

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

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 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PATH VACCINE SOLUTIONS. D Employer identification number: 91-0996222. E Telephone number: (206) 285-3500.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.PATH.ORG

J Organization type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No X. H(b) If "Yes," enter number of affiliates N/A. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No X.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 91,759,312.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|------------|----------------------|----------------------------|-----------------|
| 22a | Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25a | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | NONE | | | |
| 25b | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | | | | |
| 25c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 | Employee benefits not included on lines 25a - 27 | | | | |
| 29 | Payroll taxes | | | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | | | | |
| 32 | Legal fees | | | | |
| 33 | Supplies | | | | |
| 34 | Telephone | | | | |
| 35 | Postage and shipping | | | | |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | | | | |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | | | | |
| 43 | Other expenses not covered above (itemize): | | | | |
| 43a | a STMT 1 | 2,265,170. | 1,922,833. | 342,337. | |
| 43b | b | | | | |
| 43c | c | | | | |
| 43d | d | | | | |
| 43e | e | | | | |
| 43f | f | | | | |
| 43g | g | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 2,265,170. | 1,922,833. | 342,337. | |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| <p>What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 2</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> |
|---|--|
| <p>a <u>SEE STATEMENT 3</u></p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>1,922,833.</p> |
| <p>b</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>c</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>d</p> <p>----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p> | <p>1,922,833. Form 990 (2006)</p> |

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) | | (B) |
|--|--|--|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 45 Cash - non-interest-bearing | | 45 | |
| | 46 Savings and temporary cash investments | NONE | 46 | 22,104,647. |
| | 47a Accounts receivable | 47a 94,897. | | |
| | b Less: allowance for doubtful accounts | 47b NONE | 47c | 94,897. |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | NONE | 49 | 68,420,714. |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54a Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | |
| | b Investments - other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| | 55a Investments - land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | |
| | 56 Investments - other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment: basis | 57a | | |
| | b Less: accumulated depreciation (attach schedule) | 57b | 57c | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/>) | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | NONE | 59 | 90,620,258. | |
| Liabilities | 60 Accounts payable and accrued expenses | NONE | 60 | 1,126,116. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | |
| | 66 Total liabilities. Add lines 60 through 65 | NONE | 66 | 1,126,116. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | NONE | 68 | 89,494,142. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | NONE | 73 | 89,494,142. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | NONE | 74 | 90,620,258. |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12). Add lines c and d.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17). Add lines c and d.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 6, NONE, NONE, NONE.

| Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) | | Yes | No |
|--|--|--------------|----|
| 75a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5 | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 7. | 75b X | |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 8. If "Yes," attach a statement that includes the information described in the instructions. | 75c X | |
| d | Does the organization have a written conflict of interest policy? | 75d X | |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|---|---|--|
| | -0- | -0- | -0- | -0- |
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| Part VI Other Information (See the instructions.) | | Yes | No |
|--|---|------------|-----|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization ► <u>PROGRAM FOR APPROPRIATE TECHNOLOGY</u> <u>IN HEALTH (PATH)</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a | Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | N/A |

FOR PUBLIC DISCLOSURE

Part VI Other Information (continued)

| | | Yes | No |
|-----|--|-----|------|
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| 82b | | | N/A |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | N/A |
| 84b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A |
| 85a | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | N/A |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | N/A |
| 85c | Dues, assessments, and similar amounts from members | | N/A |
| 85d | Section 162(e) lobbying and political expenditures | | N/A |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | N/A |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | N/A |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | | N/A |
| 86b | Gross receipts, included on line 12, for public use of club facilities | | N/A |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | | N/A |
| 87b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | N/A |
| 88a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| 88b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u> | | |
| 89b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>NONE</u> | | |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>NONE</u> | | |
| 89e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 90a | List the states with which a copy of this return is filed <u>WASHINGTON</u> | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) | | NONE |
| 91a | The books are in care of <u>MARLOW KEE</u> Telephone no. <u>206-285-3500</u> Located at <u>1455 NE LEARY WAY, SEATTLE, WA</u> ZIP + 4 <u>98107</u> | | |
| 91b | 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)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | X |

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | _____ N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, and Subtotal.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 588,818.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

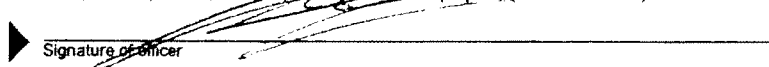
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
X

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.

