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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)

OMB No 1545-0047

2011

Open to Public Inspection

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

Part I Summary

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

C Name of organization: PATHFINDER INTERNATIONAL
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 9 GALEN STREET NO 217
Room/suite
City or town, state or country, and ZIP + 4: WATERTOWN, MA 024724501

D Employer identification number: 53-0235320
E Telephone number: (617) 924-7200
G Gross receipts \$ 104,787,246

F Name and address of principal officer: PURNIMA MANE, 9 GALEN STREET NO 217, WATERTOWN, MA 024724501

H(a) Is this a group return for affiliates? No
H(b) Are all affiliates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.PATHFINDER.ORG

K Form of organization: Corporation
L Year of formation: 1957
M State of legal domicile: MA

Table with 4 main sections: 1. Activities & Governance (mission statement, 2-7a/b), 2. Revenue (8-12), 3. Expenses (13-19), 4. Net Assets or Fund Balances (20-22). Includes columns for Prior Year, Current Year, Beginning of Current Year, and End of Year.

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.

Sign Here: Signature of officer (THOMAS DOWNING CHIEF FINANCIAL OFFICER) and Date (2013-02-05)

Paid Preparer's Use Only: Preparer's signature (JOSEPH M GISO MST), Date, Check if self-employed, Preparer's taxpayer identification number (P00030126), Firm's name (CBIZ TOFIAS), address (500 BOYLSTON STREET, BOSTON, MA 02116), EIN (26-3753134), 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 79,867,539 including grants of \$ 3,934,371) (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 \$ 7,607,499 including grants of \$ 466,321) (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 \$ 1,814,893 including grants of \$ 1,292,498) (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 \$ 89,289,931

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>		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.</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. All Form 990 filers that operated one or more hospitals must attach audited financial statements		
20b			

Part IV Checklist of Required Schedules (continued)

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **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 made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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 per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,203,818	0	192,998	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**38

	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SERENIC SOFTWARE 141 UNION BOULEVARD LAKEWOOD, CO 80228	SOFTWARE CONSULTANTS	596,372
MAYER HOFFMAN MCCANN PC 500 BOYLSTON STREET BOSTON, MA 02116	AUDIT/TAX	108,880

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

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	85,669,376					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	15,016,727					
	g	Noncash contributions included in lines 1a-1f \$ <u>116,232</u>						
	h	Total. Add lines 1a-1f ▶	100,686,103					
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) ▶	529,311			529,311		
	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	3,562,753				
			(ii) Other					
			b	Less cost or other basis and sales expenses	3,423,201			
			c	Gain or (loss)	139,552			
	d	Net gain or (loss) ▶	139,552			139,552		
	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	9,079	9,079				
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		9,079					
12	Total revenue. See Instructions ▶		101,364,045	9,079	0	668,863		

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,693,190	5,693,190		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,260,567	487,034	654,694	118,839
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	22,977,397	18,230,377	4,187,182	559,838
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,292,689	310,971	981,718	
9	Other employee benefits	4,758,182	4,497,347	19,613	241,222
10	Payroll taxes	829,817		829,817	
11	Fees for services (non-employees)				
a	Management				
b	Legal	151,218	142,186	611	8,421
c	Accounting	222,813	14,987	207,826	
d	Lobbying	2,702	2,702		
e	Professional fundraising See Part IV, line 17	1,275			1,275
f	Investment management fees				
g	Other	2,339,722	1,984,160	273,531	82,031
12	Advertising and promotion	94,814	16,058	31,559	47,197
13	Office expenses	3,566,160	3,123,486	406,415	36,259
14	Information technology	522,787	423,811	98,976	
15	Royalties				
16	Occupancy	2,418,509	1,678,128	740,381	
17	Travel	7,927,958	7,215,020	616,136	96,802
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	308,500	196,566	111,934	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,904		142,211	8,693
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	25,188,804	25,188,804		
b	PARTICIPANT TRAINING	11,649,150	11,649,150		
c	EQUIPMENT	5,328,660	5,193,535	133,030	2,095
d					
e					
f	All other expenses	4,520,271	3,242,419	1,177,487	100,365
25	Total functional expenses. Add lines 1 through 24f	101,206,089	89,289,931	10,613,121	1,303,037
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	6,974,659	1	5,785,771
	2 Savings and temporary cash investments	12,219,514	2	5,341,527
	3 Pledges and grants receivable, net	7,933,775	3	5,096,663
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	234,508	9	510,851
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,537,166		
	b Less accumulated depreciation	2,179,081	10c	358,085
	11 Investments—publicly traded securities	11,320,496	11	21,536,917
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	535,212	14	712,398
	15 Other assets See Part IV, line 11	9,632,885	15	12,048,751
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,210,285	16	51,390,963	
Liabilities	17 Accounts payable and accrued expenses	9,203,319	17	10,549,095
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,501,018	25	7,115,068
	26 Total liabilities. Add lines 17 through 25	15,704,337	26	17,664,163
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	17,436,967	27	18,449,479
	28 Temporarily restricted net assets	10,675,426	28	9,883,766
	29 Permanently restricted net assets	5,393,555	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	33,505,948	33	33,726,800	
34 Total liabilities and net assets/fund balances	49,210,285	34	51,390,963	

