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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B 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) Room/suite: 9 GALEN STREET NO 217
 City or town, state or country, and ZIP + 4: WATERTOWN, MA 024724501

D Employer identification number: 53-0235320

E Telephone number: (617) 924-7200

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

G Gross receipts \$ 105,334,775

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW.PATHFINDER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1957 **M** State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PATHFINDER INTERNATIONAL'S MISSION IS TO ENSURE THAT PEOPLE EVERYWHERE HAVE THE RIGHT AND OPPORTUNITY TO LIVE A HEALTHY SEXUAL AND REPRODUCTIVE LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	171
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	100,686,103	98,435,450
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	668,863	1,464,577
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,079	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	101,364,045	99,900,027
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,693,190	10,980,126
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	31,118,652	32,012,336
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,361,474	1,275	33,700
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	64,392,972	57,926,841
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	101,206,089	100,953,003
19 Revenue less expenses Subtract line 18 from line 12	157,956	-1,052,976	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	51,130,793	48,048,219
	22 Net assets or fund balances Subtract line 21 from line 20	17,403,993	15,057,661
		33,726,800	32,990,558

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2014-01-06
 MICHEL ZEITOUNY CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only

Preparer's name: JOSEPH M GISO Preparer's signature: Date: Check if self-employed PTIN: P00030126
 Firm's name: CBIZ TOFIAS Firm's EIN: 26-3753134
 Firm's address: 500 BOYLSTON STREET BOSTON, MA 02116 Phone no: (617) 761-0600

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

PATHFINDER INTERNATIONAL PLACES REPRODUCTIVE HEALTH CARE AT THE CENTER OF ALL THAT WE DO - BELIEVING THAT REPRODUCTIVE HEALTH CARE IS NOT ONLY A FUNDAMENTAL HUMAN RIGHT, BUT IT IS CRITICAL FOR EXPANDING LIFE OPPORTUNITIES FOR WOMEN, FAMILIES, COMMUNITIES, AND NATIONS, WHILE PAVING THE WAY FOR TRANSFORMATIONS IN ENVIRONMENTAL STEWARDSHIP, DECREASES IN POPULATION PRESSURES, AND INNOVATIONS IN POVERTY REDUCTION PATHFINDER PROVIDES WOMEN, MEN, AND ADOLESCENTS WITH A RANGE OF QUALITY HEALTH SERVICES - FROM CONTRACEPTION AND MATERNAL CARE TO HIV PREVENTION AND AIDS CARE AND TREATMENT PATHFINDER STRIVES TO STRENGTHEN ACCESS TO FAMILY PLANNING, ENSURE AVAILABILITY OF SAFE ABORTION SERVICES, ADVOCATE FOR SOUND REPRODUCTIVE HEALTH POLICIES, AND, THROUGH ALL OF OUR WORK, IMPROVE THE RIGHTS AND LIVES OF THE PEOPLE WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 \$ 72,661,466 including grants of \$ 4,649,801) (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 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 \$ 11,512,243 including grants of \$ 5,449,612) (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

4c (Code) (Expenses \$ 1,305,393 including grants of \$ 880,713) (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 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 85,479,102

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 50		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 171		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes	Yes	
b	AO, BG, BC, BY, ET, EG, GH, GV, IN, KE, MZ, NI, PP, PE, SF, TZ, UG, VM, YM, PK If "Yes," enter the name of the foreign country: PE, SF, TZ, UG, VM, YM, PK See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (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); 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 [X] Upon request [] Other (explain in Schedule O)19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHEL ZEITOUNY CFO 9 GALEN STREET SUITE 217 WATERTOWN, MA (617) 924-7200

