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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 private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 province, country, and ZIP or foreign postal code WATERTOWN, MA 024724501	<b>D</b> Employer identification number 53-0235320  <b>E</b> Telephone number (617) 924-7200  <b>G</b> Gross receipts \$ 104,610,649
<b>F</b> Name and address of principal officer PURNIMA MANE 9 GALEN STREET NO 217 WATERTOWN, MA 024724501		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.PATHFINDER.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1957 <b>M</b> State of legal domicile MA

**Part I Summary**

<b>1</b>	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			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		23
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		23
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		182
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		42
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	98,435,450		102,135,292
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,464,577		803,484
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0		0
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	99,900,027		102,938,776
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	10,980,126		16,589,077
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	32,012,336		33,644,618
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,487,028	33,700		30,335
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	57,926,841		54,366,380
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	100,953,003		104,630,410	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,052,976		-1,691,634	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	39,433,735		46,430,972
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	6,443,177		12,382,549
		32,990,558		34,048,423

**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.

<b>Sign Here</b>	***** Signature of officer	2015-01-12 Date			
	MICHEL ZEITOUNY CHIEF FINANCIAL OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOSEPH M GISO CPA MST	Preparer's signature	Date 2015-01-12	Check <input type="checkbox"/> 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 or note to any line 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 \$ 67,135,580 including grants of \$ 3,981,472 ) (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, DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, KENYA, MOZAMBIQUE, NIGER, 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, BURKINA FASO, 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 \$ 19,373,679 including grants of \$ 11,670,210 ) (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 AND EGYPT, 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 ADDITIONAL WORK IS DONE IN BANGLADESH TO IMPROVE PRE-SERVICE TRAINING FOR MIDWIVES, SUPPORT COMMUNITY-BASED MEDICAL MOBILE TEAMS, AND DEVELOPING COMMUNITY EDUCATION PROGRAMS IN PAKISTAN WORK IS DONE TO IMPROVE POLICIES, PROGRAMS AND FUNDING FOR CONTRACEPTION

**4c** (Code ) (Expenses \$ 6,558,790 including grants of \$ 937,395 ) (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 IN HAITI, PATHFINDER ADDRESSES THE STRENGTHENING OF SYSTEMS TO IMPROVE THE HEALTH STATUS IN SIX DEPARTMENTS IN THE CENTRAL AND SOUTHERN REGIONS OF THE COUNTRY, BUILDS CAPACITY OF HEALTH AUTHORITIES AND EXPANDS THE USE OF MOBILE TECHNOLOGY TO SUPPORT TRAINING AND DEPLOYMENT OF HEALTH CARE WORKERS AND FACILITATE DECISION MAKING

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

**4e Total program service expenses** 93,068,049

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b>	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> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
<b>b</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> <input checked="" type="checkbox"/>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</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> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . <input checked="" type="checkbox"/>		No
<b>17</b>	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> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>18</b>	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> . . . . . <input checked="" type="checkbox"/>		No
<b>19</b>	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> . . . . . <input checked="" type="checkbox"/>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>			

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or 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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form grid with rows 1a-14b and columns for descriptions, sub-rows, Yes, and No.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	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
<b>16b</b>	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**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA, <input type="checkbox"/> CO, <input type="checkbox"/> CT, <input type="checkbox"/> DC, <input type="checkbox"/> ME, <input type="checkbox"/> MD, <input type="checkbox"/> MA, <input type="checkbox"/> NH, <input type="checkbox"/> NY, <input type="checkbox"/> OR, <input type="checkbox"/> PA, <input type="checkbox"/> VA, <input type="checkbox"/> NJ, <input type="checkbox"/> NM, <input type="checkbox"/> NV, <input type="checkbox"/> OH, <input type="checkbox"/> OK, <input type="checkbox"/> RI, <input type="checkbox"/> SC, <input type="checkbox"/> TN, <input type="checkbox"/> UT, <input type="checkbox"/> WA, <input type="checkbox"/> WV, <input type="checkbox"/> WI, <input type="checkbox"/> AK, <input type="checkbox"/> AL, <input type="checkbox"/> AZ, <input type="checkbox"/> FL, <input type="checkbox"/> GA, <input type="checkbox"/> HI, <input type="checkbox"/> IL, <input type="checkbox"/> KS, <input type="checkbox"/> KY, <input type="checkbox"/> MI, <input type="checkbox"/> MN, <input type="checkbox"/> MO, <input type="checkbox"/> MS, <input type="checkbox"/> NC, <input type="checkbox"/> ND
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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 year
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MICHEL ZEITOUNY CFO 9 GALEN STREET SUITE 217 WATERTOWN, MA 02472 (617) 924-7200





