) from fundraising events			-5,114.			-5,114.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REIMBURSEMENTS	900099	262,289.			262,289.		
b GAIN-FOREIGN EXCH.	900099	219,327.			219,327.		
c OTHER	900099	20,980.			20,980.		
d All other revenue							
e Total. Add lines 11a-11d		502,596.					
12 Total revenue. See instructions.		244,437,030.	79,515.	0.	3,728,774.		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	24,898,654.	24,898,654.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	50,060,656.	50,060,656.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,826,796.	3,761,079.	1,998,730.	66,987.
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	58,827,956.	36,168,399.	22,100,685.	558,872.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	4,826,698.		4,826,698.	
9 Other employee benefits	8,034,655.	1,274,357.	6,760,298.	
10 Payroll taxes	5,066,388.	47,814.	5,018,574.	
11 Fees for services (non-employees):				
a Management				
b Legal	593,807.	149,970.	443,837.	
c Accounting	360,738.	66,173.	294,565.	
d Lobbying	118,575.	24,000.	94,575.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	472,722.		472,722.	
g Other	8,588,035.	5,879,840.	2,679,257.	28,938.
12 Advertising and promotion	254,677.	204,697.	43,972.	6,008.
13 Office expenses	5,329,942.	3,902,905.	1,374,380.	52,657.
14 Information technology	741,494.	244,588.	495,768.	1,138.
15 Royalties	62,400.	61,430.	970.	
16 Occupancy	9,567,185.	1,300,435.	8,264,591.	2,159.
17 Travel	15,628,672.	13,730,005.	1,888,617.	10,050.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,808,143.	7,300,406.	405,339.	102,398.
20 Interest	123,980.		123,980.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,909,156.	179,178.	2,729,978.	
23 Insurance	436,929.	121,910.	315,019.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTS	34,966,600.	34,909,481.	57,119.	
b EQUIP RENT & MAINT	4,786,528.	3,393,129.	1,363,181.	30,218.
c LEAVE & BENS ALLOC	0.	19,234,318.	-19,540,821.	306,503.
d FACILITIES ALLOC	0.	9,376,492.	-9,600,504.	224,012.
e All other expenses	6,674,943.	2,115,821.	4,511,143.	47,979.
25 Total functional expenses. Add lines 1 through 24e	256,966,329.	218,405,737.	37,122,673.	1,437,919.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,850,749.	1	7,282,495.	
	2 Savings and temporary cash investments	21,823,779.	2	3,303,751.	
	3 Pledges and grants receivable, net	318,307,139.	3	336,128,128.	
	4 Accounts receivable, net	7,205,996.	4	9,125,399.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,336,629.	9	2,606,825.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,007,384.			
	b Less: accumulated depreciation	10b 10,927,248.	20,551,822.	10c	22,080,136.
	11 Investments - publicly traded securities	248,516,086.	11	231,566,492.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	761,507.	14	582,329.	
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	621,353,707.	16	612,675,555.		
Liabilities	17 Accounts payable and accrued expenses	54,530,127.	17	60,627,756.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	6,714,085.	23	5,980,164.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	61,244,212.	26	66,607,920.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	18,148,725.	27	17,628,634.	
	28 Temporarily restricted net assets	538,593,817.	28	525,069,348.	
	29 Permanently restricted net assets	3,366,953.	29	3,369,653.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	560,109,495.	33	546,067,635.	
34 Total liabilities and net assets/fund balances	621,353,707.	34	612,675,555.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	244,437,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,966,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,529,299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	560,109,495.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,512,561.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	546,067,635.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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 (2011)

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

2011

Open to Public Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	189,454,652.	270,187,073.	257,511,086.	152,434,405.	240,628,741.	1110215957.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	189,454,652.	270,187,073.	257,511,086.	152,434,405.	240,628,741.	1110215957.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						478,185,536.
6 Public support. Subtract line 5 from line 4.						632,030,421.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	189,454,652.	270,187,073.	257,511,086.	152,434,405.	240,628,741.	1110215957.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,645,679.	9,272,569.	5,825,631.	4,380,066.	2,797,154.	33,921,099.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	222,330.	483,060.	524,296.	1,557,958.	502,596.	3,290,240.
11 Total support. Add lines 7 through 10						1147427296.
12 Gross receipts from related activities, etc. (see instructions)					12	8,993,093.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	55.08	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	46.78	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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) (2011)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>57,639,953.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ <u>25,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ <u>7,610,348.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ <u>5,686,925.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ <u>15,337,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ <u>6,803,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 11,312,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____ _____ _____	\$ 66,339,647.	Person <input checked="" 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.)

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

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

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

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

2011

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 35c (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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		197,270.	
c Total lobbying expenditures (add lines 1a and 1b)		197,270.	
d Other exempt purpose expenditures		256,769,059.	
e Total exempt purpose expenditures (add lines 1c and 1d)		256,966,329.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	244,080.	195,195.	219,409.	197,270.	855,954.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	7,575.	4,137.	6,398.		18,110.

Schedule C (Form 990 or 990-EZ) 2011

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2011

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

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

b If "Yes," explain the arrangement in Part 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	6,671,532.	5,943,911.	4,752,059.	6,474,476.	
b Contributions	2,700.	1,790.	2,039.	21,290.	
c Net investment earnings, gains, and losses	194,535.	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	6,868,767.	6,671,532.	5,943,911.	4,752,059.	

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

- a Board designated or quasi-endowment 51.00 %
- b Permanent endowment 49.00 %
- c Temporarily restricted endowment _____ %

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

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

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

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

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

4 Describe in Part 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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,858,818.	3,498,396.	16,360,422.
d Equipment		9,677,725.	6,639,497.	3,038,228.
e Other		3,470,841.	789,355.	2,681,486.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,080,136.

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) Book value. Row 1 includes Federal income taxes, followed by rows 2-11.

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

2011

Open to Public
Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	13	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	859,263.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	343,195.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	362,213.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	37,197.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	5,948.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	117,521.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CROSS PROGRAM	7,048.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		141,466.
3 a Sub-total	1	13			1,873,851.
b Total from continuation sheets to Part I	40	578			120,636,318.
c Totals (add lines 3a and 3b)	41	591			122,510,169.