Please Sign Here

Signature of officer:  Date: 8/11/07
 CHRISTOPHER J. ELIAS CHAIR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 8/14/07 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): P00235495
 Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK NUBER P.S., 10900 NE 4TH, SUITE 1700, BELLEVUE, WA 98004
 EIN: 91-1194016 Phone no: 425 454-4919

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

PATH VACCINE SOLUTIONS

Employer identification number

91-0996222

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
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Total number of other employees paid over \$50,000 . . . ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| SEE STATEMENT 9 | | |
| | | |
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Total number of others receiving over \$50,000 for professional services . . . ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
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| | | |

Total number of other contractors receiving over \$50,000 for other services . . . ▶ NONE

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with substantial contributors; 2a-e. Specific acts; 3a-d. Grants and other services; 4a-c. Donor advised funds; 4d-g. Fund ownership and assets.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| SEE STATEMENT 10 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 2,265,170. |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | 31 | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? | 33h | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | |
| If the amount on line 40 is - The lobbying nontaxable amount is - | | |
| Not over \$500,000 20% of the amount on line 40 | } 41 | |
| 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 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| Grassroots nontaxable amount | | | | | |
| 48 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 49 Grassroots lobbying expenditures | | | | | |
| 50 | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h .) | | | NONE |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for 'No' in various rows.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Name of organization
PATH VACCINE SOLUTIONS

Employer identification number
91-0996222

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **PATH VACCINE SOLUTIONS**

Employer identification number

91-0996222

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | 91,170,494. | 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.) |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|----------------------|--|---|
| Type or print | Name of Exempt Organization PATH VACCINE SOLUTIONS | Employer identification number 91-0996222 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1455 NW LEARY WAY | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98107 | |
| | File by the due date for filing your return. See instructions. | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ MARLOW KEE

Telephone No. ▶ 206 285-3500 FAX No. ▶ 206 285-6619

- 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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|---|-----------|----|
| 3a 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. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL |
|--|------------|------------------|------------------------|
| ADMIN SERVICE AGREEMENT - PATH VACCINE SOLUTIONS (PVS) HAS SIGNED AN ADMINISTRATIVE SERVICES AGREEMENT WITH PATH. UNDER THIS AGREEMENT, PVS PAID PATH FOR PROGRAM & PROGRAM MANAGEMENT EXPENSES AND FOR MANAGEMENT AND GENERAL EXPENSES. | 2,265,170. | 1,922,833. | 342,337. |
| TOTALS | 2,265,170. | 1,922,833. | 342,337. |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE MISSION OF PATH VACCINE SOLUTIONS (PVS) IS TO IMPROVE THE HEALTH OF CHILDREN LIVING IN LOW-INCOME COUNTRIES BY ACCELERATING THE DEVELOPMENT OF VACCINES THAT WILL BE EFFECTIVE AND AFFORDABLE IN COUNTRIES THAT NEED THEM MOST. FROM INITIAL DISCOVERY THROUGH CLINICAL TRIALS, PVS WORKS WITH COMMERCIAL PARTNERS, SUCH AS VACCINE MANUFACTURERS AND BIOTECHNOLOGY FIRMS, AND NONPROFIT PARTNERS, SUCH AS UNIVERSITIES AND RESEARCH INSTITUTIONS, TO SHORTEN THE TIMELINE FOR VACCINE DEVELOPMENT.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

PROGRAM SERVICE ACCOMPLISHMENT A

SINCE ITS INCEPTION IN 2006, PVS HAS MADE IMPORTANT STRIDES IN ADVANCING THE FIELD OF PNEUMOCOCCAL VACCINE DEVELOPMENT, ADVANCING ROTAVIRUS VACCINE DEVELOPMENT THAT WILL BE SAFE, EFFICACIOUS AND AFFORDABLE FOR DEVELOPING COUNTRY USE, AND ANALYZING GLOBAL MANUFACTURING CAPACITY FOR INFLUENZA VACCINE.

PNEUMOCOCCAL VACCINE DEVELOPMENT ACCOMPLISHMENTS DURING THE FIRST YEAR INCLUDE ESTABLISHING TWO NEW VACCINE-DEVELOPMENT PARTNERSHIPS. THROUGH ANOTHER PARTNERSHIP, PVS SEQUENCED THE GENOMES OF TWO S. PNEUMONIAE STRAINS AND MADE PROGRESS SEQUENCING THREE ADDITIONAL STRAINS.

ROTAVIRUS VACCINE DEVELOPMENT EFFORTS INCLUDE COMPLETING AN ASSESSMENT OF POTENTIAL MANUFACTURING PARTNERS IN INDIA AND CHINA. PVS ALSO ESTABLISHED PARTNERSHIPS WITH COMPANIES TO FACILITATE TECHNOLOGY-SHARING AND ASSISTANCE ON ROTAVIRUS VACCINE DEVELOPMENT WITH DEVELOPING-COUNTRY MANUFACTURERS.

PVS ALSO BEGAN ASSESSING GLOBAL MANUFACTURING CAPACITY FOR INFLUENZA VACCINES TO ADDRESS SEASONAL INFLUENZA AND MEET VACCINE NEEDS DURING A POTENTIAL PANDEMIC.

