



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Pathfinder International, Doing Business As, Number and street (or P O box if mail is not delivered to street address): 9 galen street No 217, Room/suite, City or town, state or country, and ZIP + 4: watertown, MA 024724501

D Employer identification number: 53-0235320, E Telephone number: (617) 924-7200, G Gross receipts \$ 104,427,593

F Name and address of principal officer: daniel e pellegrom, 9 galen street No 217, watertown, MA 024724501

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: www.pathfind.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1957

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PATHFINDER INTERNATIONAL'S MISSION IS TO ENSURE THAT PEOPLE EVERYWHERE HAVE THE RIGHT AND OPPORTUNITY TO LIVE A HEALTHY REPRODUCTIVE LIFE

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

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members of the governing body (27), 4 Number of independent voting members of the governing body (27), 5 Total number of employees (133), 6 Total number of volunteers (0), 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, line 34 (0)

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (100,036,753 / 99,826,795), 9 Program service revenue (0 / 0), 10 Investment income (368,998 / 23,468), 11 Other revenue (1,446 / 1,588), 12 Total revenue (100,407,197 / 99,851,851), 13 Grants and similar amounts paid (10,149,300 / 8,967,445), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (28,108,476 / 29,088,821), 16a Professional fundraising fees (43,965 / 14,065), 16b Total fundraising expenses (1,600,723 / 1,600,723), 17 Other expenses (62,355,043 / 64,228,447), 18 Total expenses (100,656,784 / 102,298,778), 19 Revenue less expenses (-249,587 / -2,446,927)

Table with 4 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (45,607,021 / 46,581,026), 21 Total liabilities (10,353,325 / 12,737,884), 22 Net assets or fund balances (35,253,696 / 33,843,142)

Part II Signature Block

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

Sign Here: Signature of officer: Thomas Downing chief financial officer, Date: 2011-02-10

Paid Preparer's Use Only: Preparer's signature: Joseph Giso, Date, Check if self-employed, Preparer's identifying number, Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ Tofias, 350 Massachusetts Avenue, Cambridge, MA 02139, EIN, Phone no: (617) 761-0600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Pathfinder International places reproductive health care at the center of all that we do - believing that reproductive health care is not only a fundamental human right, but it is critical for expanding life opportunities for women, families, communities, and nations, while paving the way for transformations in environmental stewardship, decreases in population pressures, and innovations in poverty reduction Pathfinder provides women, men, and adolescents with a range of quality health services - from contraception and maternal care to HIV prevention and AIDS care and treatment Pathfinder strives to strengthen access to family planning, ensure availability of safe abortion services, advocate for sound reproductive health policies, and, through all of our work, improve the rights and lives of the people we serve

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 No
 If "Yes," describe these new services on Schedule O

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 65,035,604 including grants of \$ 5,188,749) (Revenue \$)

africa pathfinder uses a community-based approach to improve access to quality reproductive healthcare, HIV/AIDS prevention methods and treatment, maternal and child health services, safe abortion services, safe abortion and post abortion care Pathfinder works in countries such as Angola, Botswana, Burundi, Ethiopia, Ghana, Guinea, Kenya, Mozambique, Nigeria, South Africa, Tanzania and Uganda among others Pathfinder integrates RH/FP and HIV/AIDS service delivery programs and incorporates HIV prevention messages into its community-based FP and MCH projects Pathfinder currently manages successful integrated prevention, PMTCT+, community home-based care, and treatment programs with women, men, youth, and the most vulnerable groups in 14 countries including Kenya, Ethiopia, and Tanzania All of our programs work with local stakeholders We strive to strengthen relationships between clinics and the communities they serve We also build the capacity of local governmental and NGO partners to develop, plan, implement, and monitor quality interventions, this applies to all of our programs, including Mozambique, Nigeria, Uganda, and Botswana

4b (Code) (Expenses \$ 24,320,794 including grants of \$ 3,691,301) (Revenue \$)

Asia/Near East Pathfinder provides training for healthcare providers in Vietnam to address HIV/AIDS and to improve reproductive health instruction in the medical schools In India, projects focus on AIDS prevention and services, and improving adolescent sexual and reproductive and maternal health Additional work is done in bangladesh to improve maternal health In Egypt, Pathfinder is working to strengthen reproductive health services with the aim to improve family health through renovating and equipping health facilities, training, community mobilization and capacity building In Yemen, we support pre-service training for midwives, support community-based medical mobile teams, and are developing community education programs that include strong involvement of religious leaders

4c (Code) (Expenses \$ 720,616 including grants of \$ 4,056) (Revenue \$)

Latin America Pathfinder implements an integrated post-abortion care training model in Peru that has been expanded for use throughout the region It also conducts field advocacy in Peru and Brazil around accessing safe abortion and post-abortion services

