

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

PATH'S MISSION IS TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY BEHAVIORS. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed onthe 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 programservices? ☐ 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 \$ 83,226,259	including grants of \$ 15,050,921)	(Revenue \$ 5,365)
-----------	---------	-------------------------	-------------------------------------	---------------------

See Additional Data

4b	(Code)	(Expenses \$ 69,044,911	including grants of \$ 25,788,932)	(Revenue \$)
-----------	---------	-------------------------	-------------------------------------	---------------

See Additional Data

4c	(Code)	(Expenses \$ 53,927,311	including grants of \$ 18,596,808)	(Revenue \$)
-----------	---------	-------------------------	-------------------------------------	---------------

See Additional Data

(Code)	(Expenses \$ 36,420,596	including grants of \$ 7,702,857)	(Revenue \$ 24,100)
---------	-------------------------	------------------------------------	----------------------

ADVOCACY AND PUBLIC POLICY PATH'S ADVOCACY AND PUBLIC POLICY TEAM WORKS IN THE UNITED STATES, WITH MULTILATERAL HEALTH LEADERS ENGAGED IN GLOBAL POLICY AND PLANNING, AND IN COUNTRIES AND COMMUNITIES AROUND THE WORLD. WE HELP POLICYMAKERS UNDERSTAND ISSUES AND MOTIVATE THEM TO COMMIT FUNDING, CRAFT POLICIES, AND SPONSOR INITIATIVES TO STRENGTHEN GLOBAL HEALTH EFFORTS. IN 2016, PATH LED ADVOCACY EFFORTS TO ENSURE SUPPORT AMONG POLICYMAKERS IN THE UNITED STATES AND EUROPE FOR RESEARCH AND DEVELOPMENT, MATERNAL AND CHILD HEALTH, AND IMMUNIZATION. ONE EXAMPLE OF OUR SUCCESS WAS WHO'S LISTING OF OXYGEN IN ITS GLOBAL MODEL LIST OF ESSENTIAL MEDICINES (EML) AND EML FOR CHILDREN. WORKING WITH PARTNERS IN AFRICAN COUNTRIES, WE HELPED ADVANCE POLICIES TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN. AMONG MANY ACHIEVEMENTS THIS YEAR, THE GOVERNMENT IN THE DRC AGREED TO RELEASE VITAL IMMUNIZATION FUNDS. THIS PREVENTED THE COUNTRY FROM DEFAULTING ON A CO-FINANCING COMMITMENT IT HAD MADE TO GAVI, THE VACCINE ALLIANCE. IN KENYA, THE GOVERNMENT REVISED ITS ESSENTIAL MEDICINES LIST TO INCLUDE A NEW TYPE OF INJECTABLE CONTRACEPTIVE, A KEY STEP TO EXPANDING ACCESS TO FAMILY PLANNING FOR WOMEN IN HARD-TO-REACH POPULATIONS. MARKET DYNAMICS PATH'S MARKET DYNAMICS PROGRAM ENCOMPASSES EFFORTS TO CHARACTERIZE MARKETS, ASSESS SHORTCOMINGS, AND DESIGN MARKET-BASED INTERVENTIONS TO IMPROVE HEALTH