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	101,364,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,206,089
3	Revenue less expenses Subtract line 2 from line 1	3	157,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,505,948
5	Other changes in net assets or fund balances (explain in Schedule O)	5	62,896
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	33,726,800

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

2011

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 **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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	90,944,952	100,036,753	99,826,795	100,086,451	100,686,102	491,581,053
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	90,944,952	100,036,753	99,826,795	100,086,451	100,686,102	491,581,053
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)						19,601,382
6 Public Support. Subtract line 5 from line 4						471,979,671

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	90,944,952	100,036,753	99,826,795	100,086,451	100,686,102	491,581,053
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	723,724	436,760	275,840	308,763	529,311	2,274,398
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	691	1,446	1,588	692	9,079	13,496
11 Total support (Add lines 7 through 10)						493,868,947

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 2011 (line 6 column (f) divided by line 11 column (f))	14	95.570 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96.050 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION 2007 - OTHER INCOME - \$691 2008 - OTHER INCOME - \$1,446 2009 - OTHER INCOME - \$1,588 2010 - OTHER INCOME - \$692 2011 - OTHER INCOME - \$9,079

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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, line 35c (Proxy Tax), then

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

Name of the organization PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
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 and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	548													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,154													
c	Total lobbying expenditures (add lines 1a and 1b)	2,702													
d	Other exempt purpose expenditures	99,900,350													
e	Total exempt purpose expenditures (add lines 1c and 1d)	99,903,052													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	1,014	8,143	1,595	2,702	13,454
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	153	75	75	548	851

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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	6,551,187	5,453,926	5,345,955	5,693,673	
b Contributions		47,600		36,970	
c Investment earnings or losses	40,623	1,183,314	224,738	-255,601	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	477,806	133,653	116,767	129,087	
g End of year balance	6,114,004	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 88 200 %
- c** Term endowment 11 800 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		359,441	265,382	94,059
d Equipment		1,756,759	1,492,733	264,026
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).)				358,085

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	101,364,045
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	101,206,089
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	157,956
4	Net unrealized gains (losses) on investments	4	62,896
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	62,896
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	220,852

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	101,426,941
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	62,896
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	62,896
3	Subtract line 2e from line 1	3	101,364,045
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	101,364,045

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

1	Total expenses and losses per audited financial statements	1	101,206,089
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	101,206,089
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	101,206,089

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 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	61,690	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	30,638	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	21,804	WIRE			

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

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		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	20,551	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	18,449	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	16,997	WIRE			

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

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		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	143,968	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	13,355	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	13,231	WIRE			

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

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		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	12,887	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	11,372	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	16,357	WIRE			

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		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	5,264	WIRE			
		EAST ASIA AND THE PACIFIC	RH/HIV/AIDS	5,057	WIRE			
		SOUTH ASIA - INDIA, BANGLADESH,	MCH	19,932	WIRE			

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

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		SOUTH ASIA - INDIA, BANGLADESH,	AIDS/HIV/RH	10,936	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	348,367	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	215,635	WIRE			

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		SUB-SAHARAN AFRICA	FP/HIV/AIDS	102,944	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	68,083	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	51,656	WIRE			

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

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		SUB-SAHARAN AFRICA	FP/HIV/AIDS	50,282	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	49,949	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	429,246	WIRE			

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		SUB-SAHARAN AFRICA	FP/HIV/AIDS	43,451	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	147,295	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	113,978	WIRE			

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		SUB-SAHARAN AFRICA	HIV/AIDS	89,838	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	37,857	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	37,845	WIRE			

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		SUB-SAHARAN AFRICA	FP/HIV/AIDS	34,770	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	34,209	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	33,142	WIRE			