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

Schedule F (Form 990) 2011

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	4	82	PROGRAM SERVICES	REPRODUCTIVE HEALTH	892,008.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	1,769,323.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	673,489.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	-13,312.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CROSS PROGRAM	2,194.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	590,373.
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	1,651,554.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		4,830,191.
EUROPE	3	45	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	3,453,541.
EUROPE	0	0	PROGRAM SERVICES	CROSS PROGRAM	5,701.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	2,650,579.
EUROPE	0	0	FUNDRAISING		7,001.
EUROPE	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	274,849.
EUROPE	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	79,921.
EUROPE	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	906,541.
EUROPE	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	7,007,357.
EUROPE	0	0	GRANTMAKING		15,888,528.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL		-60.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	151,551.
NORTH AMERICA	0	0	MANAGEMENT & GENERAL		37,000.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	129,655.
NORTH AMERICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	10,731.
NORTH AMERICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	37,040.
NORTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	1,117.
NORTH AMERICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	221,326.
NORTH AMERICA	0	0	GRANTMAKING		37,361.
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	22	MANAGEMENT & GENERAL		625,897.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	1,243,324.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	1,334.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	258.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	830.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	4,712.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		368,173.
SOUTH AMERICA	1	0	MANAGEMENT & GENERAL		181,704.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	99,614.
SOUTH AMERICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	133,324.
SOUTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	307,328.
SOUTH AMERICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	112,194.
SOUTH AMERICA	0	0	GRANTMAKING		342,058.
SOUTH ASIA	5	67	MANAGEMENT & GENERAL		1,643,934.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	866,957.
SOUTH ASIA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	372,325.
SOUTH ASIA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	2,074,761.
SOUTH ASIA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	486,141.
SOUTH ASIA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	418,556.
SOUTH ASIA	0	0	GRANTMAKING		6,472,569.
SUB-SAHARAN AFRICA	25	362	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	5,664,639.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CROSS PROGRAM	-6,378.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EMERGING AND EPIDEMIC DISEASES	21,423,191.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		515.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH TECHNOLOGIES	223,884.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MATERNAL & CHILD HEALTH	2,825,790.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	378,498.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	VACCINES AND IMMUNIZATIONS	11,094,317.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		21,980,310.
Totals	40	578			120,636,318.

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)
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	19,707.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	12,800.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	8,100.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	12,260.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	9,000.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	9,117.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	6,083.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	6,300.	CHECK / WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 211

3 Enter total number of other organizations or entities 41

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	6,300.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	14,500.	CHECK / WIRE	0.		
		CENTRAL AMERICA	MATERNAL & CHILD HEALTH	12,000.	CHECK / WIRE	0.		
		CENTRAL AMERICA	MATERNAL & CHILD HEALTH	13,500.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	647,360.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	91,562.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	70,937.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	67,257.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	29,999.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	HEALTH TECHNOLOGIES	85,500.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	15,019.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	500,000.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	12,000.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	10,000.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	10,000.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	42,063.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	349,447.	CHECK / WIRE	0.		
		EAST ASIA	HEALTH TECHNOLOGIES	75,914.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	HEALTH TECHNOLOGIES	24,675.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	94,250.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	6,790.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	106,639.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	34,678.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	72,500.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	81,119.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	117,309.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	64,762.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	70,745.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	87,545.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	45,283.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	74,673.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	71,038.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	20,343.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	8,333.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	46,465.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	106,212.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	REPRODUCTIVE HEALTH	28,658.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	11,102.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	19,804.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	13,081.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	6,538.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	9,715.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	269,233.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	40,427.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	401,937.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	REPRODUCTIVE HEALTH	60,059.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	40,124.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	76,744.	CHECK / WIRE	0.		
		EAST ASIA	VACCINES AND IMMUNIZATIONS	91,427.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	27,411.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	29,013.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	26,436.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	29,013.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	29,013.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	VACCINES AND IMMUNIZATIONS	77,675.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	9,883.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	9,078.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	45,429.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	16,691.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	17,378.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	56,052.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	45,456.	CHECK / WIRE	0.		
		EAST ASIA	EMERGING AND EPIDEMIC DISEASES	80,193.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	VACCINES AND IMMUNIZATIONS	9,214.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	4,105,785.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	1,397,139.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	690,899.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	670,576.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	12,310.	CHECK / WIRE	0.		
		EUROPE	REPRODUCTIVE HEALTH	133,249.	CHECK / WIRE	0.		
		EUROPE	REPRODUCTIVE HEALTH	63,925.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	537,240.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VACCINES AND IMMUNIZATIONS	900,298.	CHECK / WIRE	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	24,785.	CHECK / WIRE	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	24,784.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	34,570.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	-34,570.	CHECK / WIRE	0.		
		EUROPE	HEALTH TECHNOLOGIES	100,775.	CHECK / WIRE	0.		
		EUROPE	HEALTH TECHNOLOGIES	49,225.	CHECK / WIRE	0.		
		EUROPE	OVERHEAD	31,255.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	103,157.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	HEALTH TECHNOLOGIES	68,613.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	496,435.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	53,566.	CHECK / WIRE	0.		
		EUROPE	HEALTH TECHNOLOGIES	206,636.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	2,180,801.	CHECK / WIRE	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	227,600.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	1,503,010.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	282,326.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	1,575,000.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	HEALTH TECHNOLOGIES	210,605.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	59,225.	CHECK / WIRE	0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	14,584.	CHECK / WIRE	0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	55,527.	CHECK / WIRE	0.		
		EUROPE	REPRODUCTIVE HEALTH	47,934.	CHECK / WIRE	0.		
		EUROPE	HEALTH TECHNOLOGIES	113,713.	CHECK / WIRE	0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH	7,361.	CHECK / WIRE	0.		
		NORTH AMERICA	HEALTH TECHNOLOGIES	30,000.	CHECK / WIRE	0.		
		RUSSIA	VACCINES AND IMMUNIZATIONS	12,066.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH	11,842.	CHECK / WIRE	0.		
		SOUTH AMERICA	MATERNAL & CHILD HEALTH	22,390.	CHECK / WIRE	0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	127,899.	CHECK / WIRE	0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	33,111.	CHECK / WIRE	0.		
		SOUTH AMERICA	MATERNAL & CHILD HEALTH	7,000.	CHECK / WIRE	0.		
		SOUTH AMERICA	MATERNAL & CHILD HEALTH	6,562.	CHECK / WIRE	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	50,000.	CHECK / WIRE	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	62,000.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	26,229.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	150,000.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	86,320.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	90,824.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	115,000.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	47,859.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	1,750,000.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	1,020,611.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	56,430.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	78,256.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MATERNAL & CHILD HEALTH	68,765.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	34,155.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	24,179.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	16,613.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	16,584.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	52,802.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	9,663.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	97,302.	CHECK / WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	61,817.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH TECHNOLOGIES	8,974.	CHECK / WIRE	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	37,000.	CHECK / WIRE	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	98,035.	CHECK / WIRE	0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	17,582.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	300,000.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	1,800,000.	CHECK / WIRE	0.		
		EAST ASIA	MATERNAL & CHILD HEALTH	92,823.	CHECK / WIRE	0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	5,298.	CHECK / WIRE	0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	400,000.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	15,349.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	8,673.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	23,406.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	6,684.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	8,664.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	11,025.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	7,929.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,274.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	7,814.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	30,577.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	10,047.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	23,952.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,683.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	24,890.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	24,730.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,382.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	11,909.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	8,449.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,148.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,763.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	7,071.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	10,045.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	143,197.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	136,677.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	377,415.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	132,820.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	48,437.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	164,569.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	369,592.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	168,261.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	131,413.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	198,150.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	177,229.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	87,365.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	137,057.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	172,299.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	12,543.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	15,425.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	55,051.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	5,312.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	530,587.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	1,106,093.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	866,029.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	1,610,018.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	-169.	CHECK / WIRE	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)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	549,047.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	349,670.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	70,759.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	203,515.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	86,936.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	2,683,569.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,363,652.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	47,349.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	22,932.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	-22,932.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	22,390.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	22,932.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	22,967.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	696,756.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	28,968.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,400,301.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	528,147.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	16,052.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	23,819.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	17,375.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	6,443.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	12,708.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,880.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	7,936.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,329.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	5,272.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	100,000.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	300,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	-300,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,146,805.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	44,960.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	339,481.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	298,546.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	45,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	51,303.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	185,484.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	25,895.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	11,561.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	-11,561.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	31,607.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	80,139.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	158,685.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	17,497.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	41,484.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	29,692.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	12,028.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	3,183,510.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	42,431.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	35,625.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	15,026.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	150,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	30,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	10,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	149,557.	CHECK / WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	142,409.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	129,778.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	28,000.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	60,000.	CHECK / WIRE	0.		
		SOUTH AMERICA	MATERNAL & CHILD HEALTH	5,250.	CHECK / WIRE	0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	105,630.	CHECK / WIRE	0.		
		RUSSIA	EMERGING AND EPIDEMIC DISEASES	356,107.	CHECK / WIRE	0.		
		EAST ASIA	REPRODUCTIVE HEALTH	2,459.	CHECK / WIRE	0.		
		CENTRAL AMERICA	REPRODUCTIVE HEALTH	5,000.	CHECK / WIRE	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

