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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PATHFINDER INTERNATIONAL		D Employer identification number 53-0235320
	Doing Business As		E Telephone number (617) 924-7200
	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		G Gross receipts \$ 106,299,440

F Name and address of principal officer DANIEL E PELLEGRAM 9 GALEN STREET NO 217 WATERTOWN, MA 024724501	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
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I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.PATHFINDER.ORG

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1957 **M** State of legal domicile MA

Part I Summary

Activities & Governance	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 SEXUAL AND REPRODUCTIVE LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	155
	6 Total number of volunteers (estimate if necessary)	6	28
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	99,826,795	100,086,451
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,468	943,577
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,851,851	101,030,720
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,967,445	6,990,411
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,088,821	30,770,206
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,065	2,038
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,330,377		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	64,228,447	61,954,784
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	102,298,778	99,717,439
19 Revenue less expenses Subtract line 18 from line 12	-2,446,927	1,313,281	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	46,581,026	53,829,551
	22 Net assets or fund balances Subtract line 21 from line 20	12,737,884	20,323,603
		33,843,142	33,505,948

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	2012-03-01 Date
	THOMAS DOWNING CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH M GISO MST	Preparer's signature JOSEPH M GISO MST	Date 2012-03-01	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ CBIZ TOFIAS				Firm's EIN ▶
	Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116				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

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

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 \$ 66,971,685 including grants of \$ 2,506,966) (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 AND POST ABORTION CARE SERVICES 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 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 AFRICA PROGRAMS

4b (Code) (Expenses \$ 16,618,390 including grants of \$ 841,622) (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 REPRODUCTIVE AND MATERNAL HEALTH ADDITIONAL WORK IS DONE IN BANGLADESH TO IMPROVE MATERNAL HEALTH 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 \$ 4,285,659 including grants of \$ 3,641,823) (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 \$ 87,875,734

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
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, Parts I and IV.</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, Parts II and IV.</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, Parts III and IV.</i>		No
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 (see instructions).</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (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); 15c If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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: Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,425,744	0	241,524	

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 **▶**37

	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>		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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
SERENIC SOFTWARE 141 UNION BOULEVARD LAKEWOOD, CO 80228	SOFTWARE CONSULTANTS	528,400
MAYER HOFFMAN MCCANN PC 500 BOYLSTON STREET BOSTON, MA 02116	AUDIT/TAX	186,400
RUSSEL REYNOLDS ASSOCIATION CHURCH STREET STATION NEW YORK, NY 10249	EXECUTIVE SEARCH SERVICES	105,393

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 **▶**3

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	76,477,935				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	23,608,516				
	g	Noncash contributions included in lines 1a-1f \$	92,959				
	h	Total. Add lines 1a-1f	100,086,451				
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)		308,763		308,763	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	5,903,534			
			(ii) Other				
	b	Less cost or other basis and sales expenses	5,268,720				
c	Gain or (loss)	634,814					
d	Net gain or (loss)	634,814			634,814		
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						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a	OTHER	900099	692	692			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		692				
12	Total revenue. See Instructions		101,030,720	692	0	943,577	