Part VIII Statement of Revenue

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

		(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 74,354,486					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 24,080,964					
	g Noncash contributions included in lines 1a-1f \$ 354,071					
	h Total. Add lines 1a-1f ▶	98,435,450				
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) ▶	650,523			650,523	
	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	6,248,802			
		(ii) Other				
		b Less cost or other basis and sales expenses	5,434,748			
		c Gain or (loss)	814,054			
	d Net gain or (loss) ▶	814,054			814,054	
	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						
11a _____ Business Code _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	99,900,027	0	0	1,464,577		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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.	10,980,126	10,980,126		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,828,399	1,077,952	1,465,370	285,077
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	21,352,927	16,621,736	4,306,801	424,390
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,211,192	310,127	901,065	
9	Other employee benefits.	5,695,610	5,444,374	38,314	212,922
10	Payroll taxes.	924,208		924,208	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	293,226	196,829	89,287	7,110
c	Accounting.	413,896	20,645	393,251	
d	Lobbying.	824	824		
e	Professional fundraising services. See Part IV, line 17.	33,700			33,700
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,466,828	3,487,447	1,879,798	99,583
12	Advertising and promotion.	1,158,298	913,366	187,723	57,209
13	Office expenses.	383,420	132,004	197,717	53,699
14	Information technology.	1,266,629	1,087,215	179,414	
15	Royalties.				
16	Occupancy.	2,600,428	1,752,381	848,047	
17	Travel.	6,480,421	5,743,146	631,043	106,232
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	286,406	189,927	84,972	11,507
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	367,699		367,699	
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUBCONTRACTS	19,225,831	19,225,831		
b	PARTICIPANT TRAINING	11,343,996	11,343,996		
c	EQUIPMENT RENTAL/MAINT	2,607,895	2,550,877	56,648	370
d	ALLOWANCE FOR UNCOLLECT	1,148,602		1,148,602	
e	All other expenses	4,882,442	4,400,299	412,468	69,675
25	Total functional expenses. Add lines 1 through 24e.	100,953,003	85,479,102	14,112,427	1,361,474
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,785,771	1	5,771,309
	2 Savings and temporary cash investments	5,341,527	2	3,878,482
	3 Pledges and grants receivable, net	5,096,663	3	583,147
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	510,851	9	342,252
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,459,373		
	b Less accumulated depreciation	10b 1,878,876	358,085	10c 580,497
	11 Investments—publicly traded securities	21,536,917	11	22,777,666
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	712,398	14	546,382
	15 Other assets See Part IV, line 11	11,788,581	15	13,568,484
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,130,793	16	48,048,219	
Liabilities	17 Accounts payable and accrued expenses	10,288,925	17	5,815,989
	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 Loans and other 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	7,115,068	25	9,241,672
	26 Total liabilities. Add lines 17 through 25	17,403,993	26	15,057,661
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,449,479	27	18,162,834
	28 Temporarily restricted net assets	9,883,766	28	9,423,897
	29 Permanently restricted net assets	5,393,555	29	5,403,827
	Organizations that do not follow SFAS 117 (ASC 958), 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	33,726,800	33	32,990,558	
34 Total liabilities and net assets/fund balances	51,130,793	34	48,048,219	

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	99,900,027
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,953,003
3	Revenue less expenses Subtract line 2 from line 1	3	-1,052,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,726,800
5	Net unrealized gains (losses) on investments	5	365,873
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-49,139
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,990,558

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
DR ANDREW A ARKUTU BOARD OF DIRECTOR	2 00	X						0	0	0
DR RICHARD L BERKOWITZ EMERITUS 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 EMERITUS DIRECTOR	2 00	X						0	0	0
MS VALERIE C SPENCER BOARD OF DIRECTOR	2 00	X						0	0	0
MS KATHRYN KETCHAM STRONG BOARD OF 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
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

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 (list any hours for related organizations below dotted line)	(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			
MS ROSLYN M WATSON BOARD OF DIRECTOR	2 00	X						0	0	0
MS SHARON W ALLISON BOARD OF 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 KATHRYN H LANSING BOARD OF 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
PURNIMA MANE PRESIDENT	40 00			X				334,060	0	1,005
THOMAS DOWNING CFO (DEPARTED 3/13)	40 00			X				243,349	0	25,236
CAROLINE CROSBIE SENIOR VP (CORPORATE SECRETARY)	40 00			X				258,318	0	45,942
DEMET GURAL VP OF PROGRAMS	40 00				X			206,385	0	27,319
STEPHEN REDDING VP OF COUNTRY & REGIONS	40 00				X			162,255	0	19,078
MUSTAFA KUDRATI COUNTRY REPRESENTATIVE	40 00					X		272,455	0	31,000
JAYNE LYONS PROJECT DIRECTOR	40 00					X		191,258	0	22,544
MARGARET CARLSON VP OF ADMINISTRATION	40 00					X		173,853	0	35,899
SONO AIBE SENIOR ADVISOR, SPECIAL	40 00					X		168,650	0	20,191
JEAN WOOD VP OF RESOURCE DEVELOPMENT	40 00					X		173,813	0	12,699
DANIEL PELLEGRAM PRESIDENT (DEPARTED 2/12)	40 00						X	391,835	0	17,696