2011

**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			
Total	▶					

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	1 Gross receipts	22,116.			22,116.
	2 Less: Charitable contributions	11,696.			11,696.
	3 Gross income (line 1 minus line 2)	10,420.			10,420.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,740.			1,740.
	6 Rent/facility costs				
	7 Food and beverages	8,680.			8,680.
	8 Entertainment				
	9 Other direct expenses	5,114.			5,114.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(15,534)
	11 Net income summary. Combine line 3, column (d), and line 10				-5,114.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. 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

2011

**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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWH 280 UTAH AVENUE, SUITE 250 SOUTH SAN FRANCISCO, CA 94080	94-3384500	501(C)(3)	364,171.	0.			HEALTH TECHNOLOGIES
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	309,053.	0.			VACCINES AND IMMUNIZATIONS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	19,051.	0.			HEALTH TECHNOLOGIES
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664528	GOVERNMENT	182,095.	0.			VACCINES AND IMMUNIZATIONS
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST. BALTIMORE, MD 21201-3413	13-5563422	501(C)(3)	201,228.	0.			MATERNAL & CHILD HEALTH
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	52-0595110	501(C)(3)	474,960.	0.			EMERGING AND EPIDEMIC DISEASES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **79.**
- 3** Enter total number of other organizations listed in the line 1 table **52.**

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

Schedule I (Form 990) (2011)

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
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	-53,281.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	456,805.	0.			EMERGING AND EPIDEMIC DISEASES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	824,474.	0.			EMERGING AND EPIDEMIC DISEASES
THE GLOBAL BUSINESS COALITION 110 WILLIAM STREET, SUITE 1800 NEW YORK, NY 10038	13-4185520	501(C)(3)	368,360.	0.			EMERGING AND EPIDEMIC DISEASES
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	435,206.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	30,227.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	-30,227.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	68,927.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	-68,927.	0.			EMERGING AND EPIDEMIC DISEASES

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	202,985.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	-202,985.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	710,277.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	302,204.	0.			EMERGING AND EPIDEMIC DISEASES
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	1,803,179.	0.			EMERGING AND EPIDEMIC DISEASES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	2,397,056.	0.			EMERGING AND EPIDEMIC DISEASES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	-2,397,056.	0.			EMERGING AND EPIDEMIC DISEASES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	2,397,056.	0.			EMERGING AND EPIDEMIC DISEASES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	734,581.	0.			EMERGING AND EPIDEMIC DISEASES

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
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201-3848	86-1052728	N/A	52,850.	0.			EMERGING AND EPIDEMIC DISEASES
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201-3848	86-1052728	N/A	-52,850.	0.			EMERGING AND EPIDEMIC DISEASES
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201-3848	86-1052728	N/A	384,592.	0.			EMERGING AND EPIDEMIC DISEASES
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201-3848	86-1052728	N/A	52,850.	0.			EMERGING AND EPIDEMIC DISEASES
JOHNS HOPKINS UNIVERSITY 615 N. WOLFE STREET BALTIMORE, MD 21205	13-1687001	501(C)(3)	20,000.	0.			VACCINES AND IMMUNIZATIONS
THE POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	91-2088484	501(C)(3)	136,033.	0.			EMERGING AND EPIDEMIC DISEASES
VILLAGEREACH 601 NORTH 34TH STREET SEATTLE, WA 98103	91-1565985	501(C)(3)	50,000.	0.			MATERNAL & CHILD HEALTH
RAINIER CLINICAL RESEARCH CENTER, INC. - 723 SW 10TH STREET, SUITE 100 - RENTON, WA 98057	91-1565985	N/A	12,413.	0.			HEALTH TECHNOLOGIES
CDC FOUNDATION 55 PARK PLACE, SUITE 400 ATLANTA, GA 30303	58-2106707	501(C)(3)	300,000.	0.			VACCINES AND IMMUNIZATIONS