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		SUB-SAHARAN AFRICA	HIV/AIDS	79,120	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	75,663	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	75,567	WIRE			

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		SUB-SAHARAN AFRICA	FP/HIV/AIDS	27,616	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	72,458	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	65,065	WIRE			

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		SUB-SAHARAN AFRICA	HIV/AIDS	59,778	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	26,407	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	23,745	WIRE			

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

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		SUB-SAHARAN AFRICA	HIV/AIDS	50,667	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	50,456	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	43,381	WIRE			

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

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		SUB-SAHARAN AFRICA	HIV/AIDS	42,076	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	521,757	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	38,970	WIRE			

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)
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	16,905	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	38,495	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	35,299	WIRE			

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

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		SUB-SAHARAN AFRICA	HIV/AIDS	35,031	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	32,882	WIRE			
		SUB-SAHARAN AFRICA	FP/HIV/AIDS	13,551	WIRE			

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

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		SOUTH AMERICA - PERU	PAC/HIV/AIDS	643,367	WIRE			
		SOUTH AMERICA - PERU	PAC/HIV/AIDS	282,183	WIRE			
		SOUTH AMERICA - PERU	PAC/HIV/AIDS	177,842	WIRE			

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)
		SOUTH AMERICA - PERU	PAC/HIV/AIDS	189,107	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	30,000	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	29,345	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	28,483	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	26,368	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	23,193	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	22,827	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	22,784	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	22,715	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	21,591	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	21,257	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	20,668	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	20,380	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	19,659	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	19,556	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	19,257	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	18,309	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	17,740	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	15,632	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	13,225	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	12,934	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	11,727	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	11,588	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS	10,382	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	8,919	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	7,763	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	7,302	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	MCH	6,424	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	MCH	5,857				
		SUB-SAHARAN AFRICA - ANGOLA,	HIV/AIDS/RH	21,362	WIRE			

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)
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	5,347	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	5,254	WIRE			
		SUB-SAHARAN AFRICA - ANGOLA,	FP/HIV/AIDS	5,234	WIRE			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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

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?

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?

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

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

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

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?

b Any related organization?

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?

b Any related organization?

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

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

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

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL E PELLEGROM	(i)	382,363	0	0	22,050	7,398	411,811	0
	(ii)	0	0	0	0	0	0	0
(2) CAROLINE CROSBIE	(i)	254,999	0	0	22,050	6,731	283,780	0
	(ii)	0	0	0	0	0	0	0
(3) THOMAS DOWNING	(i)	237,718	0	0	16,505	1,814	256,037	0
	(ii)	0	0	0	0	0	0	0
(4) DEMET GURAL	(i)	199,567	0	0	17,030	1,749	218,346	0
	(ii)	0	0	0	0	0	0	0
(5) TILAHUN GIDAY	(i)	169,976	0	0	10,829	3,946	184,751	0
	(ii)	0	0	0	0	0	0	0
(6) HAMOUDA HANAFI	(i)	170,264	0	0	15,372	5,168	190,804	0
	(ii)	0	0	0	0	0	0	0
(7) DAVID H ADRIANCE	(i)	206,359	0	0	11,559	3,946	221,864	0
	(ii)	0	0	0	0	0	0	0
(8) SONO AIBE	(i)	163,365	0	0	11,795	5,841	181,001	0
	(ii)	0	0	0	0	0	0	0
(9) MUSTAFA KUDRATI	(i)	228,758	0	0	11,783	3,946	244,487	0
	(ii)	0	0	0	0	0	0	0
(10) JAYNE LYONS	(i)	190,449	0	0	11,448	2,038	203,935	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	<p>PART II COLUMN (C) DEFERRED COMPENSATION INCLUDES 403B AND CN 457 RETIREMENT PLANS PART II COLUMN (D) NONTAXABLE BENEFITS INCLUDES 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

2011

**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

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	116,232	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