OUTCOMES. THIS WORK COMPLEMENTS PATH'S OTHER EFFORTS, SUCH AS PRODUCT DEVELOPMENT. IT BUILDS UPON OUR EXISTING STRENGTH IN COMMERCIALIZATION, ALIGNS EXPERTISE ACROSS TEAMS, AND EXPANDS OUR CAPACITY TO ADDRESS MARKET-BASED ISSUES. IN 2016, OUR WORK FOCUSED ON ASSESSING MARKETS AND IMPROVING MARKET FUNCTIONING FOR MALARIA DRUGS AND DRUG INTERMEDIATES, MALARIA DIAGNOSTICS, OXYGEN THERAPY DEVICES, DEVICES FOR TREATMENT OF PRECANCEROUS CERVICAL LESIONS, AND DEVICES FOR WATER TREATMENT. THE MARKET DYNAMICS PROGRAM ALSO COLLABORATED WITH THE ADVOCACY AND PUBLIC POLICY DEPARTMENT TO STRENGTHEN MARKETS FOR MATERNAL AND NEWBORN HEALTH PRODUCTS THROUGH POLICY ADVOCACY. TECHNOLOGY DEVELOPMENT AND INTRODUCTION IN 2016, THE PRODUCT DEVELOPMENT DEPARTMENT AT PATH WAS RESTRUCTURED INTO TWO DIVISIONS: PATH ESSENTIAL MEDICINES, COMPRISING OUR VACCINE AND DRUG WORK, INCLUDING CVIA, AND PATH TECHNOLOGY DEVELOPMENT AND INTRODUCTION (TDI), COMPRISING OUR DEVICES AND TOOLS AND DIAGNOSTICS WORK AND STRONG ENGAGEMENT WITH KEY COUNTRY PROGRAMS TO SUPPORT LOCAL INNOVATION. TDI IS AN INTEGRATED GLOBAL PLATFORM FOR END-TO-END ADVANCEMENT OF HIGH-IMPACT DIAGNOSTICS, DEVICES, AND TOOLS THAT ADDRESS GLOBAL, REGIONAL, AND COUNTRY HEALTH NEEDS. IT IS ORGANIZED AS A NETWORK OF PATH "IMPACT LABS" WITH FUNCTIONAL EXPERTISE AND RELATIONSHIPS WITH DONORS, ENTREPRENEURS, HEALTH CARE PROVIDERS, ACADEMIA, RESEARCH INSTITUTES, AND POLICYMAKERS IN CHINA, INDIA, SOUTH AFRICA, AND THE UNITED STATES. THE DEVICES AND TOOLS PROGRAM (UNDER THE NEW TDI) IS PATH'S INNOVATIVE TECHNOLOGY ARM. THE GROUP WORKS WITH PARTNERS AND INNOVATORS AROUND THE WORLD TO DEVELOP, TEST, REFINE, INTRODUCE, AND SCALE AFFORDABLE TECHNOLOGIES TO IMPROVE THE HEALTH AND LIVES OF FAMILIES LIVING IN LMIC. IN 2016, THE DEVICES AND TOOLS PROGRAM COMPLETED THE TECHNOLOGIES FOR HEALTH PROGRAM (HEALTHTECH), A FIVE-YEAR COLLABORATION WITH USAID TO DEVELOP AND INTRODUCE LOW-COST HEALTH TOOLS TO ACCELERATE REDUCTIONS IN INFECTIOUS DISEASES AS WELL AS MORTALITY AND MORBIDITY IN MATERNAL AND CHILD HEALTH. A TOTAL OF 93 RESEARCH/DEVELOPMENT PARTNERSHIPS WERE FORMALIZED DURING THE HEALTHTECH PROJECT. 