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 90,077,014

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>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
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>		No
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>		No
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>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>	Yes	
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 U.S.? <i>If "Yes," complete Schedule F, Part II.</i>	Yes	
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 U.S.? <i>If "Yes," complete Schedule F, Part III.</i>	Yes	
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>		No
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>		No
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>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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>	25a		No
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>	25b		No
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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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>	36		No
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>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 65		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 133		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
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)?	Yes	
b	AO, BG, BC, BY, ET, EG, GH, GV, IN, KE, MZ, NI, PP, PE, SF, TZ, UG, VM, YM, PK 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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	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	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	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?	Yes	
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, 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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS DOWNING CFO 9 galen street suite 217 watertown, MA 02472 (617) 924-7200

1b Total	2,175,764	0	217,193
---------------------------	-----------	---	---------

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Accounting MGT Solutions 800 S St 195 Waltham, MA 02543	Accounting Services	239,254
GMMB Inc PO Box 415312 Boston, MA 02241	Advocacy Campaign	216,937
Convio Inc PO Box 671445 Dallas, TX 75267	Web Application	118,272
McGladrey & Pullen 7 New England Executive Park 320 Burlington, MA 01803	Audit/Tax	109,186
PWC Nigeria PO Box 2419 Lagos NI	Audit	104,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**5

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	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	79,055,916				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	20,770,879				
	g	Noncash contributions included in lines 1a-1f \$ 3,640,079					
	h	Total. Add lines 1a-1f ▶	99,826,795				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	275,840			275,840	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			87,000				
			(ii) Personal				
			87,000				
	b	Less rental expenses	87,000				
	c	Rental income or (loss)	0				
	d	Net rental income or (loss) ▶	0				
	7a		(i) Securities				
			4,236,370				
(ii) Other							
4,488,742							
b	Less cost or other basis and sales expenses	4,488,742					
c	Gain or (loss)	-252,372					
d	Net gain or (loss) ▶	-252,372				-252,372	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a		Gross sales of inventory, less returns and allowances a					
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a	other	900,099	1,588	1,588			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,588				
12	Total revenue. See Instructions ▶		99,851,851	1,588	0	23,468	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	8,967,445	8,967,445		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,250,547	360,748	740,936	148,863
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	21,195,835	16,224,872	4,358,319	612,644
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,048,603	266,238	782,365	
9	Other employee benefits	4,852,229	4,502,849	99,584	249,796
10	Payroll taxes	741,607		741,607	
11	Fees for services (non-employees)				
a	Management				
b	Legal	140,830	18,275	114,872	7,683
c	Accounting	271,158	56,194	214,964	
d	Lobbying	8,143	8,143		
e	Professional fundraising See Part IV, line 17	14,065			14,065
f	Investment management fees				
g	Other				
12	Advertising and promotion	129,808	22,558		107,250
13	Office expenses	3,324,840	2,699,064	404,891	220,885
14	Information technology	537,009	275,294	225,449	36,266
15	Royalties				
16	Occupancy	3,087,485	2,314,876	771,243	1,366
17	Travel	6,038,046	5,398,017	566,424	73,605
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	217,519	154,341	51,668	11,510
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	116,596	399	101,701	14,496
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	subcontracts	20,957,773	20,957,773		
b	participant training	8,483,486	8,479,169	4,317	
c	In-Kind Expenses	6,498,037	6,498,037		
d	equipment	4,005,741	3,986,431	18,875	435
e	Other Miscellaneous	3,627,176	3,498,163	115,464	13,549
f	All other expenses	6,784,800	5,388,128	1,308,362	88,310
25	Total functional expenses. Add lines 1 through 24f	102,298,778	90,077,014	10,621,041	1,600,723
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,964,657	1	5,960,456
	2 Savings and temporary cash investments	12,049,212	2	15,131,871
	3 Pledges and grants receivable, net	11,108,018	3	9,159,293
	4 Accounts receivable, net		4	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,508,942	8	2,527,552
	9 Prepaid expenses and deferred charges	100,231	9	133,609
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2,077,674		
	b Less accumulated depreciation	1,905,783	10c	171,891
	11 Investments—publicly traded securities	7,888,831	11	9,540,776
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,737,249	15	3,955,578
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,607,021	16	46,581,026	
Liabilities	17 Accounts payable and accrued expenses	4,684,964	17	6,092,785
	18 Grants payable	4,807,010	18	5,944,172
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	861,351	25	700,927
	26 Total liabilities. Add lines 17 through 25	10,353,325	26	12,737,884
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	13,729,217	27	15,202,022
	28 Temporarily restricted net assets	16,178,524	28	13,295,165
	29 Permanently restricted net assets	5,345,955	29	5,345,955
	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	35,253,696	33	33,843,142	
34 Total liabilities and net assets/fund balances	45,607,021	34	46,581,026	

Part XI Financial Statements and Reporting

		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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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 . . .	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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.

Name of the organization Pathfinder International

Employer identification number

53-0235320

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 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?
(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 the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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?