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	6,990,411	6,990,411		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,302,560	362,778	782,020	157,762
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	22,509,725	17,982,232	4,022,581	504,912
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,058,315	273,794	784,521	
9	Other employee benefits	5,084,670	4,814,440	52,065	218,165
10	Payroll taxes	814,936		814,936	
a	Fees for services (non-employees)				
	Management				
b	Legal	133,824	18,039	104,512	11,273
c	Accounting	442,122	35,794	406,328	
d	Lobbying	1,595	1,595		
e	Professional fundraising services See Part IV, line 17	2,038			2,038
f	Investment management fees				
g	Other	2,715,038	2,407,688	224,830	82,520
12	Advertising and promotion	73,964	17,970	800	55,194
13	Office expenses	4,547,307	4,101,965	409,476	35,866
14	Information technology	706,416	516,133	189,577	706
15	Royalties				
16	Occupancy	2,761,844	2,022,027	737,817	2,000
17	Travel	6,175,935	5,644,100	459,256	72,579
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,073	123,622	38,238	2,213
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,395	200	106,838	15,357
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUBCONTRACTS	22,636,066	22,636,066		
b	PARTICIPANT TRAINING	11,227,403	11,227,403		
c	EQUIPMENT	5,595,933	5,580,138	14,982	813
d					
e					
f	All other expenses	4,650,869	3,119,339	1,362,551	168,979
25	Total functional expenses. Add lines 1 through 24f	99,717,439	87,875,734	10,511,328	1,330,377
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,960,456	1	6,974,659
	2 Savings and temporary cash investments	15,131,871	2	12,219,514
	3 Pledges and grants receivable, net	9,159,293	3	12,553,041
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	133,609	9	234,508
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2,387,414		
	b Less accumulated depreciation	2,028,178	171,891	10c 359,236
	11 Investments—publicly traded securities	9,540,776	11	11,320,496
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	535,212
	15 Other assets. See Part IV, line 11	6,483,130	15	9,632,885
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,581,026	16	53,829,551	
Liabilities	17 Accounts payable and accrued expenses	6,092,785	17	9,203,319
	18 Grants payable	5,944,172	18	4,619,266
	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	700,927	25	6,501,018
	26 Total liabilities. Add lines 17 through 25	12,737,884	26	20,323,603
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	15,202,022	27	17,436,967
	28 Temporarily restricted net assets	13,295,165	28	10,675,426
	29 Permanently restricted net assets	5,345,955	29	5,393,555
	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	33,843,142	33	33,505,948	
34 Total liabilities and net assets/fund balances	46,581,026	34	53,829,551	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,030,720
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,717,439
3	Revenue less expenses Subtract line 2 from line 1	3	1,313,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,843,142
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,650,475
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,505,948

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input 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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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.

Department of the Treasury
Internal Revenue Service

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	107,604,961	90,944,952	100,036,753	99,826,795	100,086,451	498,499,912
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	107,604,961	90,944,952	100,036,753	99,826,795	100,086,451	498,499,912
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)						17,541,630
6 Public Support. Subtract line 5 from line 4						480,958,282

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	107,604,961	90,944,952	100,036,753	99,826,795	100,086,451	498,499,912
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	487,697	723,724	436,760	275,840	308,763	2,232,784
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,061	691	1,446	1,588	692	6,478
11 Total support (Add lines 7 through 10)						500,739,174

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 2010 (line 6 column (f) divided by line 11 column (f))	14	96.050 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	93.520 %

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 CLASS ACTION SETTLEMENTS 2008 386 2009 5 DESCRIPTION COURAGEOUS PIONEERS BOOK SALES 2007 368 2008 515 DESCRIPTION AMEX CREDIT CARD CASH BACK 2006 202 2007 188 2008 127 2009 286 2010 554 DESCRIPTION STAMPS RETURNED TO P O 2006 501 2007 64 2008 408 DESCRIPTION PROGRAM ADVANCE ADJUSTMENT 2006 1358 DESCRIPTION WIRE-IN WA STATE 2009 94 DESCRIPTION COLUMBIA FAIR FUND 2009 77 DESCRIPTION IBM REPLACEMENT CHECK 2010 14 DESCRIPTION IZAAK WALTON LEAGUE OF AMERICA 2010 72 DESCRIPTION LAERDAL MEDICAL CORP '01 REFUND 2010 52

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

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 V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Table with 2 columns: Name of the organization (PATHFINDER INTERNATIONAL) and 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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)	1,520													
c Total lobbying expenditures (add lines 1a and 1b)	1,595													
d Other exempt purpose expenditures	98,385,467													
e Total exempt purpose expenditures (add lines 1c and 1d)	98,387,062													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">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) 2007	(b) 2008	(c) 2009	(d) 2010	(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	5,848	1,014	8,143	1,595	16,600
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	2,428	153	75	75	2,731