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
GEORGETOWN UNIVERSITY INSTITUTE FOR REPRODUCTIVE HEALTH - 4301 CONNECTICUT AVENUE NW, SUITE 310 - WASHINGTON, DC 20008	50-0196603	501(C)(3)	50,000.	0.			REPRODUCTIVE HEALTH
INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) - 120 WALL ST., 9TH FLOOR - NEW YORK, NY 10005	13-1845455	N/A	25,000.	0.			REPRODUCTIVE HEALTH
UNIVERSITY OF MARYLAND, BALTIMORE 620 WEST LEXINGTON ST., 4TH FLOOR BALTIMORE, MD 21201	52-6002033	501(C)(3)	67,500.	0.			VACCINES AND IMMUNIZATIONS
GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR NEW YORK, NY 10038	13-2890727	N/A	113,000.	0.			REPRODUCTIVE HEALTH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039	31-1327089	501(C)(3)	25,000.	0.			REPRODUCTIVE HEALTH
GLOBAL CHANGE NETWORK SEATTLE 136 NORTH 81ST STREET SEATTLE, WA 98103	45-0662149	N/A	8,500.	0.			HEALTH TECHNOLOGIES
GLOBAL CHANGE NETWORK SEATTLE 136 NORTH 81ST STREET SEATTLE, WA 98103	45-0662149	N/A	8,500.	0.			HEALTH TECHNOLOGIES
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	05-0300482	501(C)(3)	25,000.	0.			VACCINES AND IMMUNIZATIONS
GMMB 1010 WISCONSIN AVE NW, SUITE 800 WASHINGTON, DC 20007	52-1305983	N/A	73,111.	0.			REPRODUCTIVE HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION REFERENCE BUREAU (PRB) 1875 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20009	53-0214030	GOVERNMENT	58,350.	0.			REPRODUCTIVE HEALTH
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664528	GOVERNMENT	1,750,000.	0.			VACCINES AND IMMUNIZATIONS
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - OFFICE OF RESEARCH ADMINISTRATION, 615 N WOLFE STREET, W1100 - BALTIMORE, MD	52-0595110	501(C)(3)	147,858.	0.			VACCINES AND IMMUNIZATIONS
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	260,000.	0.			VACCINES AND IMMUNIZATIONS
WOMEN DELIVER 588 BROADWAY, SUITE 5033 NEW YORK, NY 10012	26-4462256	N/A	150,000.	0.			NOT SPECIFIED/CROSS PROGRAM
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	61,670.	0.			VACCINES AND IMMUNIZATIONS
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	125,000.	0.			NOT SPECIFIED/CROSS PROGRAM
DIAGNOSTIC CONSULTING NETWORK, INC. - 6354 CORTE DEL ABETO - SUITE B - CARLSBAD, CA 92011	20-5531959	N/A	10,000.	0.			HEALTH TECHNOLOGIES
CENTERS FOR DISEASE CONTROL AND PREVENTION - NAT. CTR. IMMUNIZATION & RESP. DISEASES, 1600 CLIFTON ROAD, N.E. - ATLANTA,	58-2106707	GOVERNMENT	234,010.	0.			VACCINES AND IMMUNIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	155,901.	0.			HEALTH TECHNOLOGIES
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	80,861.	0.			HEALTH TECHNOLOGIES
SANARIA INC. 9800 MEDICAL CENTER DRIVE, SUITE A ROCKVILLE, MD 20850	56-2354362	N/A	125,000.	0.			VACCINES AND IMMUNIZATIONS
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030-2440	13-1685039	501(C)(3)	289,917.	0.			MATERNAL & CHILD HEALTH
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030-2440	13-1685039	501(C)(3)	24,987.	0.			MATERNAL & CHILD HEALTH
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030-2440	13-1685039	501(C)(3)	377,883.	0.			MATERNAL & CHILD HEALTH
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030-2440	13-1685039	501(C)(3)	63,286.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	98,143.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	130,362.	0.			MATERNAL & CHILD HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	128,713.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	16,188.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	6,628.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	19,892.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	8,739.	0.			MATERNAL & CHILD HEALTH
MANOFF GROUP 4301 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20008	04-3030192	N/A	399,372.	0.			MATERNAL & CHILD HEALTH
CARTER CENTER ONE COPENHILL, 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	127,677.	0.			EMERGING AND EPIDEMIC DISEASES
SEATTLE INSTITUTE FOR BIOMEDICAL & CLINICAL RESEARCH - 1660 S. COLUMBIAN WAY, S-151F - SEATTLE, WA 98108	91-0961784	501(C)(3)	13,408.	0.			HEALTH TECHNOLOGIES
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664528	GOVERNMENT	213,900.	0.			VACCINES AND IMMUNIZATIONS

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
FOOD & DRUG ADMINISTRATION (FDA) 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20093	53-0196965	GOVERNMENT	204,350.	0.			VACCINES AND IMMUNIZATIONS
FOOD & DRUG ADMINISTRATION (FDA) 10903 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20093	53-0196965	GOVERNMENT	154,350.	0.			VACCINES AND IMMUNIZATIONS
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N., SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	1,040,938.	0.			VACCINES AND IMMUNIZATIONS
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	170,432.	0.			VACCINES AND IMMUNIZATIONS
NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	75,319.	0.			VACCINES AND IMMUNIZATIONS
NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	22,210.	0.			VACCINES AND IMMUNIZATIONS
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - OFFICE OF RESEARCH ADMINISTRATION, 615 N WOLFE STREET, W1100 - BALTIMORE, MD	52-0595110	501(C)(3)	209,037.	0.			MATERNAL & CHILD HEALTH
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	N/A	237,567.	0.			REPRODUCTIVE HEALTH
INOVIO BIOMEDICAL CORPORATION 450 SENTRY PARKWAY BLUE BELL, PA 19422	33-0969592	N/A	281,537.	0.			VACCINES AND IMMUNIZATIONS