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	90,582,704	107,604,961	90,944,952	100,036,753	99,826,795	488,996,165
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	90,582,704	107,604,961	90,944,952	100,036,753	99,826,795	488,996,165
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)						29,519,311
6 Public Support. Subtract line 5 from line 4						459,476,854

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	90,582,704	487,697	90,944,952	100,036,753	99,826,795	488,996,165
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	363,462	487,697	723,724	436,760	275,840	2,287,483
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	13,237	2,061	691	1,446	1,588	19,023
11 Total support (Add lines 7 through 10)						491,302,671

12 Gross receipts from related activities, etc. (See instructions.)**12****13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	93.520%
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	93.160%

16a 33 1/3% support test—2009. 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 **b 33 1/3% support test—2008.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2009.** 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 **b 10%-facts-and-circumstances test—2008.** 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 **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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information Other Income, Part II, Line 10 Description V-Day Proceeds 2009 1101 Description Curriculum Module Sale 2007 71 2008 10 2009 25 Description Brush Foundation - Reimburse D Pellegroni 2005 783 Description Class Action Settlements 2005 2 2008 386 2009 5 Description Courageous Pioneers Book Sales 2005 1061 2007 368 2008 515 Description AMEX Credit Card Cash Back 2005 50 2006 202 2007 188 2008 127 2009 286 Description Stamps Returned to P O 2005 727 2006 501 2007 64 2008 408 Description Wireless Rebate 2005 25 Description UNFPA Cash GH 2005 4727 Description May 9th Event Reimbursement 2005 481 Description Program Advance Adjustment 2005 5381 2006 1358 Description Wire-in WA State 2009 94 Description Columbia Fair Fund 2009 77

Additional Data

Software ID:
Software Version:
EIN: 53-0235320
Name: Pathfinder International

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Dr Andrew A Arkutu Board of Director	1 20	X						0	0	0
Ms Claudine Bacher board of Director	1 20	X						0	0	0
Dr Richard L Berkowitz board of Director	1 20	X						0	0	0
Mrs Arthur F Cook Jr board of Director	1 20	X						0	0	0
Ms Patricia J Cooper board of Director	1 20	X						0	0	0
Ms Cynthia A Fields board of Director	1 20	X						0	0	0
Mr Andrew L Frey board of Director	1 20	X						0	0	0
Dr Walter J Gamble board of Director	1 20	X						0	0	0
Dr Susan M George board of Director	1 20	X						0	0	0
Ms Jane L Havemeyer board of Director	1 20	X						0	0	0
Ms Anne Hale Johnson board of Director	1 20	X						0	0	0
Mr Benjamin R Kahrl board of Director	1 20	X						0	0	0
Mr Edward M Kaplan Es board of Director	1 20	X						0	0	0
Mr Rajen A Kilachand board of Director	1 20	X						0	0	0
Ms Elisabeth L Lyon board of Director	1 20	X						0	0	0
Dr Florence W Manguyu board of Director	1 20	X						0	0	0
Dr Deborah Prothrow-Sti board of Director	1 20	X						0	0	0
Mr James M Schwartz board of Director	1 20	X						0	0	0
Ms Valerie C Spencer board of Director	1 20	X						0	0	0
Ms Kathryn Ketcham Stro board of Director	1 20	X						0	0	0
Ms Ronda E Stryker board of Director	1 20	X						0	0	0
Mr John F Swift board of Director	1 20	X						0	0	0
Mr Alfred W Tate board of Director	1 20	X						0	0	0
Mr Ralph S Tate board of Director	1 20	X						0	0	0
Ms June L Tatelman board of Director	1 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Dr Manuel Urbina board of Director	1 20	X						0	0	0
Ms Roslyn M Watson board of Director	1 20	X						0	0	0
Ms Sharon W Allison emeritus Director	1 20	X						0	0	0
Mr J Bayard Boyle Jr emeritus Director	1 20	X						0	0	0
Mr James R Epstein emeritus Director	1 20	X						0	0	0
Mrs Sarah G Epstein Emeritus Director	1 20	X						0	0	0
Dr Henry W Foster Jr emeritus Director	1 20	X						0	0	0
Mrs Mary B Hewlett emeritus Director	1 20	X						0	0	0
Denise E Holmes JD MP emeritus Director	1 20	X						0	0	0
Dr Julia G Kahrl emeritus Director	1 20	X						0	0	0
Ms Susan C Kirk emeritus Director	1 20	X						0	0	0
Ms Kathryn H Lansing emeritus Director	1 20	X						0	0	0
Ms Mary D Lindsay emeritus Director	1 20	X						0	0	0
Dr Nafis Sadik emeritus Director	1 20	X						0	0	0
Mr Prakash Shah emeritus Director	1 20	X						0	0	0
Mr Norman F Smith III emeritus Director	1 20	X						0	0	0
Mr Joseph C Wheeler emeritus Director	1 20	X						0	0	0
Daniel E Pellegrum President	48 00			X				358,812	0	44,614
Caroline Crosbie Senior VP	50 00			X				236,543	0	25,544
Demet Gural VP of Programs	48 00			X				192,278	0	23,600
Erin Majernik Vp of Resource Dev	43 00			X				148,275	0	21,500
Thomas Downing Chief Financial Officer	40 00			X				10,943	0	0
Tilahun Giday Country Representative	50 00				X			166,356	0	25,457
Hamouda Hanafi Country Representative	40 00					X		325,500	0	24,785
David H Adriance Project Director	40 00					X		222,368	0	25,063