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	86,586,297				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	15,548,995				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	113,519				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	102,135,292				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	623,890			623,890	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,851,467			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	1,671,873			
			<b>c</b> Gain or (loss)	179,594			
	<b>d</b>	Net gain or (loss) . . . . .	179,594			179,594	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
<b>11a</b>	_____						
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .	102,938,776	0	0	803,484		

**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 or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	16,589,077	16,589,077		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	3,226,222	1,832,105	1,383,987	10,130
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	23,373,316	19,720,907	2,931,269	721,140
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,242,846	998,242	199,134	45,470
<b>9</b>	Other employee benefits	4,909,994	3,943,659	786,701	179,634
<b>10</b>	Payroll taxes	892,240	716,638	142,959	32,643
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	152,908	85,471	54,406	13,031
<b>c</b>	Accounting	344,463	80,685	263,778	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17	30,335			30,335
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,273,946	1,743,090	441,798	89,058
<b>12</b>	Advertising and promotion	1,144,615	927,571	129,926	87,118
<b>13</b>	Office expenses	2,010,156	1,371,891	552,043	86,222
<b>14</b>	Information technology	289,811	120,361	169,450	
<b>15</b>	Royalties				
<b>16</b>	Occupancy	2,603,761	1,922,966	680,795	
<b>17</b>	Travel	5,693,172	5,326,901	272,243	94,028
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	183,822	116,648	58,413	8,761
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	408,468		408,468	
<b>23</b>	Insurance				
<b>24</b>	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)				
<b>a</b>	SUBCONTRACTS	22,791,613	22,791,613		
<b>b</b>	PARTICIPANT TRAINING	7,923,731	7,923,731		
<b>c</b>	EQUIPMENT RENTAL/MAINT	2,607,115	2,604,280	665	2,170
<b>d</b>	SUPPLIES	1,191,974	1,191,974		
<b>e</b>	All other expenses	4,746,825	3,060,239	1,599,298	87,288
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	104,630,410	93,068,049	10,075,333	1,487,028
<b>26</b>	<b>Joint costs.</b> 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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	5,771,309	<b>1</b>	4,734,457
	<b>2</b> Savings and temporary cash investments . . . . .	3,878,482	<b>2</b>	9,133,972
	<b>3</b> Pledges and grants receivable, net . . . . .	583,147	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	342,252	<b>9</b>	398,051
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,176,581		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 653,087	580,497	<b>10c</b> 523,494
	<b>11</b> Investments—publicly traded securities . . . . .	22,777,666	<b>11</b>	27,179,622
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	546,382	<b>14</b>	393,906
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,954,000	<b>15</b>	4,067,470
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	39,433,735	<b>16</b>	46,430,972	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,815,989	<b>17</b>	6,789,044
	<b>18</b> Grants payable . . . . .		<b>18</b>	5,268,524
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	627,188	<b>25</b>	324,981
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,443,177	<b>26</b>	12,382,549
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	18,162,834	<b>27</b>	21,165,846
	<b>28</b> Temporarily restricted net assets . . . . .	9,423,897	<b>28</b>	7,478,750
	<b>29</b> Permanently restricted net assets . . . . .	5,403,827	<b>29</b>	5,403,827
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	32,990,558	<b>33</b>	34,048,423	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	39,433,735	<b>34</b>	46,430,972	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	102,938,776
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	104,630,410
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,691,634
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	32,990,558
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,563,070
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	186,429
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,048,423

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>2b</b> 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	
<b>2c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	





**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PATHFINDER INTERNATIONAL

Employer identification number  
53-0235320

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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)