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization
PATHFINDER INTERNATIONAL

Employer identification number
53-0235320

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	100,036,753	99,826,795	100,086,451	100,686,102	98,435,450	499,071,551
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	100,036,753	99,826,795	100,086,451	100,686,102	98,435,450	499,071,551
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)						
6 Public support. Subtract line 5 from line 4						499,071,551

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	100,036,753	99,826,795	100,086,451	100,686,102	98,435,450	499,071,551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	436,760	275,840	308,763	529,311	650,523	2,201,197
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,446	1,588	692	9,079		12,805
11 Total support (Add lines 7 through 10)						501,285,553

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99.560%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	95.570%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME - 2008 AMOUNT \$ 1,446 2009 AMOUNT \$ 1,588 2010 AMOUNT \$ 692 2011 AMOUNT \$ 9,079 2012 AMOUNT \$ 0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Table with 2 columns: Name of the organization (PATHFINDER INTERNATIONAL) and Employer identification number (53-0235320)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received 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)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	824													
c	Total lobbying expenditures (add lines 1a and 1b)	824													
d	Other exempt purpose expenditures	99,590,705													
e	Total exempt purpose expenditures (add lines 1c and 1d)	99,591,529													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	8,143	1,595	2,702	824	13,264
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	75	75	548		698

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

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 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description and Held at the End of the Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures, along with monitoring and enforcement questions.

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.

Table with 2 columns: Description and Amount. Rows include questions about reporting art and historical treasures, and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	6,114,004	6,551,187	5,453,926	5,345,955	5,693,673
b Contributions	10,272		47,600		36,970
c Net investment earnings, gains, and losses	716,541	40,623	1,183,314	224,738	-255,601
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	226,526	477,806	133,653	116,767	129,087
g End of year balance	6,614,291	6,114,004	6,551,187	5,453,926	5,345,955

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

- a** Board designated or quasi-endowment 0 %
 - b** Permanent endowment 81.700 %
 - c** Temporarily restricted endowment 18.300 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	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 XIII 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		520,967	284,618	236,349
d Equipment		1,938,406	1,594,258	344,148
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				580,497

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	100,216,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	365,873
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-49,139
e	Add lines 2a through 2d	2e	316,734
3	Subtract line 2e from line 1	3	99,900,027
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	99,900,027

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

1	Total expenses and losses per audited financial statements	1	100,953,003
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	100,953,003
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	100,953,003

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 AND ITS DETERMINATION OF WHICH REVENUES ARE RELATED AND UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS, HOWEVER, PATHFINDER HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTIES REQUIRING RECOGNITION. PATHFINDER IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTIONS. PATHFINDER'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SPLIT-INTEREST AGREEMENTS -49,139
		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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	17	718			64,560,377
b Total from continuation sheets to Part I	0	0			9,319,658
c Totals (add lines 3a and 3b)	17	718			73,880,035

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	1	13	PROGRAM SERVICES	FP/MH	987,365
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FP/MH	980,932
SOUTH AMERICA	1	10	PROGRAM SERVICES	HIV/AIDS/MH	475,589

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	4	77	PROGRAM SERVICES	FP/MH/RH	4,406,510
SUB-SAHARAN AFRICA	11	618	PROGRAM SERVICES	HIV/AIDS/MH/FP/RH/AV	56,099,512
EAST ASIA AND THE PACIFIC	0	0	GRANTS	FP/MH	566,822

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS	FP/MH	178,720
SOUTH AMERICA	0	0	GRANTS	HIV/AIDS/MH	864,927
SOUTH ASIA	0	0	GRANTS	FP/MH/RH	4,669,856