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
AERAS GLOBAL TB VACCINE FOUNDATION 1405 RESEARCH BLVD. ROCKVILLE, MD 20850	52-2044704	N/A	26,680.	0.			VACCINES AND IMMUNIZATIONS
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE, SUITE 2800, MSC 6606 - BETHESDA, MD 20892-6606	52-0858115	GOVERNMENT	108,882.	0.			VACCINES AND IMMUNIZATIONS
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	9,444.	0.			HEALTH TECHNOLOGIES
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	64,906.	0.			HEALTH TECHNOLOGIES
PROFECTUS BIOSCIENCES, INC. 6411 BECKLEY STREET BALTIMORE, MD 21224	02-0579416	N/A	338,361.	0.			VACCINES AND IMMUNIZATIONS
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFORMATICS INSTITUTE (PHII) - 325 SWANTON WAY - DECATUR, GA 30030	58-1698648	N/A	73,532.	0.			HEALTH TECHNOLOGIES
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFORMATICS INSTITUTE (PHII) - 325 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	22,103.	0.			MATERNAL & CHILD HEALTH
BOSTON UNIVERSITY, TRUSTEES OF OFFICE OF SPONSORED PROGRAMS, 25 B BOSTON, MA 02215	04-2103547	501(C)(3)	27,622.	0.			HEALTH TECHNOLOGIES
BOSTON UNIVERSITY, TRUSTEES OF OFFICE OF SPONSORED PROGRAMS, 25 B BOSTON, MA 02215	04-2103547	501(C)(3)	131,837.	0.			HEALTH TECHNOLOGIES

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
NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	238,414.	0.			VACCINES AND IMMUNIZATIONS
SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVENUE, SUITE 71 WASHINGTON, DC 20006	06-1389829	501(C)(3)	30,243.	0.			VACCINES AND IMMUNIZATIONS
MBIO DIAGNOSTICS, INC. 3122 STERLING CIRCLE BOULDER, CO 80301		N/A	20,000.	0.			HEALTH TECHNOLOGIES
TULANE UNIVERSITY TULANE SCHOOL OF PUBLIC HEALTH, 1440 CANAL ST SUITE 2200 - NEW ORLEANS, LA 7	72-0423889	501(C)(3)	169,809.	0.			EMERGING AND EPIDEMIC DISEASES
UNIVERSITY OF MARYLAND BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	N/A	450,000.	0.			VACCINES AND IMMUNIZATIONS
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	25,020.	0.			EMERGING AND EPIDEMIC DISEASES
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	-25,020.	0.			EMERGING AND EPIDEMIC DISEASES
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	50,040.	0.			HEALTH TECHNOLOGIES
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	47,587.	0.			HEALTH TECHNOLOGIES

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
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	64,491.	0.			HEALTH TECHNOLOGIES
PAN AMERICAN HEALTH ORGANIZATION (PAHO) - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC 20037	23-7072046	501(C)(3)	13,830.	0.			REPRODUCTIVE HEALTH
WORLD VISION INC. 300 I ST., NE WASHINGTON, DC 20002	95-1922279	501(C)(3)	63,332.	0.			EMERGING AND EPIDEMIC DISEASES
FRED HUTCHINSON CANCER RESEARCH CENTER - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	49,423.	0.			VACCINES AND IMMUNIZATIONS
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664528	GOVERNMENT	341,743.	0.			VACCINES AND IMMUNIZATIONS
JOHN SNOW, INC. 1616 N. FORT MYER DRIVE, 16TH FLOOR ARLINGTON, VA 22209	04-2578580	N/A	63,917.	0.			REPRODUCTIVE HEALTH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE - ADMINISTRATIVE OFFICE BLDG, SUITE 2200, 104 AIRPORT DRIVE, CB# 1350 - CHAPEL	56-6001393	501(C)(3)	22,617.	0.			VACCINES AND IMMUNIZATIONS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE - ADMINISTRATIVE OFFICE BLDG, SUITE 2200, 104 AIRPORT DRIVE, CB# 1350 - CHAPEL		501(C)(3)	-22,617.	0.			VACCINES AND IMMUNIZATIONS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE - ADMINISTRATIVE OFFICE BLDG, SUITE 2200, 104 AIRPORT DRIVE, CB# 1350 - CHAPEL	56-6001393	501(C)(3)	21,383.	0.			VACCINES AND IMMUNIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE - ADMINISTRATIVE OFFICE BLDG, SUITE 2200, 104 AIRPORT DRIVE, CB# 1350 - CHAPEL	56-6001393	501(C)(3)	22,617.	0.			VACCINES AND IMMUNIZATIONS
NEW YORK UNIVERSITY SCHOOL OF MEDICINE, 650 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	165,742.	0.			VACCINES AND IMMUNIZATIONS
NEW YORK UNIVERSITY SCHOOL OF MEDICINE, 650 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	63,509.	0.			VACCINES AND IMMUNIZATIONS
CASCADE DESIGNS, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	78,150.	0.			HEALTH TECHNOLOGIES
PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	373,462.	0.			EMERGING AND EPIDEMIC DISEASES
PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	25,020.	0.			HEALTH TECHNOLOGIES
PATHFINDER INTERNATIONAL NINE GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	-25,020.	0.			HEALTH TECHNOLOGIES
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR, MAILSTOP 1499/001/1BH - ATLANTA, GA 30322-425	58-0566256	501(C)(3)	1,438,022.	0.			EMERGING AND EPIDEMIC DISEASES
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	33,727.	0.			VACCINES AND IMMUNIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR, MAILSTOP 1499/001/1BH - ATLANTA, GA 30322-425	58-0566256	501(C)(3)	54,215.	0.			VACCINES AND IMMUNIZATIONS
SPECTRUM PLASTICS GROUP, INC. SUITE 2100, 7309 WEST 27TH STREET MINNEAPOLIS, MN 55426-3181	41-1617548	N/A	17,054.	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
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	83,866.	0.			REPRODUCTIVE HEALTH
ARTEFACT GROUP 225 TERRY AVENUE N., SUITE 300 SEATTLE, WA 98109	20-3035342	N/A	9,785.	0.			VACCINES AND IMMUNIZATIONS
ARTEFACT GROUP 225 TERRY AVENUE N., SUITE 300 SEATTLE, WA 98109		N/A	-9,785.	0.			VACCINES AND IMMUNIZATIONS
WORLD VISION INC. 300 I ST., NE WASHINGTON DC, DC 20002	95-1922279	501(C)(3)	125,139.	0.			MATERNAL & CHILD HEALTH
BIOJECT, INC. 20245 SW 95TH AVENUE TUALATIN, OR 97062	93-0881020	N/A	110,259.	0.			VACCINES AND IMMUNIZATIONS
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N., SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	192,498.	0.			VACCINES AND IMMUNIZATIONS