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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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 1.
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

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	5,453,926	5,345,955	5,693,673		
b Contributions	47,600		36,970		
c Investment earnings or losses	1,183,314	224,738	-255,601		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	133,653	116,767	129,087		
g End of year balance	6,551,187	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 ▶ 82.330 %
- c** Term endowment ▶ 17.670 %

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		359,441	253,154	106,287
d Equipment		1,607,007	1,354,058	252,949
e Other		420,966	420,966	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				359,236

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	101,030,720
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,717,439
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,313,281
4	Net unrealized gains (losses) on investments	4	877,077
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,527,552
9	Total adjustments (net) Add lines 4 - 8	9	-1,650,475
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-337,194

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	101,907,797
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	877,077
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	877,077
3	Subtract line 2e from line 1	3	101,030,720
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	101,030,720

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

1	Total expenses and losses per audited financial statements	1	99,717,439
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	99,717,439
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	99,717,439

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PATHFINDER INTENDS TO USE INCOME FROM THE ENDOWMENT FUND TO SUPPORT ITS MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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
PART XI, LINE 8 - OTHER ADJUSTMENTS		RECLASSIFICATION DUE TO CHANGE IN TREATMENT OF INVENTORY HELD FOR OTHERS -2,527,552
		PART IX - INVENTORY HELD FOR OTHERS INVENTORY HELD FOR OTHERS REPRESENTS CONTRACEPTIVES PROCURED BY USAID IN SUPPORT OF THE ETHIOPIAN HEALTH SECTOR PATHFINDER HANDLES THE MANAGEMENT OF WAREHOUSING AND DISTRIBUTION OF THIS INVENTORY AS DIRECTED BY USAID BASED ON CLARIFICATION OF PATHFINDER'S RESPONSIBILITY WITH REGARDS TO THE INVENTORY, BEGINNING JULY 1, 2010, PATHFINDER TREATED THIS AS AN AGENCY TRANSACTION PRIOR TO JULY 1, 2010, PATHFINDER ACCOUNTED FOR INVENTORY TRANSACTIONS AS A PROGRAM EXPENSE

Part IV Foreign Forms

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

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 THE PACIFIC	RH/HIV/AIDS	92,486	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	47,938	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	43,134	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	41,134	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	38,246	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	34,289	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	33,511	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	33,320	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	28,147	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	24,052	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	21,878	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	21,415	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	19,902	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	19,431	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	18,946	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	17,938	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	16,517	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	16,293	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	14,693	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	13,598	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	10,497	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	10,443	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	9,208	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	9,052	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	8,818	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	8,747	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	8,025	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	7,630	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	7,321	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	7,118	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)
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	6,823	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	6,516	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	6,223	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	5,323	WIRE			
		SOUTH ASIA	MCH	226,971	WIRE			
		SOUTH ASIA	RH/FP	184,665	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	156,817	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	147,424	WIRE			
		SOUTH ASIA	MCH	127,120	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	82,610	WIRE			
		SOUTH ASIA	HIV/AIDS/FP	77,338	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	63,513	WIRE			
		SOUTH ASIA	HIV/AIDS	53,597	WIRE			
		SOUTH ASIA	HIV/AIDS	50,007	WIRE			
		SOUTH ASIA	MCH	47,793	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	46,982	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	46,778	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	46,455	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	39,319	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	38,249	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	36,284	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	36,139	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	35,571	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	35,534	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	29,100	WIRE			
		SOUTH ASIA	MCH	22,378	WIRE			
		SOUTH ASIA	HIV/AIDS/RH	13,540	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	328,168	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	177,743	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	234,186	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	128,019	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	109,634	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	104,886	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	103,664	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	102,175	WIRE			
		SUB-SAHARAN AFRICA	RH/HIV/AIDS	99,035	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	68,697	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	65,722	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	59,861	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	59,498	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	57,243	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	56,987	WIRE			
		SUB-SAHARAN AFRICA	RH/HIV/AIDS	54,092	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	45,045	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	44,636	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	43,698	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	43,638	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	42,982	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	41,794	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	41,784	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	40,828	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	39,984	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	39,445	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	35,919	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	35,442	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	34,597	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	33,289	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	33,022	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	32,401	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	32,273	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	31,247	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	29,120	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	23,842	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	22,199	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	21,969	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	21,251	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	19,176	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	18,895	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	17,842	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	17,644	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	16,841	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	15,655	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	15,541	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	15,321	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	15,304	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	14,460	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	12,831	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	10,696	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	10,561	WIRE			
		SUB-SAHARAN AFRICA	RH/HIV/AIDS	10,476	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	10,281	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	8,052	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	7,591	WIRE			
		SUB-SAHARAN AFRICA	RH/FP	7,457	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	7,376	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	5,296	WIRE			
		SOUTH AMERICA	PAC/HIV/AIDS	1,426,417	WIRE			
		SOUTH AMERICA	PAC/HIV/AIDS	333,239	WIRE			
		SOUTH AMERICA	PAC/HIV/AIDS	323,131	WIRE			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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