2011

**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	<p>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.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>BELOW ARE EXCERPTS OF THE AMENDED EXECUTIVE COMPENSATION POLICY APPROVED BY THE BOARD OF DIRECTORS IN MAY 2012 THE ORGANIZATION'S COMPENSATION PRACTICE IS INTENDED TO BE FAIR, REASONABLE AND COMPETITIVE IT IS DESIGNED TO RECRUIT, RETAIN, AND MOTIVATE QUALIFIED INDIVIDUALS WHO CAN LEAD THE ORGANIZATION TO ACHIEVE ITS OBJECTIVES AND FULFILL ITS MISSION THE PATHFINDER INTERNATIONAL BOARD OF TRUSTEES DELEGATES TO THE COMPENSATION COMMITTEE OF THE BOARD THE RESPONSIBILITY FOR OVERSEEING EXECUTIVE COMPENSATION, WITH THE PRIMARY OBJECTIVE OF INSURING THAT PATHFINDER'S EXECUTIVE COMPENSATION IS REASONABLE AS COMPARED TO OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS IN ALIGNMENT WITH THE IRS GUIDELINES, PATHFINDERS COMPENSATION COMMITTEE</p> <p>1) IS AN INDEPENDENT, AUTHORIZED BODY, WITHOUT CONFLICT OF INTEREST, THAT GIVES COMPENSATION GUIDANCE TO BOTH THE CEO FOR HIS/HER DIRECT REPORTS AND OTHER EXECUTIVES AND TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION FOR THE CEO 2) ANNUALLY UTILIZES THE SERVICES OF AN INDEPENDENT, EXTERNAL CONSULTANT WHO PROVIDES COMPARABLE COMPENSATION DATA ON EXECUTIVE AT OTHER ORGANIZATIONS, INCLUDING BOTH FOR-PROFIT AND NON-PROFIT SECTORS 3) ROUTINELY DOCUMENTS THE INFORMATION AND DISCUSSIONS LEADING UP TO THEIR RECOMMENDATIONS, IN THE FORM OF DETAILED MINUTES TAKEN DURING COMMITTEE MEETINGS THE COMPENSATION COMMITTEE OF PATHFINDER INTERNATIONAL HAS TWO PRIMARY RESPONSIBILITIES 1) INSURING THAT PATHFINDERS EXECUTIVE COMPENSATION IS REASONABLE AS COMPARED TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS 2) ESTABLISHING A PROCESS BY WHICH EXECUTIVE PERFORMANCE EVALUATIONS ARE PERFORMED, WITH THE GOAL OF INSURING THAT EXECUTIVE PERFORMANCE EVALUATIONS HAPPEN ON A TIMELY BASIS AND ARE THOROUGHLY DONE, INCLUDING BUT NOT LIMITED TO SUCH CONSIDERATIONS AS THE OVER-ALL PERFORMANCE OF ORGANIZATION, THE PERFORMANCE AGAINST PRE-ESTABLISHED PERSONAL OBJECTIVES, 360 DEGREE PERFORMANCE EVALUATION FEEDBACK AND DIRECT INTERACTION 3) AN ANNUAL UPDATE ON THE STATUS OF THE 457 RETIREMENT PLANS FOR ALL ELIGIBLE EMPLOYEES, AS PRESENTED BY THE HR EXECUTIVE EXECUTIVE COMPENSATION PROCESS THE COMPENSATION COMMITTEE MEETS SEVERAL TIMES EACH YEAR DURING WHICH THE FOLLOWING ACTIVITIES TAKE PLACE A COMPREHENSIVE REVIEW, PROVIDED BY THE HR EXECUTIVE, ON THE VALUE OF ALL ELEMENTS OF THE COMPENSATION PACKAGES FOR EACH EXECUTIVE, INCLUDING BASE SALARY, HEALTH BENEFITS, APPLICABLE RETIREMENT PROGRAMS AND OTHER RELATED ITEMS A DETAILED REVIEW OF THE ANALYSIS FROM THE EXTERNAL COMPENSATION CONSULTANT, WHICH IS SUMMARIZED AND SHARED WITH THE CEO AND THE EXECUTIVE COMMITTEE THE CREATION OF RECOMMENDATIONS REGARDING REASONABLE COMPENSATION FOR THE CEO AND ALL OTHER EXECUTIVES, WHICH ARE THEN SHARED WITH THE EXECUTIVE COMMITTEE AND THE CEO, RESPECTIVELY AN ANNUAL REVIEW OF THE COMPENSATION AND EVALUATION PROCESSES, WITH ADJUSTMENTS IMPLEMENTED AS NECESSARY</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
CHANGE OF PRESIDENT OF ORGANIZATION DURING TAX YEAR	FORM 990, PAGE 7, SECTION A	DURING THE TAX YEAR A CHANGE IN PRESIDENT WAS MADE FOR THE ORGANIZATION. THIS TRANSFER TOOK PLACE FEBRUARY, 2012. FORMER PRESIDENT DANIEL PELLEGRINO WAS REPLACED BY INCOMING PRESIDENT PURNIMA MANE. COMPENSATION INFORMATION FOR PURNIMA MANE WAS NOT PROVIDED WITHIN SECTION A BECAUSE IT DOES NOT MEET THE THRESHOLD SET FORTH IN THE TAX RULES.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 62,896 TOTAL TO FORM 990, PART XI, LINE 5 62,896