(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	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	99,826,795	99,786,451	100,686,102	98,435,450	102,432,354	501,167,152
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	99,826,795	99,786,451	100,686,102	98,435,450	102,432,354	501,167,152
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						501,167,152

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	99,826,795	99,786,451	100,686,102	98,435,450	102,432,354	501,167,152
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275,840	308,763	529,311	650,523	623,890	2,388,327
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,588	692	9,079		2,938	14,297
<b>11 Total support</b> (Add lines 7 through 10)						503,569,776

**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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.520%
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	99.560%

**16a 33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 1,588 2010 AMOUNT \$ 692 2011 AMOUNT \$ 9,079 2012 AMOUNT \$ 0 2013 AMOUNT \$ 2,938

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Name of the organization
PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0													
<b>d</b>	Other exempt purpose expenditures	103,143,382													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	103,143,382													
<b>f</b>	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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	1,595	2,702	824		5,121
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column(e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	75	548			623

**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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

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

**Part IV Supplemental Information**

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

Return Reference	Explanation



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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 71.410%
c Temporarily restricted endowment 28.590%
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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations and 3a(ii) related organizations.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Row for 3b.

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES, ADVANCES AND DEPOSITS	4,067,470
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,067,470

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITIES PAYABLE	324,981
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	324,981

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	105,688,275
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	2,563,070
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	186,429
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,749,499
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	102,938,776
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	102,938,776

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	104,630,410
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	104,630,410
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	104,630,410

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	PATHFINDER INTENDS TO USE INCOME FROM THE ENDOWMENT FUND TO SUPPORT ITS MISSION
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 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	GAIN ON SPLIT-INTEREST AGREEMENTS 186,429



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2013**

**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.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 its grants and other 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 its grants and other assistance 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
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	17	702			90,245,230
<b>b</b> Total from continuation sheets to Part I	0	0			14,385,179
<b>c Totals</b> (add lines 3a and 3b)	17	702			104,630,409

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 132

**3** Enter total number of other organizations or entities . . . . . 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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, Information 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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2	<p>PATHFINDER, AS A PRIME RECIPIENT OF DONOR FUNDS, IS RESPONSIBLE FOR THE ACTIONS OR INACTI  ONS OF ITS SUBRECIPIENTS AS STIPULATED UNDER THE AGREEMENTS THE MONITORING OF SUBRECIPIENT  S IS AN EXTREMELY IMPORTANT PART OF SUBPROJECT MANAGEMENT TO ENSURE THAT THE SUBGRANTEE IS  PERFORMING IN ACCORDANCE WITH THE AGREEMENT, STANDARD OPERATING PROCEDURE AND IN FURTHERA  NCE OF THE PROJECT OBJECTIVES BOTH PATHFINDER FIELD OFFICES AND HEADQUARTERS UTILIZE A VA  RIETY OF TOOLS TO MONITOR SUBGRANTEES THESE INCLUDE - TIMELY AND THOROUGH REVIEW OF QUAR  TERLY FINANCIAL AND PROGRAMMATIC SUBGRANTEE REPORTS - PERIODIC AND ON-SITE VISITS - REGULA  R AND ONGOING COMMUNICATION WITH SUBGRANTEE - INTERNAL AND/OR EXTERNAL AUDITS PATHFINDER C  ONDUCTS PRE-AWARD AND PERIODIC RISK ASSESSMENTS OF THE SUBRECIPIENTS DEPENDING ON THE RES  ULTS, A MONITORING PLAN TOGETHER WITH AN APPROPRIATE MECHANISM FOR FUNDING, FINANCIAL AND  PROGRAMATIC MANAGMENT AND MONITORING IS FORMULATED A DEDICATED SUBGRANTS UNIT AT BOTH THE  HEADQUARTERS AND FIELD OFFICE LEVEL IS CHARGED WITH THE SOLE RESPONSIBILITY OF MANAGING A  ND MONITORING SUB RECIPIENT ACTIVITY SUB GRANT AUDIT ALSO FORMS PART OF PATHFINDER'S INTE  RNAL AUDIT PROCESS PT I LINE 3 COL (F) &amp; PT II LINE 1 &amp; PT III PATHFINDER'S FINANCIAL ST  ATEMENTS ARE PREPARED ON THE ACCRUAL BASIS OF ACCOUNTING IN CONFORMITY WITH ACCOUNTING PRI  NCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THIS IS THE METHOD THAT FORMS  THE BASIS FOR REPORTED THE EXPENDITURES BY REGION, AND FOR CASH GRANTS TO ORGANIZATIONS AN  D INDIVIDUALS PART III COL (C) THE NUMBER OF RECIPIENTS IS ESTIMATED BASED ON DATA COLLE  CTED FOR DONOR PROJECT REPORTS PART I &amp; II ACRONYMS AND ABBREVIATIONS AIDS - ACQUIRED I  MMUNODEFICIENCY SYNDROME AV - ADVOCACY FP - FAMILY PLANNING HIV - HUMAN IMMUNODEFICIENY VI  RUS MH - MATERNAL CHILD HEALTH RH - REPRODUCTIVE HEALTH PART II, COLUMN D, PURPOSE OF GRAN  T ALL ACTIVITIES IN THE COLUMN D ARE SERVICE DELIVERY</p>