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
LIQUIDIA TECHNOLOGIES, INC. 419 DAVIS DRIVE, SUITE 100 DURHAM, NC 27713	20-1926605	N/A	185,343.	0.			EMERGING AND EPIDEMIC DISEASES
LIQUIDIA TECHNOLOGIES, INC. 419 DAVIS DRIVE, SUITE 100 DURHAM, NC 27713	20-1926605	N/A	212,717.	0.			VACCINES AND IMMUNIZATIONS
IQUUM, INC. 700 NICKERSON ROAD MARLBOROUGH, MA 01752	04-3471059	N/A	131,230.	0.			HEALTH TECHNOLOGIES
IQUUM, INC. 700 NICKERSON ROAD MARLBOROUGH, MA 01752	04-3471059	N/A	20,958.	0.			HEALTH TECHNOLOGIES
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE, NE, BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	179,508.	0.			HEALTH TECHNOLOGIES
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVE NE SEATTLE, WA 98105	94-3047981	501(C)(3)	253,403.	0.			EMERGING AND EPIDEMIC DISEASES
SOUTH AFRICA PARTNERS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111-2679	04-3396641	501(C)(3)	165,623.	0.			EMERGING AND EPIDEMIC DISEASES
SOUTH AFRICA PARTNERS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111-2679	04-3396641	501(C)(3)	180,000.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number
91-1157127

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	X									
<p>2 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?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER J ELIAS	(i)	410,171.	114,074.	200.	28,828.	10,668.	563,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ERIC G WALKER	(i)	234,966.	0.	370.	24,546.	10,618.	270,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 AYORINDE AJAYI	(i)	243,724.	0.	300.	26,044.	5,380.	275,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ERIK A ARNOLD	(i)	194,515.	0.	246.	23,290.	10,510.	228,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN W BOSLEGO	(i)	307,880.	0.	0.	21,725.	7,680.	337,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CATHERINE BROKENSHIRE-SCOTT	(i)	140,502.	0.	99,710.	20,530.	9,904.	270,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RAMONA ANNE BYRKIT	(i)	137,341.	0.	88,744.	29,400.	10,456.	265,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHAEL J FREE	(i)	212,162.	0.	0.	7,272.	9,763.	229,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHELLE GARDNER	(i)	130,219.	0.	48,247.	21,300.	11,299.	211,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JANE E HUTCHINGS	(i)	170,979.	0.	0.	18,306.	10,417.	199,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SCOTT JACKSON	(i)	218,818.	0.	370.	21,109.	10,595.	250,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MARLOW KEE	(i)	195,441.	0.	2,593.	22,815.	10,508.	231,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 F MARC LAFORCE	(i)	216,939.	0.	0.	23,217.	10,502.	250,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DAN LASTER	(i)	216,927.	0.	0.	16,666.	10,569.	244,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 CHRISTIAN GEORGES LOUCQ	(i)	280,980.	0.	254.	11,493.	10,668.	303,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JULIE M PULERWITZ	(i)	170,517.	0.	150.	21,799.	7,380.	199,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACQUELINE D SHERRIS	(i)	244,024.	0.	300.	17,711.	1,391.	263,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CATHARINE TAYLOR	(i)	199,577.	0.	0.	21,300.	7,049.	227,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SHARON THOMPSON	(i)	220,785.	0.	0.	26,569.	5,652.	253,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RIKKA TRANGSRUD	(i)	158,060.	0.	70,658.	19,825.	10,766.	259,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN ROBERT WECKER	(i)	221,453.	0.	300.	22,169.	10,566.	254,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOAN LITTLEFIELD	(i)	124,675.	0.	74,012.	26,486.	10,874.	236,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ASHLEY BIRKETT	(i)	226,976.	0.	0.	16,679.	10,596.	254,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOHN SKIBIAK	(i)	172,373.	0.	154,033.	23,326.	12,052.	361,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DUNCAN OWENS EARLE	(i)	199,589.	0.	37,995.	23,324.	7,054.	267,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GEORGE ROBERTSON	(i)	219,198.	0.	0.	23,788.	10,577.	253,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JORGE FLORES	(i)	215,203.	0.	0.	24,535.	10,566.	250,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: HOUSING ALLOWANCE & TAX INDEMNIFICATION ARE ONLY

PROVIDED TO THOSE INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES. ALL BENEFIT

PAYMENTS ARE MADE ACCORDING TO OUR EXPATRIATE POLICY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**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	18	193,865.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE LIC.)	X	1	3,684,210.	COST OR SALES PRICE
26 Other ▶ (SUPPLIES)	X	34	31,021.	COST OR SALES PRICE
27 Other ▶ (EVENT BEV.)	X	1	8,680.	COST
28 Other ▶ (EVENT PRIZES)	X	1	1,740.	COST

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

2011

Open to Public
Inspection

Name of the organization	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CERVICAL CANCER, PANDEMIC INFLUENZA, AND PNEUMOCOCCAL DISEASE.

THE MENINGITIS VACCINE PROJECT (MVP), A PARTNERSHIP BETWEEN PATH AND

THE WORLD HEALTH ORGANIZATION (WHO), WORKED WITH THE GOVERNMENTS OF

CAMEROON, CHAD, AND NIGERIA TO INTRODUCE MENAFRIVAC, A VACCINE

DEVELOPED BY MVP TO END EPIDEMICS OF GROUP A MENINGOCOCCAL MENINGITIS

IN AFRICA. THESE COUNTRIES JOINED BURKINA FASO, MALI, AND NIGER IN

INTRODUCING THE VACCINE AT LARGE SCALE. MORE THAN 54 MILLION AFRICANS

RECEIVED THE VACCINE BY THE END OF 2011. NOT A SINGLE CASE OF GROUP A

MENINGOCOCCAL MENINGITIS WAS REPORTED AMONG THOSE VACCINATED.

THE PATH MALARIA VACCINE INITIATIVE HAS ADVANCED A VACCINE CANDIDATE

THAT OFFERS NEW HOPE FOR THE PREVENTION OF MALARIA IN AFRICA. IN 2011

THE FIRST RESULTS OF AN ADVANCED CLINICAL TRIAL IN SEVEN AFRICAN

COUNTRIES SUGGESTED THAT THE VACCINE CANDIDATE (KNOWN AS RTS,S) MAY

SUBSTANTIALLY REDUCE MALARIA EPISODES AMONG YOUNG CHILDREN.