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
RECLASSIFICATION OF GRANTS PAYABLE PRIOR YEAR	FORM 990, PAGES 1 & 11, PARTS I & X, LINES 8, 13 (PY) & 18	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR FINANCIAL STATEMENTS IN ORDER TO CONFORM WITH CURRENT YEAR PRESENTATION. THIS RECLASSIFICATION AFFECTS PRIOR YEAR REVENUE, EXPENSES AND GRANTS PAYABLE. THE DOLLAR VALUE OF THE RECLASSIFICATION \$4,619,266

Identifier	Return Reference	Explanation
NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, LINE 1A	<p>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 ORGANIZATION 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 2012 (ALL ARE MEMBERS OF THE GOVERNING BODY): MS CYNTHIA 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).</p>

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 (1) CALL PER QUARTER THAT LASTS AN AVERAGE OF TWO (2) HOURS. PREPARATION AND FOLLOW UP TIME AVERAGES AN ADDITIONAL TWO (2) HOURS. THIS ADDS UP TO AN ANNUAL TOTAL OF 16 HOURS. BOARD MEMBERS ATTENDED THREE (3) BOARD MEETINGS DURING THE YEAR. TOTAL PARTICIPATION TIME WAS 105 HOURS FOR FISCAL YEAR 2012 INCLUDING TRAVEL AND PRE-MEETING PREPARATION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

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
(1) PATHFINDER LLC EYGPT 25 MISR-HELWAN AGRICULTURAL ROAD MAADI, CAIRO EG	TO PROVIDE CONSULTING SERVICES IN THE FIELDS OF POPULATION AND FAMILY HEALTH	EG			PATHFINDER INTERNATIONAL OPERATIONS LLC
(2) PATHFINDER INTERNATIONAL OPERATIONS LCC 9 GALEN STREET STE 217 WATERTOWN, MA 024724501 00-1033474	SUPPORT THE OPERATIONS OF PATHFINDER	MA			PATHFINDER INTERNATIONAL OPERATIONS LLC
(3) PATHFINDER INTERNATIONAL OPERATIONS II LLC 9 GALEN STREET STE 217 WATERTOWN, MA 024724501 53-0235320	SUPPORT THE OPERATIONS OF PATHFINDER	MA			PATHFINDER INTERNATIONAL OPERATIONS LLC

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
(1) PATHFINDER INTERNATIONAL INDIA B-5/5 SAFDARJUNG ENCLAVE NEW DELHI, DELHI 110029 IN 00-0000116	PROMOTE, INCREASE AND IMPROVE HEALTHIER INDIV AND FAMILIES	IN			PATHFINDER INTERNATIONAL	Yes	

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) CRUT	TRUST	MA	N/A	T			

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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	Yes	
1n		No
1o	Yes	
1p		No
1q	Yes	
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) NA		0	
(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****Schedule R (Form 990) 2011**

Additional Data

Software ID:
Software Version:
EIN: 53-0235320
Name: PATHFINDER INTERNATIONAL

Form 990, Special Condition Description:

Special Condition Description

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	2 00	X					0	0	0	
MS CLAUDINE BACHER BOARD OF DIRECTOR	2 00	X					0	0	0	
DR RICHARD L BERKOWITZ BOARD OF DIRECTOR	2 00	X					0	0	0	
MR ROBERT J BOBB BOARD OF DIRECTOR	2 00	X					0	0	0	
MRS ARTHUR F COOK JR EMERITUS DIRECTOR	2 00	X					0	0	0	
MS PATRICIA J COOPER EMERITUS DIRECTOR	2 00	X					0	0	0	
MS CYNTHIA A FIELDS BOARD OF DIRECTOR	2 00	X					0	0	0	
MR ANDREW L FREY BOARD OF DIRECTOR	2 00	X					0	0	0	
DR WALTER J GAMBLE BOARD OF DIRECTOR	2 00	X					0	0	0	
DR SUSAN M GEORGE EMERITUS DIRECTOR	2 00	X					0	0	0	
MS JANE L HAVEMEYER BOARD OF DIRECTOR	2 00	X					0	0	0	
MS ANNE HALE JOHNSON EMERITUS DIRECTOR	2 00	X					0	0	0	
MR BENJAMIN R KAHRL BOARD OF DIRECTOR	2 00	X					0	0	0	
MR EDWARD M KAPLAN ESQ BOARD OF DIRECTOR	2 00	X					0	0	0	
MR RAJEN A KILACHAND BOARD OF DIRECTOR	2 00	X					0	0	0	
MS ELISABETH L LYON BOARD OF DIRECTOR	2 00	X					0	0	0	
DR FLORENCE W MANGUYU BOARD OF DIRECTOR	2 00	X					0	0	0	
MR JAMES M SCHWARTZ BOARD OF DIRECTOR	2 00	X					0	0	0	
MS VALERIE C SPENCER BOARD OF DIRECTOR	2 00	X					0	0	0	
MS KATHRYN KETCHAM STRONG EMERITUS DIRECTOR	2 00	X					0	0	0	
MS RONDA E STRYKER BOARD OF DIRECTOR	2 00	X					0	0	0	
MR JOHN F SWIFT BOARD OF DIRECTOR	2 00	X					0	0	0	
MR ALFRED W TATE BOARD OF DIRECTOR	2 00	X					0	0	0	
MR RALPH S TATE BOARD OF DIRECTOR	2 00	X					0	0	0	
MS JUNE L TATELMAN BOARD OF DIRECTOR	2 00	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			
MR GEORGE N TODD BOARD OF DIRECTOR	2 00	X						0	0	0
DR MANUEL URBINA BOARD OF DIRECTOR	2 00	X						0	0	0
MS ROSLYN M WATSON BOARD OF DIRECTOR	2 00	X						0	0	0
MS SHARON WALLISON BOARD OF DIRECTOR	2 00	X						0	0	0
MR J BAYARD BOYLE JR EMERITUS DIRECTOR	2 00	X						0	0	0
MR JAMES R EPSTEIN EMERITUS DIRECTOR	2 00	X						0	0	0
MRS SARAH G EPSTEIN EMERITUS DIRECTOR	2 00	X						0	0	0
DR HENRY W FOSTER JR EMERITUS DIRECTOR	2 00	X						0	0	0
MRS MARY B HEWLETT EMERITUS DIRECTOR	2 00	X						0	0	0
DENISE E HOLMES JD MPH EMERITUS DIRECTOR	2 00	X						0	0	0
DR JULIA G KAHRL EMERITUS DIRECTOR	2 00	X						0	0	0
MS SUSAN C KIRK EMERITUS DIRECTOR	2 00	X						0	0	0
MS KATHRYN H LANSING EMERITUS DIRECTOR	2 00	X						0	0	0
MS MARY D LINDSAY EMERITUS DIRECTOR	2 00	X						0	0	0
DR NAFIS SADIK EMERITUS DIRECTOR	2 00	X						0	0	0
MR PRAKASH SHAH BOARD OF DIRECTOR	2 00	X						0	0	0
MR NORMAND F SMITH III ESQ EMERITUS DIRECTOR	2 00	X						0	0	0
MR JOSEPH C WHEELER EMERITUS DIRECTOR	2 00	X						0	0	0
MS R LUCIA RIDDLE BOARD OF DIRECTOR	2 00	X						0	0	0
DR MARGARET RUTTENBERG BOARD OF DIRECTOR	2 00	X						0	0	0
DANIEL E PELLEGRAM PRESIDENT (DEPARTED 2/2012)	48 00			X				382,363	0	29,448
CAROLINE CROSBIE SENIOR VP	47 00			X				254,999	0	28,781
THOMAS DOWNING CHIEF FINANCIAL OFFICER	40 00			X				237,718	0	18,319
PURNIMA MANE PRESIDENT (INCOMING 2/2012)	42 00			X				0	0	0
DEMET GURAL VP OF PROGRAMS	47 00				X			199,567	0	18,779

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			
TILAHUN GIDAY COUNTRY REPRESENTATIVE	47 00				X			169,976	0	14,775
HAMOUDA HANAFI COUNTRY REPRESENTATIVE	40 00					X		170,264	0	20,540
DAVID H ADRIANCE PROJECT DIRECTOR	40 00					X		206,359	0	15,505
SONO AIBE SENIOR ADVISOR, SPECIAL PR	44 00					X		163,365	0	17,636
MUSTAFA KUDRATI COUNTRY REPRESENTATIVE	44 00					X		228,758	0	15,729
JAYNE LYONS PROJECT DIRECTOR	40 00					X		190,449	0	13,486