## 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	5	PROGRAM SERVICES	FP/MH/AV/RH/HIV/AIDS	622,034
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FP/MH	1,083,822
SOUTH AMERICA	1	8	PROGRAM SERVICES	HIV/AIDS	5,607,769

**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	87	PROGRAM SERVICES	FP/MH/RH	6,023,336
SUB-SAHARAN AFRICA	11	602	PROGRAM SERVICES	HIV/AIDS/MH/FP/RH/AV	74,704,372
EAST ASIA AND THE PACIFIC	0	0	GRANTS	FP/MH/AV/RH/HIV/AIDS	51,423

**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	1,215,079
SOUTH AMERICA	0	0	GRANTS	HIV/AIDS	937,395
SOUTH ASIA	0	0	GRANTS	FP/MH/RH	11,573,127

**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	2,812,052

**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	1,376,279	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	913,695	WIRE			
		SOUTH ASIA	FP/MH/RH	749,138	WIRE			
		SOUTH AMERICA	HIV/AIDS	718,435	WIRE			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(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	677,393	WIRE			
		SOUTH ASIA	FP/MH/RH	665,715	WIRE			
		SOUTH ASIA	FP/MH/RH	660,519	WIRE			
		SOUTH ASIA	FP/MH/RH	540,967	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	469,408	WIRE			
		SOUTH ASIA	FP/MH/RH	468,290	WIRE			
		SOUTH ASIA	FP/MH/RH	451,777	WIRE			
		SOUTH ASIA	FP/MH/RH	444,644	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	288,452	WIRE			
		SOUTH ASIA	FP/MH/RH	287,099	WIRE			
		SOUTH ASIA	FP/MH/RH	285,289	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	282,844	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)
		MIDDLE EAST AND NORTH AFRICA	FP/MH	278,464	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	275,837	WIRE			
		SOUTH ASIA	FP/MH/RH	260,779	WIRE			
		SOUTH ASIA	FP/MH/RH	235,168	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	230,517	WIRE			
		SOUTH ASIA	FP/MH/RH	217,951	WIRE			
		SOUTH ASIA	FP/MH/RH	213,058	WIRE			
		SOUTH ASIA	FP/MH/RH	209,669	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	197,347	WIRE			
		SOUTH ASIA	FP/MH/RH	178,515	WIRE			
		SOUTH ASIA	FP/MH/RH	175,630	WIRE			
		SOUTH ASIA	FP/MH/RH	169,703	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	148,544	WIRE			
		SOUTH ASIA	FP/MH/RH	144,980	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	141,890	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	140,812	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	134,890	WIRE			
		SOUTH ASIA	FP/MH/RH	132,121	WIRE			
		SOUTH ASIA	FP/MH/RH	129,520	WIRE			
		SOUTH AMERICA	HIV/AIDS	128,387	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	128,093	WIRE			
		SUB-SAHARAN AFRICA	AV/FP/MH/RH	126,372	WIRE			
		SOUTH ASIA	FP/MH/RH	101,248	WIRE			
		SOUTH ASIA	FP/MH/RH	95,975	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	AV/FP/MH/RH	95,548	WIRE			
		MIDDLE EAST AND NORTH AFRICA	FP/MH	95,233	WIRE			
		SOUTH AMERICA	HIV/AIDS	90,573	WIRE			
		SOUTH ASIA	FP/MH/RH	90,540	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	90,297	WIRE			
		SOUTH ASIA	FP/MH/RH	90,024	WIRE			
		SOUTH ASIA	FP/MH/RH	89,782	WIRE			
		SOUTH ASIA	FP/MH/RH	81,730	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	81,284	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	81,231	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	75,638	WIRE			
		SOUTH ASIA	FP/MH/RH	72,177	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	71,966	WIRE			
		SOUTH ASIA	FP/MH/RH	67,203	WIRE			
		SOUTH ASIA	FP/MH/RH	64,267	WIRE			
		SOUTH ASIA	FP/MH/RH	61,456	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	60,266	WIRE			
		SOUTH ASIA	FP/MH/RH	58,763	WIRE			
		SOUTH ASIA	FP/MH/RH	57,704	WIRE			
		SOUTH ASIA	FP/MH/RH	57,484	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	55,029	WIRE			
		SOUTH ASIA	FP/MH/RH	53,269	WIRE			
		SOUTH ASIA	FP/MH/RH	51,394	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	51,304	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	50,178	WIRE			
		EAST ASIA AND THE PACIFIC	FP/ADV	50,000	WIRE			
		SOUTH ASIA	FP/MH/RH	49,354	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	48,462	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	47,263	WIRE			