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Uchendu O Ekenna Chief of Party	47 00					X		176,329	0	3,457
Milka Dinev Olivares Project Director	49 00					X		176,290	0	5,614
linda casey country Representative	51 00					X		162,070	0	17,559

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
subcontracts	20,957,773	20,957,773		
participant training	8,483,486	8,479,169	4,317	
In-Kind Expenses	6,498,037	6,498,037		
equipment	4,005,741	3,986,431	18,875	435
Other Miscellaneous	3,627,176	3,498,163	115,464	13,549

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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, line 35a (regarding proxy tax), then

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

Name of the organization Pathfinder International

Employer identification number

53-0235320

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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	75													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,068													
c	Total lobbying expenditures (add lines 1a and 1b)	8,143													
d	Other exempt purpose expenditures	100,689,912													
e	Total exempt purpose expenditures (add lines 1c and 1d)	100,698,055													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable 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	2,726	5,848	1,014	8,143	17,731
d Grassroots non-taxable 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	57	2,428	153	75	2,713

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

	(a)		(b)
	Yes	No	Amount
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? If "Yes," describe in Part IV			
j Total 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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		Schedule C Part II-A Line 2c Total lobbying expenditures reported in prior years Our 2008 Form 990 for Pathfinder's Fiscal Year 2009, reported \$2,669 in column (b) for 2006, \$3,420 in column (c) for 2007 and \$861 in column (d) for 2008 These amounts have been adjusted to \$2,726 in column (a) for 2006, \$5,848 in column (b) for 2007 and \$1,014 in column (c) for 2008 to include both direct lobbying expense and grassroots lobbying expenditures Pathfinder's FY09 audited financial statements are accurate and remain unchanged

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pathfinder International

Employer identification number 53-0235320

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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, 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, 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 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 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
1c	
1d	
1e	
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	5,345,955	5,693,673			
b Contributions		36,970			
c Investment earnings or losses	224,738	-255,601			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	116,767	129,087			
g End of year balance	5,453,926	5,345,955			

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.000 %
- c** Term endowment %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		266,438	243,510	22,928
d Equipment		1,729,933	1,603,522	126,411
e Other		81,303	58,751	22,552
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				171,891

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	99,851,851
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	102,298,778
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,446,927
4	Net unrealized gains (losses) on investments	4	1,036,373
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 - 8	9	1,036,373
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,410,554

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	100,888,224
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,036,373
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	1,036,373
3	Subtract line 2e from line 1	3	99,851,851
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	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	99,851,851

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

1	Total expenses and losses per audited financial statements	1	102,298,778
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	0
3	Subtract line 2e from line 1	3	102,298,778
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	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	102,298,778

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, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	pathfinder intends to use endowment funds to support its mission
Part X	Description of Uncertain Tax Positions Under FIN 48	Pathfinder accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions Pathfinder has identified its tax status as a tax-exempt entity as a tax position, however, Pathfinder has determined that such tax position does not result in an uncertainty requiring recognition Pathfinder is not currently under examination by any taxing jurisdictions Pathfinder's federal and state tax returns are generally open for examination for three years following the date filed

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Pathfinder International

Employer identification number 53-0235320

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Rows include East asia and pacific, Middle east, south america, south asia, sub-saharan africa, and Totals.

Additional Data

Software ID:
Software Version:
EIN: 53-0235320
Name: Pathfinder International

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		east asia and pacific	rh	116,190	wire			
		east asia and pacific	rh/hiv/aids	211,334	wire			
		east asia and pacific	rh/hiv/aids	206,786	wire			
		east asia and pacific	rh/hiv/aids	203,991	wire			
		east asia and pacific	rh/hiv/aids	202,847	wire			
		east asia and pacific	rh/hiv/aids	195,128	wire			
		east asia and pacific	rh/hiv/aids	187,995	wire			
		east asia and pacific	rh/hiv/aids	186,630	wire			
		east asia and pacific	rh/hiv/aids	59,229	wire			
		east asia and pacific	rh/hiv/aids	33,818	wire			
		east asia and pacific	rh/hiv/aids	31,784	wire			
		east asia and pacific	rh/hiv/aids	31,526	wire			
		east asia and pacific	rh/hiv/aids	28,602	wire			
		east asia and pacific	rh/hiv/aids	27,946	wire			
		east asia and pacific	rh/hiv/aids	27,008	wire			
		east asia and pacific	rh/hiv/aids	14,409	wire			
		east asia and pacific	rh/hiv/aids	13,992	wire			
		east asia and pacific	rh/hiv/aids	13,311	wire			
		east asia and pacific	rh/hiv/aids	5,315	wire			
		middle east	rh/hiv/aids	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,070	wire			
		middle east	mch/fp	10,022	wire			
		middle east	mch/fp	9,981	wire			
		middle east	mch/fp	9,968	wire			
		middle east	mch/fp	9,968	wire			