THE ACCELERATED VACCINE INTRODUCTION (AVI) INITIATIVE AIMS TO DEVELOP A

COMMON PLATFORM FOR INTRODUCING NEW VACCINES BY COMBINING SCIENCE AND

ADVOCACY TO SUPPORT COUNTRY-LEVEL DECISION-MAKERS IN PLANNING AND

SUSTAINING IMPLEMENTATION EFFORTS. AVI'S TECHNICAL ASSISTANCE

CONSORTIUM, LED BY PATH, ASSISTED IN ROLLOUTS OF PNEUMOCOCCAL CONJUGATE

AND ROTAVIRUS VACCINES IN NUMEROUS COUNTRIES ELIGIBLE FOR SUPPORT

THROUGH THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI).

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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PROJECT OPTIMIZE, ANOTHER PATH-WHO COLLABORATION, WORKS TO TRANSFORM THE WAY VACCINES AND OTHER HEALTH PRODUCTS REACH UNDERSERVED POPULATIONS. IN 2011 OPTIMIZE WORKED DIRECTLY WITH THE GOVERNMENTS OF ALBANIA, GUATEMALA, TUNISIA, SENEGAL, AND VIETNAM TO IDENTIFY PROBLEMS IN THE SUPPLY CHAIN AND DEMONSTRATE INNOVATIVE SOLUTIONS. BY ASSEMBLING AN EVIDENCE BASE TO DEFINE THE OPTIMUM VACCINE SUPPLY CHAIN, OPTIMIZE IS RALLYING THE GLOBAL HEALTH COMMUNITY TO STRENGTHEN IMMUNIZATION SYSTEMS AND INCREASE ACCESS TO NEW VACCINES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND IMPLEMENT A TRANSMISSION ELIMINATION STRATEGY. IN ZAMBIA, WE HELPED TRAIN WORKERS IN ADVANCED MALARIA SURVEILLANCE METHODS IN NEARLY 400 CLINICS ACROSS 17 DISTRICTS.

TO REDUCE THE BURDEN OF HIV, PATH WORKED IN 2011 TO ENHANCE HIV AWARENESS AND PREVENTION AMONG AT-RISK GROUPS, PREVENT MOTHER-TO-CHILD TRANSMISSION, STRENGTHEN CARE AND TREATMENT SERVICES, AND INTEGRATE RELATED HEALTH SERVICES. IN INDIA, FOR EXAMPLE, WE HELPED PREVENT INFECTIONS AMONG VULNERABLE POPULATIONS THROUGH EDUCATION AND TREATMENT PROGRAMS. IN SENEGAL, WE EDUCATED AND EMPOWERED WOMEN AT HIGH RISK TO NEGOTIATE CONDOM USE. AND IN ZAMBIA, WE EXPANDED VOLUNTARY COUNSELING AND TESTING SERVICES TO INCREASE TREATMENT AMONG SERODISCORDANT COUPLES.

TO PREVENT MOTHER-TO-CHILD TRANSMISSION, WE EXPANDED USE OF A NEW TREATMENT PROTOCOL IN ZIMBABWE AND HELPED TENS OF THOUSANDS OF EXPECTANT MOTHERS IN SOUTH AFRICA RECEIVE IMPORTANT SERVICES TO PROTECT THEIR BABIES FROM HIV. IN THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA,

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AND KENYA, WE BUILT THE CAPACITY OF LOCAL PARTNERS AND COMMUNITIES TO
INTEGRATE SERVICES, STRENGTHEN HEALTH SYSTEMS, AND PROVIDE HIV TESTING
AND COUNSELING.

PATH USES OUR LONG-STANDING EXPERTISE IN GENDER AND HEALTH TO ADDRESS
GENDER-BASED CONSTRAINTS THAT CONTRIBUTE TO HIV RISK. IN SENEGAL, FOR
EXAMPLE, PATH BEGAN WORK IN 2011 TO ASSESS THE IMPACT OF A
COMMUNITY-BASED HEALTH AND HUMAN RIGHTS PROGRAM ON LEVELS OF
GENDER-BASED VIOLENCE THAT CAN LEAD TO HIV VULNERABILITY.

IN 2011 WE ALSO ADDRESSED THE NEED FOR BETTER TB DIAGNOSIS, TREATMENT,
AND CARE BY PROVIDING TECHNICAL ASSISTANCE TO STRENGTHEN HEALTH SYSTEMS
AND COLLABORATING WITH NUMEROUS COUNTRIES TO SUPPORT IMPLEMENTATION OF
THE INTERNATIONAL STOP TB STRATEGY. IN COLLABORATION WITH THE WORLD
HEALTH ORGANIZATION, WE PUBLISHED A TOOLKIT THAT HELPS COUNTRIES
STRENGTHEN STRATEGIES FOR DETECTING, TREATING, AND MONITORING
MULTIDRUG-RESISTANT TB.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
NEONATAL RESUSCITATORS, CHLORHEXIDINE TO REDUCE NEONATAL DEATHS FROM
UMBILICAL STUMP INFECTIONS, AND OXYTOCIN FOR REDUCING DEATHS FROM
POSTPARTUM HEMORRHAGE.

PATH ALSO ADVANCED POINT-OF-CARE DIAGNOSTICS FOR NEGLECTED TROPICAL
DISEASES, HIV AND SEXUALLY TRANSMITTED INFECTIONS, CERVICAL CANCER, AND
MALARIA. OUR JET INJECTOR PROJECT FOCUSED ON NEEDLE-FREE DISPOSABLE
SYRINGES FOR ADMINISTERING VACCINES, AND IN 2011 WE COMPLETED USER

ASSESSEMENTS OF DEVICE PROTOTYPES IN BRAZIL, CHINA, AND INDIA. IN

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ADDITION, PATH DEVELOPED MARKETS FOR OUR SILCS DIAPHRAGM AND WOMAN'S
CONDOM TO OFFER NEW OPTIONS IN CONTRACEPTION AND INFECTION PREVENTION.

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

REPRODUCTIVE HEALTH:

PATH WORKS TO IMPROVE REPRODUCTIVE HEALTH BY INTRODUCING CONTRACEPTIVE
TECHNOLOGIES, ADDRESSING FAMILY PLANNING NEEDS, PREVENTING CERVICAL AND
BREAST CANCERS, PREVENTING SEXUALLY TRANSMITTED INFECTIONS, ADVOCATING
FOR SERVICES AND SUPPLIES, AND ENCOURAGING HEALTHIER BEHAVIORS.