		SOUTH ASIA	FP/MH/RH	46,989	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	44,188	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	40,260	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	38,162	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	36,168	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	35,945	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	35,036	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	34,918	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	33,725	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	33,163	WIRE			
		SOUTH ASIA	FP/MH/RH	30,455	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	29,217	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	27,056	WIRE			
		SOUTH ASIA	FP/MH/RH	26,464	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	25,880	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	22,174	WIRE			
		EAST ASIA AND THE PACIFIC	ADV/FP/MH/RH/HIV/AIDS	22,104	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	21,878	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	21,340	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	19,898	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS/RH	19,613	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	18,552	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	18,440	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	17,597	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	17,542	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	17,319	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	16,098	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	15,977	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	15,901	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS/RH	15,354	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	15,330	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	14,989	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	14,648	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	13,908	WIRE			
		SUB-SAHARAN AFRICA	FP/RH	13,770	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	13,337	WIRE			
		SOUTH ASIA	FP/MH/RH	12,879	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	12,238	WIRE			
		SOUTH ASIA	FP/MH/RH	12,138	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	11,852	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	11,194	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	10,636	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	9,218	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	9,097	WIRE			
		EAST ASIA AND THE PACIFIC	ADV/FP/MH/RH/HIV/AIDS	9,000	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	8,653	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	8,564	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	7,951	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	7,862	WIRE			
		EAST ASIA AND THE PACIFIC	FP	7,511	WIRE			
		SUB-SAHARAN AFRICA	AV/FP/MH/RH	7,493	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	7,351	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	7,336	WIRE			
		SUB-SAHARAN AFRICA	HIV/AIDS	7,323	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	7,099	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	RH	6,505	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	6,378	WIRE			
		SUB-SAHARAN AFRICA	RH	6,274	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	6,218	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	RH	6,119	WIRE			
		SUB-SAHARAN AFRICA	FP/MH/RH/HIV/AIDS	5,905	WIRE			
		SUB-SAHARAN AFRICA	RH	5,895	WIRE			
		SUB-SAHARAN AFRICA	RH	5,600	WIRE			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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. Form 990-EZ filers are not required to complete this part.

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...

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.

3 List all states in which the organization is registered or licensed to solicit contributions 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, MN, ID

**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))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( )
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, 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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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.** 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).