FOR MORE INFORMATION ABOUT PATH VACCINE SOLUTIONS, PLEASE VISIT WWW.PATH.ORG OR CONTACT INFO@PATH.ORG.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

| DESCRIPTION ----- | AMOUNT ----- |
|--|--------------------------------|
| REVENUE REPORTED ON FORM 990 FOR PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH). PVS AND PATH PRODUCE CONSOLIDATED FINANCIAL STATEMENTS. | 178,672,305. |
| TOTAL | ----- 178,672,305. ===== |

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

| DESCRIPTION | AMOUNT |
|---|--------------|
| EXPENSES REPORTED ON FORM 990 FOR PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH). PVS AND PATH PRODUCE CONSOLIDATED FINANCIAL STATEMENTS. | 124,998,800. |
| TOTAL | 124,998,800. |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| CHRISTOPHER J. ELIAS 1455 NW LEARY WAY SEATTLE, WA 98107 | CHAIR 2.00 | NONE | NONE | NONE |
| REGINA RABINOVICH 1455 NW LEARY WAY SEATTLE, WA 98107 | VICE CHAIR 2.00 | NONE | NONE | NONE |
| MOLLY COYE 1455 NW LEARY WAY SEATTLE, WA 98107 | SECRETARY 2.00 | NONE | NONE | NONE |
| ERIC G. WALKER 1455 NW LEARY WAY SEATTLE, WA 98107 | TREASURER 2.00 | NONE | NONE | NONE |
| DOUG HOLTZMAN 1455 NW LEARY WAY SEATTLE, WA 98107 | DIRECTOR 2.00 | NONE | NONE | NONE |
| GRAND TOTALS | | NONE | NONE | NONE |

FOR PUBLIC DISCLOSURE

FORM 990, PART V-A RELATIONSHIP SCHEDULE
=====RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: CHRISTOPHER J. ELIAS
NAME OF RELATED ENTITY: PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH (PATH)
TITLE OR ROLE: PRESIDENT
RELATIONSHIP: EMPLOYEE OF PATH

NAME OF OFFICER, DIRECTOR, ETC: REGINA RABINOVICH
NAME OF RELATED ENTITY: THE BILL AND MELINDA GATES
FOUNDATION (BMGF)
TITLE OR ROLE: EMPLOYEE
RELATIONSHIP: EMPLOYEE OF BMGF

NAME OF OFFICER, DIRECTOR, ETC: MOLLY COYE
NAME OF RELATED ENTITY: PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH (PATH)
TITLE OR ROLE: DIRECTOR
RELATIONSHIP: BOARD MEMBER OF PATH

NAME OF OFFICER, DIRECTOR, ETC: ERIC G. WALKER
NAME OF RELATED ENTITY: PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH (PATH)
TITLE OR ROLE: VICE PRESIDENT
RELATIONSHIP: EMPLOYEE OF PATH

NAME OF OFFICER, DIRECTOR, ETC: DOUG HOLTZMAN
NAME OF RELATED ENTITY: THE BILL AND MELINDA GATES
FOUNDATION (BMGF)
TITLE OR ROLE: EMPLOYEE
RELATIONSHIP: EMPLOYEE OF BMGF

PATH VACCINE SOLUTIONS

91-0996222

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

| NAME, ORGANIZATION NAME, RELATIONSHIP | EMPLOYER ID # | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---------------|--------------|---|-----------------------------------|
| CHRISTOPHER J. ELIAS PROGRAM FOR APPROPRIATE TECHNOLOGY | | | | |
| IN HEALTH (PATH) SUPPORTED ORGANIZATION DEFERRED BENEFITS | 91-1157127 | 335,562. | 7,731. 17,644. | NONE |
| ERIC G. WALKER PROGRAM FOR APPROPRIATE TECHNOLOGY | | | | |
| IN HEALTH (PATH) SUPPORTED ORGANIZATION DEFERRED BENEFITS | 91-1157127 | 180,944. | 7,689. 20,503. | 360. |
| GRAND TOTALS | | 516,506. | 53,567. | 360. |

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

PATH
1455 NW LEARY WAY
SEATTLE, WA 98107

SUBCONTRACTOR SVCS

2,265,170.

TOTAL COMPENSATION

2,265,170.

=====

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

| (A) NAME(S) OF SUPPORTED ORGANIZATION(S) | (B) EIN | (C) TYPE OF ORGANIZATION | (D) LISTED IN DOC. | | (E) AMOUNT OF SUPPORT |
|---|------------|--------------------------|--------------------|----|-----------------------|
| | | | YES | NO | |
| PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH) | 91-1157127 | 11A | X | | 2,265,170. |
| | | | | | ----- |
| TOTAL AMOUNT OF SUPPORT | | | | | 2,265,170. |
| | | | | | ===== |