IN 2011 PATH WORKED BROADLY TO INCREASE CONTRACEPTIVE CHOICE AND
ACCESS. WE SERVED AS THE 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. PATH GENERATED EVIDENCE TO HELP
COUNTRY DECISION-MAKERS IN AFRICA AND SOUTH ASIA ASSESS DEPO-SUBQ
PROVERA 104TM IN THE UNIJECT INJECTION SYSTEM FOR POTENTIAL
INTRODUCTION IN FAMILY PLANNING PROGRAMS. SIMILARLY, PATH HELPED ASSESS
THE POTENTIAL AND VALUE OF A CONTRACEPTIVE PILL A WOMAN COULD TAKE ONLY
BEFORE OR AFTER SEX, ELIMINATING THE NEED FOR A DAILY CONTRACEPTIVE
METHOD. WE ALSO WORKED WITH NICARAGUA, TANZANIA, AND VIETNAM TO FILL A
VOID IN DONOR SUPPORT AND CREATE A SUSTAINABLE MODEL TO MAKE
CONTRACEPTIVES AND OTHER IMPORTANT SUPPLIES AVAILABLE TO EVEN THE
POOREST POPULATION SEGMENTS.

ADDITIONALLY, PATH ADVANCED RAPID, LOW-COST SCREENING TESTS FOR THE
TYPES OF HUMAN PAPILLOMAVIRUS (HPV) THAT CAUSE CERVICAL CANCER, WITH

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FOUR CLINICAL STUDIES UNDER WAY IN INDIA, NICARAGUA, AND UGANDA. PATH'S

WORK CONTRIBUTED TO THE GAVI ALLIANCE'S DECISION TO SUBSIDIZE HPV

VACCINES FOR THE WORLD'S POOREST COUNTRIES STARTING IN 2012.

EXPENSES \$ 11,934,925. INCL GRANTS OF \$ 2,864,079. REVENUE \$ 12,276.

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.

KEY EFFORTS IN 2011 INCLUDED THE INFANT AND YOUNG CHILD NUTRITION

PROJECT, WHICH WORKED ACROSS 16 COUNTRIES TO IMPROVE NUTRITION FROM

PREGNANCY THROUGH THE FIRST TWO YEARS OF LIFE. PROJECT STAFF TRAINED

HEALTH WORKERS (MORE THAN 2,300 IN 2011), ENCOURAGED HEALTHY BEHAVIORS,

STRENGTHENED HEALTH SYSTEMS, AND INTEGRATED AGRICULTURE AND NUTRITION.

SURE START WAS A SEVEN-YEAR PROJECT TO REDUCE MATERNAL AND NEWBORN

ILLNESS AND DEATH THROUGH COMMUNITY EDUCATION AND IMPROVED ACCESS TO

HEALTH SERVICES IN TWO STATES OF INDIA. PATH WORKED WITH 95 PARTNER

ORGANIZATIONS TO MOBILIZE COMMUNITIES AND THEIR LEADERS AND STRENGTHEN

LINKS TO HEALTH CARE PROVIDERS. WE TRAINED MORE THAN 7,000 COMMUNITY

HEALTH WORKERS AND ESTABLISHED THOUSANDS OF VILLAGE-LEVEL MOTHERS'

GROUPS TO BUILD AWARENESS OF MATERNAL AND NEWBORN HEALTH ISSUES. OUR

WORK REACHED AN ESTIMATED 24.5 MILLION PEOPLE.

BY ADVANCING THE USE OF OXYTOCIN TO PREVENT POSTPARTUM BLEEDING, PATH

HELPED PAVE THE WAY FOR SIX COUNTRIES TO INTRODUCE OR REGISTER USE OF

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OXYTOCIN WITH THE UNIJECT INJECTION SYSTEM, ALLOWING HEALTH WORKERS TO

DELIVER THIS DRUG OUTSIDE OF HOSPITALS. PATH ALSO LED A REGIONAL

ALLIANCE TO SUPPORT DEVELOPMENT OF NATIONAL PLANS TO REDUCE NEONTAL

MORTALITY AND PROMOTE NEWBORN HEALTH ACROSS LATIN AMERICA AND THE

CARIBBEAN.

EXPENSES \$ 17,930,865. INCLUDING GRANTS OF \$ 3,773,756. REVENUE \$ 750.

OTHER PROGRAMS

EXPENSES \$ 1,389,129. INCLUDING GRANTS OF \$ 306,255. REVENUE \$ 0.

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

BELGIUM, CAMBODIA, CHINA, COTE D IVOIRE,

CONGO, DEM REP, ETHIOPIA, FRANCE, GHANA,

INDIA, KENYA, MALAWI, NICARAGUA,

PERU, SENEGAL, 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 AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE

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

COMMENT PERIOD, THE PRESIDENT AND CEO SIGNED THE RETURN AND FILED WITH THE

IRS.

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

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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,

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.

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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:	-1,512,561.
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FORM 990, PART VII, SECTION A, COLUMN (B): HOURS FOR RELATED ORGANIZATIONS:

CHRISTOPHER J. ELIAS, PRESIDENT AND CEO DURING 2011, DEVOTED

APPROXIMATELY ONE HOUR 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	
ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH, 25 (BUILDING B0 SHOTA RUSTAVELI STR., KYIV, UKRAINE	REDUCE THE BURDEN IN UKRAINE	UKRAINE	N/A	N/A	PATH	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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PATH VACCINE SOLUTIONS	C	11,312,403.FMV	
(2) PATH VACCINE SOLUTIONS	P	25,924,712.FMV	
(3) ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH	B	861,435.FMV	
(4) ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH	C	24,197.FMV	
(5) ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH	P	2,085,562.FMV	
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number (EIN) or <input checked="" type="checkbox"/> 91-1157127
	Number, street, and room or suite no. If a P.O. box, see instructions. 2201 WESTLAKE AVENUE, NO. 200	Social security number (SSN) <input type="checkbox"/>
	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	01	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.

- I request an additional 3-month extension of time until NOVEMBER 15, 2012.
- For calendar year 2011, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	0.
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.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title CPA Date

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

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20____

2011

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
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Name and title of officer
**STEVE DAVIS
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 <u>244437030</u>
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 2011 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 2011 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 2011 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.

52697404550
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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**