Return Reference	Explanation
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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**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, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 directors, trustees, officers, including 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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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				
(1) PURNIMA MANE PRESIDENT	(i)	340,872	0	5,829	20,047	3,410	370,158	0
	(ii)	0	0	0	0	0	0	0
(2) CAROLINE CROSBIE SENIOR VP, CORPORATE SECRETARY	(i)	261,181	0	5,061	24,137	22,788	313,167	0
	(ii)	0	0	0	0	0	0	0
(3) DEMET GURAL VP OF PROGRAMS	(i)	202,514	0	3,054	18,526	9,208	233,302	0
	(ii)	0	0	0	0	0	0	0
(4) STEPHEN REDDING VP OF COUNTRY & REGIONS	(i)	164,991	0	2,266	11,985	22,738	201,980	0
	(ii)	0	0	0	0	0	0	0
(5) JAYNE LYONS PROJECT DIRECTOR	(i)	123,732	0	66,062	11,319	12,824	213,937	0
	(ii)	0	0	0	0	0	0	0
(6) MARGARET CARLSON VP OF ADMINISTRATION	(i)	187,341	0	6,689	14,024	25,362	233,416	0
	(ii)	0	0	0	0	0	0	0
(7) MUSTAFA KUDRATI COUNTRY REPRESENTATIVE	(i)	130,138	0	145,226	12,123	22,406	309,893	0
	(ii)	0	0	0	0	0	0	0
(8) HALIDA AKHTER PROJECT DIRECTOR IV	(i)	152,051	0	58,743	4,472	15,836	231,102	0
	(ii)	0	0	0	0	0	0	0
(9) SHIRIL SARCAR PROJECT DIRECTOR	(i)	134,666	0	59,120	0	16,387	210,173	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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.

Return Reference	Explanation
SEE BELOW	PART II COLUMN (C) DEFERRED COMPENSATION INCLUDES 403B AND CN 457 RETIREMENT PLANS PART II COLUMN (D) NONTAXABLE BENEFITS INCLUDES CAFÉ 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

# Additional Data

**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 PRESIDENT	(i)	340,872	0	5,829	20,047	3,410	370,158	0
	(ii)	0	0	0	0	0	0	0
CAROLINE CROSBIE SENIOR VP, CORPORATE SECRETARY	(i)	261,181	0	5,061	24,137	22,788	313,167	0
	(ii)	0	0	0	0	0	0	0
DEMET GURAL VP OF PROGRAMS	(i)	202,514	0	3,054	18,526	9,208	233,302	0
	(ii)	0	0	0	0	0	0	0
STEPHEN REDDING VP OF COUNTRY & REGIONS	(i)	164,991	0	2,266	11,985	22,738	201,980	0
	(ii)	0	0	0	0	0	0	0
JAYNE LYONS PROJECT DIRECTOR	(i)	123,732	0	66,062	11,319	12,824	213,937	0
	(ii)	0	0	0	0	0	0	0
MARGARET CARLSON VP OF ADMINISTRATION	(i)	187,341	0	6,689	14,024	25,362	233,416	0
	(ii)	0	0	0	0	0	0	0
MUSTAFA KUDRATI COUNTRY REPRESENTATIVE	(i)	130,138	0	145,226	12,123	22,406	309,893	0
	(ii)	0	0	0	0	0	0	0
HALIDA AKHTER PROJECT DIRECTOR IV	(i)	152,051	0	58,743	4,472	15,836	231,102	0
	(ii)	0	0	0	0	0	0	0
SHIRIL SARCAR PROJECT DIRECTOR	(i)	134,666	0	59,120	0	16,387	210,173	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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. Rows include Art, Books, Cars, Securities, etc.

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

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

**Part III Supplemental Information.** 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.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
PATHFINDER INTERNATIONAL

**Employer identification number**

53-0235320

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GEORGE KAHRL FAMILY RELATIONSHIP BENJAMIN R KARHL FAMILY RELATIONSHIP JULIA G KARHL FAMILY RELATIONSHIP WALTER J GAMBLE, MD FAMILY RELATIONSHIP SUSAN M GEORGE FAMILY RELATIONSHIP ALFRED W TATE FAMILY RELATIONSHIP RALPH S TATE FAMILY RELATIONSHIP