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS	HIV/AIDS/MH/FP/RH/AV	4,649,802

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)
		MIDDLE EAST AND NORTH AFRICA	FP/MH	90,161	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	44,351	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	44,209	WIRE			
		SOUTH AMERICA	HIV/AIDS	492,134	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	HIV/AIDS	255,270	WIRE			
		SOUTH AMERICA	HIV/AIDS	117,523	WIRE			
		EAST ASIA AND THE PACIFIC	FP/MH	25,000	WIRE			
		SOUTH AMERICA	MH	15,000	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 ASIA	FP/MH/RH	622,556	WIRE			
		SOUTH ASIA	FP/MH/RH	408,798	WIRE			
		SOUTH ASIA	FP/MH/RH	404,848	WIRE			
		SOUTH ASIA	FP/MH/RH	312,983	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 ASIA	FP/MH/RH	285,211	WIRE			
		SOUTH ASIA	FP/MH/RH	244,840	WIRE			
		SOUTH ASIA	FP/MH/RH	238,712	WIRE			
		SOUTH ASIA	FP/MH/RH	231,538	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 ASIA	FP/MH/RH	212,546	WIRE			
		SOUTH ASIA	FP/MH/RH	206,357	WIRE			
		SOUTH ASIA	FP/MH/RH	171,908	WIRE			
		SOUTH ASIA	FP/MH/RH	152,266	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 ASIA	FP/MH/RH	141,812	WIRE			
		SOUTH ASIA	FP/MH/RH	118,102	WIRE			
		SOUTH ASIA	FP/MH/RH	99,776	WIRE			
		SOUTH ASIA	FP/MH/RH	98,869	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/MH/RH	98,094	WIRE			
		EAST ASIA AND THE PACIFIC	FP	91,698	WIRE			
		EAST ASIA AND THE PACIFIC	FP	91,534	WIRE			
		SOUTH ASIA	FP/MH/RH	89,885	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)
		EAST ASIA AND THE PACIFIC	FP	89,187	WIRE			
		SOUTH ASIA	FP/MH/RH	88,595	WIRE			
		SOUTH ASIA	FP/MH/RH	83,299	WIRE			
		SOUTH ASIA	FP/MH/RH	79,926	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)
		EAST ASIA AND THE PACIFIC	FP	79,372	WIRE			
		EAST ASIA AND THE PACIFIC	FP	75,881	WIRE			
		EAST ASIA AND THE PACIFIC	FP	69,440	WIRE			
		SOUTH ASIA	FP/MH/RH	62,463	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 ASIA	FP/MH/RH	59,609	WIRE			
		EAST ASIA AND THE PACIFIC	FP	55,884	WIRE			
		SOUTH ASIA	FP/MH/RH	46,602	WIRE			
		SOUTH ASIA	FP/MH	38,613	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 ASIA	FP/MH/RH	37,265	WIRE			
		SOUTH ASIA	FP/MH/RH	18,415	WIRE			
		EAST ASIA AND THE PACIFIC	HIV/AIDS	13,291	WIRE			
		SOUTH ASIA	FP/MH/RH	7,961	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	HIV/AIDS	670,057	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	300,051	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	272,561	WIRE			
		SUB-SAHARAN AFRICA	AV/FP/MH/RH	237,476	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/MH/RH/HIV/AIDS	148,154	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	124,904	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	119,206	WIRE			
		SUB-SAHARAN AFRICA	AV/FP/MH/RH	116,257	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/MH/RH/HIV/AIDS	105,508	WIRE			
		SUB-SAHARAN AFRICA	AV/FP/MH/RH	90,963	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	90,751	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	81,971	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/MH/RH/HIV/AIDS	80,902	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	78,421	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	77,885	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	72,845	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/MH/RH/HIV/AIDS	71,000	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	69,448	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	67,934	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	67,683	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	HIV/AIDS	62,247	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	62,227	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	61,223	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	60,326	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/RH	58,206	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	55,810	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	55,392	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	53,280	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/MH/RH/HIV/AIDS	50,067	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	49,768	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	48,086	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	45,869	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/MH/RH/HIV/AIDS	44,615	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	43,852	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	42,822	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	41,677	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/MH/RH/HIV/AIDS	41,338	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	40,730	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	39,470	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	38,612	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/MH/RH/HIV/AIDS	38,187	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	37,823	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	34,980	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	34,299	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/MH/RH/HIV/AIDS	33,204	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	31,707	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	31,487	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	28,959	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/RH	27,581	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	27,243	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	26,190	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	24,929	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	HIV/AIDS	23,862	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	23,202	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	23,146	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	22,884	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/MH/RH/HIV/AIDS	21,544	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	21,436	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	19,590	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	19,246	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/MH/RH/HIV/AIDS	17,645	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	17,500	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	15,673	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	14,458	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/MH/RH/HIV/AIDS	13,529	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	12,987	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	12,038	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	10,666	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/MH/RH/HIV/AIDS	9,782	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	9,565	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	8,940	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	8,326	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	MH	6,873	WIRE			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for GREENHOUSE DIRECT.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DE, IN, IA, LA, MT, NE, NV, SD, TX, VT, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
11 Net income summary Combine line 3, column (d), and line 10 ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