(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)
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,951	wire			
		middle east	mch/fp	9,914	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,845	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,784	wire			
		middle east	mch/fp	9,719	wire			
		south asia	mch	50,732	wire			
		south asia	HIV /AIDS/Youth	152,941	wire			

(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	HIV/AIDS/Youth	104,736	wire			
		south asia	HIV/AIDS/Youth	98,050	wire			
		south asia	HIV/AIDS/Youth	82,353	wire			
		south asia	HIV/AIDS/Youth	66,855	wire			
		south asia	HIV/AIDS/Youth	56,765	wire			
		south asia	HIV/AIDS/Youth	56,396	wire			
		south asia	HIV/AIDS/Youth	55,611	wire			
		south asia	HIV/AIDS/Youth	55,607	wire			
		south asia	HIV/AIDS/Youth	52,796	wire			
		south asia	HIV/AIDS/Youth	51,489	wire			
		south asia	HIV/AIDS/Youth	48,511	wire			
		south asia	HIV/AIDS/Youth	38,412	wire			
		south asia	HIV/AIDS/Youth	38,301	wire			
		south asia	HIV/AIDS/Youth	37,008	wire			
		south asia	HIV/AIDS/Youth	34,228	wire			
		south asia	HIV/AIDS/Youth	25,297	wire			
		south asia	HIV/AIDS/Youth	22,069	wire			
		south asia	HIV/AIDS/Youth	19,603	wire			
		south asia	HIV/AIDS/Youth	16,209	wire			
		south asia	HIV/AIDS/Youth	10,944	wire			
		south asia	HIV/AIDS/Youth	9,440	wire			
		south asia	HIV/AIDS/Youth	9,440	wire			
		south asia	HIV/AIDS/Youth	9,314	wire			
		south asia	MCH	94,286	wire			
		south asia	MCH	31,865	wire			
		sub-saharan africa	SRH	132,661	wire			
		sub-saharan africa	SRH	126,466	wire			
		sub-saharan africa	SRH	113,012	wire			
		sub-saharan africa	FP/HIV/AIDS	202,751	wire			
		sub-saharan africa	FP/HIV/AIDS	145,343	wire			

(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	FP/HIV/AIDS	143,910	wire			
		sub-saharan africa	FP/HIV/AIDS	120,894	wire			
		sub-saharan africa	FP/HIV/AIDS	115,745	wire			
		sub-saharan africa	FP/HIV/AIDS	113,276	wire			
		sub-saharan africa	FP/HIV/AIDS	108,453	wire			
		sub-saharan africa	FP/HIV/AIDS	99,000	wire			
		sub-saharan africa	FP/HIV/AIDS	98,548	wire			
		sub-saharan africa	FP/HIV/AIDS	83,471	wire			
		sub-saharan africa	FP/HIV/AIDS	73,774	wire			
		sub-saharan africa	FP/HIV/AIDS	62,549	wire			
		sub-saharan africa	FP/HIV/AIDS	62,056	wire			
		sub-saharan africa	FP/HIV/AIDS	52,764	wire			
		sub-saharan africa	FP/HIV/AIDS	49,648	wire			
		sub-saharan africa	FP/HIV/AIDS	47,906	wire			
		sub-saharan africa	FP/HIV/AIDS	47,271	wire			
		sub-saharan africa	FP/HIV/AIDS	46,955	wire			
		sub-saharan africa	FP/HIV/AIDS	46,762	wire			
		sub-saharan africa	FP/HIV/AIDS	44,677	wire			
		sub-saharan africa	FP/HIV/AIDS	35,903	wire			
		sub-saharan africa	FP/HIV/AIDS	35,874	wire			
		sub-saharan africa	FP/HIV/AIDS	23,076	wire			
		sub-saharan africa	FP/HIV/AIDS	21,548	wire			
		sub-saharan africa	FP/HIV/AIDS	21,377	wire			
		sub-saharan africa	FP/HIV/AIDS	18,835	wire			
		sub-saharan africa	FP/HIV/AIDS	11,682	wire			
		sub-saharan africa	FP/HIV/AIDS	5,437	wire			
		sub-saharan africa	Safe Abortions/Y	6,676	wire			
		sub-saharan africa	HIV/AIDS	348,342	wire			
		sub-saharan africa	HIV/AIDS	243,768	wire			
		sub-saharan africa	HIV/AIDS	195,154	wire			