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

- | | |
|---|---|
| <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) |

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

1b Yes

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?

2 Yes

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

- | | |
|---|---|
| <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 |

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

5a No

b Any related organization?

5b No

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

6a No

b Any related organization?

6b No

If "Yes," to line 6a or 6b, describe in Part III

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

7 No

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

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL E PELLEGROM	(i)	370,903	0	0	38,500	6,763	416,166	0
	(ii)	0	0	0	0	0	0	0
(2) CAROLINE CROSBIE	(i)	240,705	0	0	22,000	4,097	266,802	0
	(ii)	0	0	0	0	0	0	0
(3) THOMAS DOWNING	(i)	221,509	0	0	0	1,579	223,088	0
	(ii)	0	0	0	0	0	0	0
(4) DEMET GURAL	(i)	193,529	0	0	22,000	1,790	217,319	0
	(ii)	0	0	0	0	0	0	0
(5) ERIN MAJERNIK	(i)	154,020	0	0	16,500	5,000	175,520	0
	(ii)	0	0	0	0	0	0	0
(6) TILAHUN GIDAY	(i)	184,600	0	0	22,000	3,694	210,294	0
	(ii)	0	0	0	0	0	0	0
(7) HAMOUDA HANAFI	(i)	311,602	0	0	22,000	2,979	336,581	0
	(ii)	0	0	0	0	0	0	0
(8) DAVID H ADRIANCE	(i)	202,696	0	0	20,583	3,694	226,973	0
	(ii)	0	0	0	0	0	0	0
(9) SONO AIBE	(i)	158,151	0	0	15,600	5,142	178,893	0
	(ii)	0	0	0	0	0	0	0
(10) MUSTAFA KUDRATI	(i)	213,548	0	0	0	3,694	217,242	0
	(ii)	0	0	0	0	0	0	0
(11) JAYNE LYONS	(i)	174,481	0	0	22,000	1,909	198,390	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

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 CAFE 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 POLICES 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

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 9 is filled with X, 26, 92,959, FAIR MARKET VALUE.

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33.