- 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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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>

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
PURNIMA MANE	(i) (ii)	313,333 0	10,000 0	10,727 0	0 0	1,005 0	335,065 0	0 0
THOMAS DOWNING	(i) (ii)	239,435 0	0 0	3,914 0	16,896 0	8,340 0	268,585 0	0 0
CAROLINE CROSBIE	(i) (ii)	256,566 0	0 0	1,752 0	22,500 0	23,442 0	304,260 0	0 0
DEMET GURAL	(i) (ii)	204,022 0	0 0	2,363 0	18,529 0	8,790 0	233,704 0	0 0
STEPHEN REDDING	(i) (ii)	161,097 0	0 0	1,158 0	977 0	18,101 0	181,333 0	0 0
MUSTAFA KUDRATI	(i) (ii)	130,708 0	0 0	141,747 0	12,119 0	18,881 0	303,455 0	0 0
JAYNE LYONS	(i) (ii)	127,042 0	0 0	64,216 0	11,617 0	10,927 0	213,802 0	0 0
MARGARET CARLSON	(i) (ii)	172,522 0	0 0	1,331 0	11,639 0	24,260 0	209,752 0	0 0
SONO AIBE	(i) (ii)	167,608 0	0 0	1,042 0	15,432 0	4,759 0	188,841 0	0 0
JEAN WOOD	(i) (ii)	171,795 0	0 0	2,018 0	11,069 0	1,630 0	186,512 0	0 0
DANIEL PELLEGRAM	(i) (ii)	377,968 0	0 0	13,867 0	4,112 0	13,584 0	409,531 0	0 0

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PATHFINDER INTERNATIONAL

Employer identification number 53-0235320

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows 35 contributions valued at 354,071 using FAIR MARKET VALUE.

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

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

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

**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 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 BY THE CONTROLLER, CFO AND CEO PRIOR TO FILING, THE REPORT IS SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW THE BOARD OF DIRECTORS IS GIVEN 10 DAYS TO REVIEW AND COMMENT ON THE FORM 990 ANY CHANGES ARE INCORPORATED IN THE FINAL FORM 990 WHICH IS FILED WITH THE IRS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>BELOW ARE EXCERPTS OF THE 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, PATHFINDER'S 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 PATHFINDER'S 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

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

LOSS ON SPLIT-INTEREST AGREEMENTS -49,139

Identifier	Return Reference	Explanation
RECLASSIFICATION OF PLEDGES AND GRANTS RECEIVABLE	FORM 990, PAGES 1 & 11, PARTS I & X, LINES 3 & 17	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR FINANCIAL STATEMENTS IN ORDER TO CONFORM WITH CURRENT YEAR PRESENTATION. THIS RECLASSIFICATION AFFECTS PRIOR YEAR OTHER RECEIVABLE AND ACCRUED EXPENSES. THE DOLLAR VALUE OF THE RECLASSIFICATION IS \$260,170.

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 2013 (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, MR. RALPH S. TATE, 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CRUT	TRUST	MA		T					No

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

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

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

- r** Other transfer of cash or property to related organization(s)
- s** 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		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PATHFINDER LLC EYGPT	P	585,897	BOOK AMOUNT

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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