(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	HIV/AIDS	158,607	wire			
		sub-saharan africa	HIV/AIDS	136,047	wire			
		sub-saharan africa	HIV/AIDS	136,008	wire			
		sub-saharan africa	HIV/AIDS	126,641	wire			
		sub-saharan africa	HIV/AIDS	120,595	wire			
		sub-saharan africa	HIV/AIDS	120,069	wire			
		sub-saharan africa	HIV/AIDS	101,798	wire			
		sub-saharan africa	HIV/AIDS	91,809	wire			
		sub-saharan africa	HIV/AIDS	70,652	wire			
		sub-saharan africa	HIV/AIDS	70,247	wire			
		sub-saharan africa	HIV/AIDS	70,135	wire			
		sub-saharan africa	HIV/AIDS	63,752	wire			
		sub-saharan africa	HIV/AIDS	56,664	wire			
		sub-saharan africa	HIV/AIDS	56,257	wire			
		sub-saharan africa	HIV/AIDS	55,313	wire			
		sub-saharan africa	HIV/AIDS	50,775	wire			
		sub-saharan africa	HIV/AIDS	48,882	wire			
		sub-saharan africa	HIV/AIDS	48,855	wire			
		sub-saharan africa	HIV/AIDS	44,742	wire			
		sub-saharan africa	HIV/AIDS	44,742	wire			
		sub-saharan africa	HIV/AIDS	40,730	wire			
		sub-saharan africa	HIV/AIDS	31,232	wire			
		sub-saharan africa	HIV/AIDS	27,959	wire			
		sub-saharan africa	HIV/AIDS	18,476	wire			
		sub-saharan africa	HIV/AIDS	17,490	wire			
		sub-saharan africa	HIV/AIDS	11,815	wire			
		sub-saharan africa	HIV/AIDS	5,507	wire			
		sub-saharan africa	HIV/AIDS/SRH/RH	10,000	wire			
		sub-saharan africa	RH/FP/MCH	11,375	wire			
		sub-saharan africa	RH/FP/MCH	7,825	wire			

(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	RH/FP/MCH	5,789	wire			
		sub-saharan africa	HIV/AIDS	5,520	wire			
		sub-saharan africa	HIV/AIDS	205,678	wire			
		sub-saharan africa	HIV/AIDS	59,920	wire			
		sub-saharan africa	HIV/AIDS	10,612	wire			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Pathfinder International

Employer identification number

53-0235320

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 type="checkbox"/> Tax idemnification 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 type="checkbox"/> Tax idemnification 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 type="checkbox"/> Tax idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<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>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</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 checked="" 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 checked="" 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 checked="" 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>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only 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>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<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>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<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>		No								
<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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<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>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Daniel E Pellegroni	(i)	358,812	0	0	38,500	6,114	403,426	0
	(ii)	0	0	0	0	0	0	0
Caroline Crosbie	(i)	236,543	0	0	22,000	3,544	262,087	0
	(ii)	0	0	0	0	0	0	0
Demet Gural	(i)	192,278	0	0	22,000	1,600	215,878	0
	(ii)	0	0	0	0	0	0	0
Erin Majernik	(i)	148,275	0	0	16,500	5,000	169,775	0
	(ii)	0	0	0	0	0	0	0
Tilahun Giday	(i)	166,356	0	0	22,000	3,457	191,813	0
	(ii)	0	0	0	0	0	0	0
Hamouda Hanafi	(i)	325,500	0	0	22,000	2,785	350,285	0
	(ii)	0	0	0	0	0	0	0
David H Adriance	(i)	222,368	0	0	21,606	3,457	247,431	0
	(ii)	0	0	0	0	0	0	0
Uchendu O Ekenna	(i)	176,329	0	0	0	3,457	179,786	0
	(ii)	0	0	0	0	0	0	0
Milka Dinev Olivares	(i)	176,290	0	0	0	5,614	181,904	0
	(ii)	0	0	0	0	0	0	0
Linda Casey	(i)	162,070	0	0	16,500	1,059	179,629	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	<p>Part II Column (c) deferred compensation includes 403B and CN 457 retirement plans. Part II Column (d) nontaxable benefits includes cafeteria 125 benefits such as dental, medical and life insurance, t-pass and medical/dependent care fsa. Part III Related to the staff that receive allowance. As allowed under federal regulations concerning Expatriate and Third Country National Professional staff assigned to a foreign post, Pathfinder International provides foreign post allowances to assist these eligible staff with the hardship of living in a country other than their country of origin, and as an incentive in accepting a foreign post assignment. These allowances are not intended to cover 100% of living expenses. The employee is entitled to only those allowances which are specified in their employment letter of agreement. Allowances are based on the personnel policies of Pathfinder International which, in most cases, use the U.S. Department of State Standardized Regulations as a guideline. These allowances are subject to approval by Pathfinder's Human Resources and Finance Departments. The housing allowance noted as compensation provided during the reported year are foreign post allowances provided to such eligible employees.</p>

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization Pathfinder International

Employer identification number

53-0235320

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Securities, Real estate, etc.