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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COMPLETED FORM 990 IS REVIEWED AND APPROVED BY THE CONTROLLER AND CHIEF FINANCE OFFICER THE REPORT IS SUBMITTED TO THE AUDIT COMMITTEE THE COMMITTEE MEETS TO REVIEW AND APPROVE THE FORM FOR SUBMISSION TO THE IRS A COPY OF THE APPROVED FORM IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	YES, PATHFINDER INTERNATIONAL DOES MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. PATHFINDER INTERNATIONAL IS COMMITTED TO THE HIGHEST LEVELS OF INTEGRITY. ACCORDING TO THE BOARD APPROVED CONFLICT OF INTEREST POLICY, ALL DIRECTORS, OFFICERS AND EMPLOYEES ARE EXPECTED TO CONDUCT THEIR RELATIONSHIPS WITH EACH OTHER, PATHFINDER INTERNATIONAL, OUTSIDE ORGANIZATIONS, CONTRACTORS, VENDORS AND GRANTEEES 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. ALL INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY INTEREST OR ACTIVITY THAT INFLUENCES OR APPEARS TO INFLUENCE THE ABILITY OF THE INDIVIDUAL TO EXERCISE OBJECTIVITY OR IMPAIRS THE INDIVIDUAL'S ABILITY TO PERFORM HIS OR HER RESPONSIBILITIES IN THE BEST INTEREST OF PATHFINDER INTERNATIONAL. UPON COMMENCEMENT OF EMPLOYMENT, OR, IN THE CASE OF DIRECTORS, UPON ELECTION TO THE BOARD OF DIRECTORS, AND ANNUALLY THEREAFTER, ALL INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE. THE DISCLOSURE AFFIRMS THAT THE INDIVIDUAL - HAS RECEIVED A COPY OF PATHFINDER INTERNATIONAL'S CONFLICT OF INTEREST POLICY, - HAS READ AND UNDERSTANDS THE POLICY, - HAS AGREED TO COMPLY WITH THE POLICY AND - UNDERSTANDS THAT PATHFINDER INTERNATIONAL IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>BELOW ARE EXCERPTS OF THE EXECUTIVE COMPENSATION POLICY APPROVED BY THE BOARD OF DIRECTORS IN MAY 2011 IT SPELLS OUT THE COMPENSATION PROCESS FOR BOTH THE PRESIDENT AND THE EXECUTIVE LEADERSHIP TEAM 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 THE COMMITTEE WILL MAKE A RECOMMENDATION ON THE PRESIDENT'S COMPENSATION IN THE 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 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 PATHFINDER'S 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 THE COMPENSATION COMMITTEE REQUESTS ON AN ANNUAL BASIS FROM THE HUMAN RESOURCES DIRECTOR MARKET DATA ON EXECUTIVE PAY IN COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES THE COMMITTEE REVIEWS EACH MEMBER OF THE TEAM'S COMPENSATION AND COMPARES THIS TO MARKET DATA THE REVIEW INCLUDES BASE SALARY AND THE VALUE OF ALL EMPLOYEE BENEFITS INCLUDING EMPLOYER PAID RETIREMENT CONTRIBUTIONS, MEDICAL AND DENTAL BENEFITS AND TIME AWAY FROM WORK ACCRUALS THE PRESIDENT, IF ASKED PROVIDES THE COMMITTEE WITH A REPORT OF INDIVIDUAL PERFORMANCE, SUMMARIZING ACCOMPLISHMENTS AND CHALLENGES THAT HAVE BEEN ADDRESSED OVER THE COURSE OF THE YEAR THE MARKET DATA USED FOR COMPARISON BASIS IS DERIVED FROM AN INDEPENDENT OUTSIDE EXECUTIVE COMPENSATION CONSULTANT WHO IS ENGAGED AT LEAST ONCE IN THREE YEARS THE CONSULTANT PROVIDES DATA FROM INTERNATIONAL ORGANIZATIONS OF SIMILAR SIZE, COMPLEXITY, PURPOSE AND SCOPE THE COMMITTEE SHARES ITS FINDINGS WITH THE BOARD WHEN IT COMPLETES THE ANNUAL MONITORING SHOULD ANY CONCERNS ARISE OR ACTION STEPS BE REQUIRED, THE BOARD CHAIR WILL ADDRESS THE CONCERNS AND FINDINGS WITH PATHFINDER'S PRESIDENT</p>

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 877,077 RECLASSIFICATION DUE TO CHANGE IN TREATMENT OF INVENTORY HELD FOR OTHERS -2,527,552 TOTAL TO FORM 990, PART XI, LINE 5 -1,650,475