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3) ROUTINELY DOCUMENTS THE INFORMATION AND DISCUSSIONS LEADING UP TO THEIR RECOMMENDATIONS, IN THE FORM OF DETAILED MINUTES TAKEN DURING COMMITTEE MEETINGS.</li> </ul> <p>THE COMPENSATION COMMITTEE OF PATHFINDER INTERNATIONAL HAS TWO PRIMARY RESPONSIBILITIES:</p> <ul style="list-style-type: none"> <li>1) INSURING THAT PATHFINDER'S EXECUTIVE COMPENSATION IS REASONABLE AS COMPARED TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS.</li> <li>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.</li> <li>3) AN ANNUAL UPDATE ON THE STATUS OF THE 457 RETIREMENT PLANS FOR ALL ELIGIBLE EMPLOYEES, AS PRESENTED BY THE HR EXECUTIVE.</li> </ul> <p>EXECUTIVE COMPENSATION PROCESS: THE COMPENSATION COMMITTEE MEETS SEVERAL TIMES EACH YEAR DURING WHICH THE FOLLOWING ACTIVITIES TAKE PLACE:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- A DETAILED REVIEW OF THE ANALYSIS FROM THE EXTERNAL COMPENSATION CONSULTANT, WHICH IS SUMMARIZED AND SHARED WITH THE CEO AND THE EXECUTIVE COMMITTEE.</li> <li>- 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.</li> <li>- AN ANNUAL REVIEW OF THE COMPENSATION AND EVALUATION PROCESSES, WITH ADJUSTMENTS IMPLEMENTED AS NECESSARY.</li> </ul>

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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON SPLIT-INTEREST AGREEMENTS 186,429

Return Reference	Explanation
FORM 990, PAGES 1 & 11, PARTS I & X, LINES 15 & 25	RECLASSIFICATION OF INVENTORIES - HELD FOR OTHERS CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR FINANCIAL STATEMENTS IN ORDER TO CONFORM WITH CURRENT YEAR PRESENTATION INVENTORY HELD FOR OTHERS HAS BEEN RECLASSIFIED TOTALING \$8,614,484 FOR YEAR ENDED JUNE 30, 2013 THE INVENTORY HELD FOR OTHERS IS AN AGENCY TRANSACTION AND IS DISCLOSED IN NOTE 8 IN THE NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY PATHFINDER'S EXECUTIVE COMMITTEE THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH SHALL HAVE NO MORE THAN TEN (10) MEMBERS NOR FEWER THAN FOUR (4) MEMBERS (ALL OF WHOM SHOULD BE DIRECTORS AND WHICH SHALL INCLUDE THE CHAIRPERSON OF THE BOARD OF DIRECTORS, WHO SHALL ALSO SERVE AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE, THE TREASURER, AND THE SECRETARY) AND SHALL HAVE SUCH POWERS AND DUTIES AS ARE HEREINAFTER SET FORTH THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE ELECTED BY THE BOARD OF DIRECTORS AT THE ANNUAL MEETING FOR A ONE (1) YEAR TERM THE EXECUTIVE COMMITTEE SHALL MEET AT THE CALL OF THE CHAIRPERSON OF THE BOARD OR ANY TWO MEMBERS OF THE EXECUTIVE COMMITTEE A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE CONSTITUTES A QUORUM THE EXECUTIVE COMMITTEE MAY EXERCISE ALL THE FUNCTIONS OF THE BOARD OF DIRECTORS IN THE ROUTINE MANAGEMENT OF AFFAIRS OF THE 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 2014 (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>

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN (B)	AVERAGE HOURS PER WEEK OF BOARD OF DIRECTORS EACH BOARD MEMBER IS ON AT LEAST ONE COMMITTEE 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

**2013**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**  
 ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

(a) Name, address, and EIN (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 II LLC
(2) PATHFINDER INTERNATIONAL OPERATIONS LLC 9 GALEN STREET STE 217 WATERTOWN, MA 024724501 00-1033474	SUPPORT THE OPERATIONS OF PATHFINDER	MA			PATHFINDER INTERNATIONAL
(3) PATHFINDER INTERNATIONAL OPERATIONS II LLC 9 GALEN STREET STE 217 WATERTOWN, MA 024724501 53-0235320	SUPPORT THE OPERATIONS OF PATHFINDER	MA			PATHFINDER INTERNATIONAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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" on 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> PATHFINDER LLC EYGPT	P	1,041,689	BOOK AMOUNT



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**