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

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution policies and reporting.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990.**

Name of the organization Pathfinder International	Employer identification number 53-0235320
---	---

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Benjamin r karhl family relationship julia g karhl family relationship susan m george family relationship walter j gamble, md family relationship alfred w tate family relationship ralph s tate family relationship
Form 990, Part VI, Section B, line 11		Pathfinder's Board of Directors voted to authorize the Audit Committee of the Board to review and approve the organization's Form 990. The Audit Committee delegated the preparation of the Form to the staff along with tax advice consultation from an independent accounting firm. The Controller, CFO, and the independent accounting firm reviewed and approved the Form. The Audit Committee held a meeting to review the Form and approved it for submission. The Audit Committee provided the form to all members of the Board prior to submission.
Form 990, Part VI, Section B, line 12c		Yes, Pathfinder International does monitor and enforce compliance with our Conflict of Interest Policy. Pathfinder International is committed to the highest levels of integrity. Directors, officers and employees are expected to conduct their relationships with each other, Pathfinder International, outside organizations, contractors, vendors and grantees with objectivity and honesty. Pathfinder International directors, officers and employees are obligated to avoid and disclose ethical, legal, financial or other conflicts of interest involving Pathfinder, and remove themselves from a decision-making authority with respect to any conflict situation that involves Pathfinder. The individual must disclose all such relationships on their annual Conflict of Interest Statement of Disclosure. Should the appearance of impropriety or actual conflict of interest exist, appropriate actions must be taken. The individual involved in the conflict situation must work cooperatively with the designated office at Pathfinder to achieve a resolution of the conflict issue in the best interests of Pathfinder International. This may include the individual being removed from a position of decision-making authority with respect to the conflict situation or more serious actions, depending upon the nature of the conflict. Disclosure of Conflict of Interest should be made to designated offices. Upon commencement of employment, or, in the case of directors, upon election to the Board of Directors, and annually thereafter, all individuals must complete and sign a Conflict of Interest Statement of Disclosure.
Form 990, Part VI, Section B, line 15		Compensation Process for the President. 1. All elements of compensation will be provided to the Compensation Committee including (but not limited to) base salary and the value of all employee benefits including employer paid retirement contributions and all elements that would qualify as income under IRS tax code regulations. 2. The president will provide the Committee with a document summarizing the accomplishments and important issues that have been addressed over the course of the year. 3. The Committee will request on an annual basis from the Human Resources Director market data on executive pay in comparable organizations for comparable services. 4. At the annual meeting of the Board held in November the Committee will make a recommendation on the President's compensation in executive session. All members of the Board who are in attendance at the annual Board meeting will vote on the recommendation. Votes will be recorded by signing the report of the Committee. Any salary changes will then be implemented. During the November 2009 meeting of the Board of Directors, the Board approved an addition to the compensation process for the President. This addition is as follows: At least once every three years, the Committee will charge the Human Resources Director to engage an independent outside executive Compensation consultant to collect market competitive compensation packages for chief executive officers from international organizations of similar size, complexity, purpose and scope. Compensation Process for the Executive Leadership Team. The compensation structure for the Team is linked to Pathfinders annual performance management system. Based on the annual merit range approved by the Board, direct supervisors recommend and award annual merit increases. The Human Resources Department reviews all merit increases for internal continuity and equity. The increases for the Team will be reviewed and approved by the President upon completion and assessment of individual performance. During the November 2009 meeting of the Board of Directors, the Board approved additions to the compensation process for the Executive Leadership Team. These additions are as follows: 1. The Committee will request on an annual basis from the Human Resources Director market data on executive pay in comparable organizations for comparable services. 2. The Committee will review each member of the Team's compensation as a percentage as they compare to market (i.e. the salary of the VP of Resource Development is in the 50th percentile as compared with market). The Committee will additionally review the amount of base salary and the value of all employee benefits including employer paid retirement contributions, medical and dental benefits, and time away from work accruals. 3. The President, if asked, may provide the Committee with a report of individual performance, summarizing accomplishments and challenges that have been addressed over the course of the year. 4. At least once every three years, the Committee may charge the Human Resources Director to engage an independent outside executive compensation consultant to collect market competitive compensation packages for executive officers from international organizations of similar size, complexity, purpose and scope. 5. The Committee will share their findings with the Board when they complete the annual monitoring. Should any concerns arise or action steps be required, the Board Chair will address the concerns and findings with Pathfinder International's President.
Form 990, Part VI, Section C, line 19		the form 990 is available on our own website, upon request, and also available through guidestar and the massachusetts attorney general's website. the policies are posted on pathfinder's extranet. the financial statements are available upon request.
FORM 990, PAGE 12, PART XI - FINANCIAL STMTS & REPORTING	LINE 2C-DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT?	THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.