Identifier	Return Reference	Explanation
LINE 2C-DOES ORGANIZATION HAVE A COMMITTEE THAT ASSUMES OVERSIGHT OF AUDIT?	FORM 990, PAGE 12, PART XI - FINANCIAL STMTS & REPORTING	THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 1A	SECTION 11 OF THE BY-LAWS OF PATHFINDER INTERNATIONAL PROVIDES AS FOLLOWS NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY PATHFINDER'S EXECUTIVE COMMITTEE THERE SHALL BE AN 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 MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE ELECTED BY THE BOARD OF DIRECTORS AT THE 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 THE 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 BELOW ARE THE EXECUTIVE COMMITTEE MEMBERS DURING FISCAL YEAR 2011 (ALL ARE MEMBERS OF THE GOVERNING BODY) MS CYNTHIA A FIELDS MS JANE L HAVEMEYER MR BENJAMIN R KAHRL MR EDWARD M KAPLAN, ESQ MS ELISABETH L LYON MR JAMES M SCHWARTZ DR MANUEL URBINA DR HENRY W FOSTER, JR (EMERITUS) MS KATHRYN H LANSING (EMERITUS)

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK OF BOARD OF DIRECTORS	FORM 990, PART VII, SECTION A, COLUMN (B)	EACH BOARD MEMBER IS ON AT LEAST ONE COMMITTEE COMMITTEE PARTICIPATION AT A MINIMUM ENTAILS ONE CALL PER QUARTER THAT LASTS AN AVERAGE OF 2 HOURS PREPARATION AND FOLLOW UP TIME AVERAGES AN ADDITIONAL 2 HOURS THIS ADDS UP TO AN ANNUAL TOTAL OF 16 HOURS BOARD MEMBERS ATTENDED TWO BOARD MEETINGS DURING THE YEAR TOTAL PARTICIPATION TIME WAS 84 HOURS INCLUDING TRAVEL AND PRE-MEETING PREPARATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PATHFINDER INTERNATIONAL OPERATIONS LLC 9 GALEN STREET STE 217 WATERTOWN, ME024724501 00-1033474	SUPPORT THE OPERATIONS OF PATHFINDER INTERNATIONAL OUTSIDE THE U S	MA	N/A	C			100 000 %
(2) CRUT 9 GALEN STREET STE 217 WATERTOWN, MA024724501 53-0235320	TRUST	MA	N/A	T		80,330	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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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 90	X					0	0	0	
MS CLAUDINE BACHER BOARD OF DIRECTOR	1 90	X					0	0	0	
DR RICHARD L BERKOWITZ BOARD OF DIRECTOR	1 90	X					0	0	0	
MR ROBERT J BOBB BOARD OF DIRECTOR	1 90	X					0	0	0	
MRS ARTHUR F COOK JR BOARD OF DIRECTOR	1 90	X					0	0	0	
MS PATRICIA J COOPER EMERITUS DIRECTOR	1 90	X					0	0	0	
MS CYNTHIA A FIELDS BOARD OF DIRECTOR	1 90	X					0	0	0	
MR ANDREW L FREY BOARD OF DIRECTOR	1 90	X					0	0	0	
DR WALTER J GAMBLE BOARD OF DIRECTOR	1 90	X					0	0	0	
DR SUSAN M GEORGE BOARD OF DIRECTOR	1 90	X					0	0	0	
MS JANE L HAVEMEYER BOARD OF DIRECTOR	1 90	X					0	0	0	
MS ANNE HALE JOHNSON BOARD OF DIRECTOR	1 90	X					0	0	0	