		FORM 990, PAGE 6, PART VI, SECTION A, LINE 5 DID THE ORGANIZATION BECOME AWARE DURING THE YEAR OF A MATERIAL DIVERSION? Pathfinder International did not become aware of any material diversion of the organization's assets during the year. It is important to indicate, however, that we did experience a significant control lapse as noted in the following finding in our Fiscal Year 2010 A-133 audit report, 2010-3 Finding - Procurement, Suspension and Debarment, USAID Foreign Assistance for Programs Overseas, CFDA Number 98 001, Nigeria Social Sector Service Program, Award Number 620-A-00-04-00125-00, June 30, 2010 Award Year, USAID Criteria or Specific Requirement. Procurement records and files for purchases in excess of the small purchase threshold shall include the following at a minimum: a) basis for contractor selection, b) justification for lack of competition when competitive bids or offers are not obtained, and c) basis for award cost or price (2 CFR 215.46). A system for contract administration shall be maintained to ensure contractor performance with the terms, conditions and specifications of the contract and to ensure adequate and timely follow-up of all purchases. Recipients shall evaluate contractor performance and document, as appropriate, whether contractors have met the terms, conditions and specifications of the contract (22 CFR 226.47). Condition Found. Prior to the start of the audit, Pathfinder brought to the auditor's attention that procurements for the Nigeria Social Sector Service Program, award number 620-A-00-04-00125-00, had instances where procurement practices were not followed and certain expenses were paid on a sole source basis and to vendors who presented themselves as competitors, when they were owned by the same persons. In addition, two vendors for which payments were made could not be located. Also, certain procurements were not supported by documentary proof of delivery of goods or services. Pathfinder has vigorously investigated this matter and has engaged external auditors and attorneys and performed extensive testing of transactions and costs charged to this program. Through further investigations and testing by external auditors it has been determined that in some instances the amounts paid to the vendors were within ranges of amounts that would have been paid to other vendors had established procurement policies and procedures been followed. Cause. It appears that one or more members of the Nigeria office staff (all of them since departed Pathfinder) may have colluded with unscrupulous vendors to evade the Organization's procurement policies and controls. The field office employees were managing these procurements themselves. The Finance staff at headquarters did not strictly enforce the Organization's procurement policies requiring headquarters approval of most of these procurements. Effect. The condition described above could render the expenses charged to the program as unallowable. Questioned Costs. During the investigation surrounding these procurements, delivery tickets for approximately \$850,000 of goods could not be located. This may not indicate that goods were in fact not delivered as there is some evidence that the Organization received these goods and the same record keeping matters noted in finding 2010-2 existed for this matter as well. Pathfinder is continuing to investigate and depositing prior employees to get further information on these procurements and expects that this amount will be reduced. Recommendation. We recommend that Pathfinder discuss this situation with the funding agency and determine what course of action is appropriate for handling the treatment of costs charged to the program from these vendors. We also recommend that Pathfinder more rigorously enforce existing controls such as headquarters being involved with major procurements and also inspection of field transactions supporting documentation on a consistent basis. Views of Responsible Officials and Planned Corrective Actions. Management concurs with the auditor's observations and recommendations. We have thoroughly examined the procurement activities in this project, having commissioned internal audits, reviews by an independent accounting firm, and reviews by law firms. We have established appropriate reserves. We've taken the following steps to prevent recurrence: - Tightening enforcement of existing policies and controls. - Supplementing the existing policy manual with easy to use checklists. - Conducting training of all field finance staff on procurement.
Form 990, Part I, Line 19		Related to Part I, Line 19 deficit of -\$2,446,927. Generally accepted accounting principles in the United States of America require that contributions, including unconditional promises to give (pledges), are recognized as revenue in the year all substantial conditions are met regardless of when the intended expenses for these funds are incurred. Unconditional promises to give are recorded as temporarily restricted revenue until such time as the scheduled payments are received. Funds collected against pledges result in the release of temporarily restricted revenue to unrestricted revenue due to the expiration of time. However, expenditures related to these funds are recorded as unrestricted expenses in the year they are incurred. This accounting treatment is the principal cause of the total operating deficit for the year ending June 30, 2010 as the full contribution revenue from pledges to support current year program activity expenditures has been recognized in prior years. After a year of global economic challenges, our total net assets of \$46.5 million positions Pathfinder for future growth and sustainability.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 1a		Number of voting members of the governing body. Pathfinder's Executive Committee. There shall be and Executive Committee of the Board of Directors which shall have no more than ten (10) members nor fewer than four (4) members (all of whom should be Directors and which shall include the Chairperson of the Board of Directors, who shall also serve as Chairperson of the Executive Committee, the Treasurer, and the Secretary) and shall have such powers and duties as are hereinafter set forth. The Executive Committee shall be elected by the Board of Directors at an annual meeting for a one (1) year term. The Executive Committee shall meet at the call of the Chairperson of the Board or any two members of the Executive Committee. A majority of the members of the Executive Committee constitutes a quorum. The Executive Committee may exercise all the functions of the Board of Directors in the routine management of affairs of the corporation during the intervals between meetings of the Board. All actions of the Executive Committee shall be reported to the Board of Directors at the next Directors' meeting which follows the Executive Committee action. Executive Committee Members during Fiscal Year 2010 (all are members of the governing body) Susan Swift, Chair Cynthia A. Fields, Vice Chair Manuel Urbina, Secretary James M. Schwartz, Treasurer Henry W. Foster, emeritus Benjamin R. Kahrl Julia G. Kahrl, emeritus Edward M. Kaplan Kathryn H. Lansing, emeritus Kathryn Ketcham Strong.

Form 990, Part VII, Section A, Column (B) Average hours per week of Board of Directors Each board member is on at least one committee (one call per quarter at 2 hours a piece with 2 hours for preparation/follow up) for a total of 16 hours and attends both the two day board meetings per year at 24 hours each which includes travel time

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

Cat No 51056K

Schedule O (Form 990) 2009