MR BENJAMIN R KAHRL BOARD OF DIRECTOR	1 90	X					0	0	0	
MR EDWARD M KAPLAN ESQ BOARD OF DIRECTOR	1 90	X					0	0	0	
MR RAJEN A KILACHAND BOARD OF DIRECTOR	1 90	X					0	0	0	
MS ELISABETH L LYON BOARD OF DIRECTOR	1 90	X					0	0	0	
DR FLORENCE W MANGUYU BOARD OF DIRECTOR	1 90	X					0	0	0	
DR DEBORAH PROTHROW-STITH BOARD OF DIRECTOR	1 90	X					0	0	0	
MR JAMES M SCHWARTZ BOARD OF DIRECTOR	1 90	X					0	0	0	
MS VALERIE C SPENCER BOARD OF DIRECTOR	1 90	X					0	0	0	
MS KATHRYN KETCHAM STRONG EMERITUS DIRECTOR	1 90	X					0	0	0	
MS RONDA E STRYKER BOARD OF DIRECTOR	1 90	X					0	0	0	
MR JOHN F SWIFT BOARD OF DIRECTOR	1 90	X					0	0	0	
MR ALFRED W TATE BOARD OF DIRECTOR	1 90	X					0	0	0	
MR RALPH S TATE BOARD OF DIRECTOR	1 90	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			
MS JUNE L TATELMAN BOARD OF DIRECTOR	1 90	X						0	0	0
MR GEORGE N TODD BOARD OF DIRECTOR	1 90	X						0	0	0
DR MANUEL URBINA BOARD OF DIRECTOR	1 90	X						0	0	0
MS ROSLYN M WATSON BOARD OF DIRECTOR	1 90	X						0	0	0
MS SHARON WALLISON BOARD OF DIRECTOR	1 90	X						0	0	0
MR J BAYARD BOYLE JR EMERITUS DIRECTOR	1 90	X						0	0	0
MR JAMES R EPSTEIN EMERITUS DIRECTOR	1 90	X						0	0	0
MRS SARAH G EPSTEIN EMERITUS DIRECTOR	1 90	X						0	0	0
DR HENRY W FOSTER JR EMERITUS DIRECTOR	1 90	X						0	0	0
MRS MARY B HEWLETT EMERITUS DIRECTOR	1 90	X						0	0	0
DENISE E HOLMES JD MPH EMERITUS DIRECTOR	1 90	X						0	0	0
DR JULIA G KAHRL EMERITUS DIRECTOR	1 90	X						0	0	0
MS SUSAN C KIRK EMERITUS DIRECTOR	1 90	X						0	0	0
MS KATHRYN H LANSING EMERITUS DIRECTOR	1 90	X						0	0	0
MS MARY D LINDSAY EMERITUS DIRECTOR	1 90	X						0	0	0
DR NAFIS SADIK EMERITUS DIRECTOR	1 90	X						0	0	0
MR PRAKASH SHAH BOARD OF DIRECTOR	1 90	X						0	0	0
MR NORMAN F SMITH III ESQ EMERITUS DIRECTOR	1 90	X						0	0	0
MR JOSEPH C WHEELER EMERITUS DIRECTOR	1 90	X						0	0	0
DANIEL E PELLEGRAM PRESIDENT	48 00			X				370,903	0	45,263
CAROLINE CROSBIE SENIOR VP	48 00			X				240,705	0	26,097
THOMAS DOWNING CHIEF FINANCIAL OFFICER	41 00			X				221,509	0	1,579
DEMET GURAL VP OF PROGRAMS	46 00				X			193,529	0	23,790
ERIN MAJERNIK VP OF RESOURCE DEV	41 00				X			154,020	0	21,500
TILAHUN GIDAY COUNTRY REPRESENTATIVE	49 00				X			184,600	0	25,694

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			
HAMOUDA HANAFI COUNTRY REPRESENTATIVE	40 00					X		311,602	0	24,979
DAVID H ADRIANCE PROJECT DIRECTOR	40 00					X		202,696	0	24,277
SONO AIBE SENIOR ADVISOR, SPECIAL PROJECTS	42 00					X		158,151	0	20,742
MUSTAFA KUDRATI COUNTRY REPRESENTATIVE	55 00					X		213,548	0	3,694
JAYNE LYONS PROJECT DIRECTOR	40 00					X		174,481	0	23,909