25 HIGH-POTENTIAL TECHNOLOGIES WERE IDENTIFIED, 9 TECHNOLOGIES WERE DESIGNED WITH IN-COUNTRY USER INPUT, AND 7 TECHNOLOGIES WERE EVALUATED AND INTRODUCED IN THE FIELD—SUCH AS THE SILCS DIAPHRAGM, MARKETED IN MORE THAN 25 COUNTRIES. THE DEVICES AND TOOLS PROGRAM ALSO DEVELOPED AND ADVANCED VACCINE INNOVATIONS TO IMPROVE THE ADMINISTRATION OF VACCINES IN THREE AREAS: DELIVERY, COLD CHAIN, AND FORMULATION. PROJECT MILESTONES INCLUDED THE COMPLETION OF AN INACTIVATED POLIOVIRUS VACCINE FREEZE SENSITIVITY STUDY. STAFF PRODUCED JOURNAL ARTICLES AND REPORTS ON OUR RESEARCH FINDINGS, RANGING FROM INTRADERMAL DELIVERY OF A FRACTIONAL DOSE OF INACTIVATED POLIOVIRUS VACCINE, TO FAST-DISSOLVING TABLETS FOR ANTIRETROVIRAL THERAPY FOR CHILDREN, TO ROOT CAUSES OF COLD CHAIN EQUIPMENT FAILURE IN UGANDA. PATH'S WORK TO DEVELOP AND INTRODUCE FAST, ACCURATE DIAGNOSTIC TECHNOLOGIES INCLUDES TOOLS TO DETECT AND MONITOR NTDS, MALARIA, POLIO, AND NCDS IN A KEY 2016 MILESTONE, PATH AND A PRIVATE-SECTOR PARTNER LAUNCHED TWO RAPID TESTS FOR NTDS. THE FIRST IS A DUAL-DETECTION (OR "BI-PLEX") TEST THAT CAN QUICKLY DETECT PREVIOUS EXPOSURE TO THE ONCHOCERCIASIS PARASITE, WHICH CAUSES RIVER BLINDNESS, AND LYMPHATIC FILARIASIS (LF), A DISABLING AND DISFIGURING DISEASE. PATH AND OUR PARTNER ALSO LAUNCHED A MONOPLEX RAPID DETECTION TEST FOR LF. BOTH TESTS ARE AVAILABLE TO SUPPORT SURVEILLANCE ACTIVITIES FOR ONCHOCERCIASIS AND LF ELIMINATION PROGRAMS. OUR PIONEERING WORK ON THE USE OF DIAGNOSTICS FOR MALARIA ELIMINATION INCLUDED DEVELOPING NEW OPTIONS TO IMPROVE DETECTION OF THE MALARIA PARASITE AND TESTS TO GUIDE CLINICAL CARE OF PATIENTS. WITH OUR DEVELOPMENT PARTNERS, PATH ADVANCED SEVERAL NEW PROTOTYPES FOR RAPID TESTS FOR G6PD DEFICIENCY, A CONDITION THAT CAN COMPLICATE TREATMENT OF PLASMODIUM VIVAX MALARIA. WE ALSO WORKED WITH A PUBLIC-SECTOR PARTNER TO ADVANCE A NEW, HIGHLY SENSITIVE TEST THAT CAN DETECT LOW LEVELS OF MALARIA INFECTION THAT MIGHT OTHERWISE BE MISSED IN ASYMPTOMATIC PATIENTS WITH ANOTHER PRIVATE-SECTOR PARTNER, PATH ADVANCED A TOOL FOR POPULATION-BASED SURVEILLANCE OF MICRONUTRIENT DEFICIENCIES. THIS TEST, WHICH DETECTS UP TO SEVEN NUTRITION- AND DISEASE-RELATED BIOMARKERS IN A SINGLE SAMPLE OF HUMAN SERUM, ADDRESSES THE NEED FOR TOOLS THAT CAN ACCURATELY AND RAPIDLY ASSESS NUTRITIONAL DEFICIENCIES AT A LARGE SCALE. FURTHER, AS PART OF THE GLOBAL EFFORT TO ERADICATE POLIO, PATH AND OUR PARTNERS CONDUCTED STUDIES IN KENYA AND PAKISTAN TO VALIDATE A NEW TOOL TO DETECT POLIOVIRUS IN WASTEWATER AND SEWAGE TO ACCELERATE THE MOST PROMISING HEALTH TECHNOLOGIES. PATH HAS ESTABLISHED A NETWORK OF IMPACT LABS IN CHINA (BEIJING), INDIA (NEW DELHI), SOUTH AFRICA (CAPE TOWN), AND THE UNITED STATES (SEATTLE). THESE COUNTRIES HAVE RICH INNOVATION ECOSYSTEMS WITH UNIVERSITIES, PRIVATE-SECTOR FIRMS, AND A GROWING NUMBER OF ENTREPRENEURS ALL FOCUSED ON INNOVATIVE PRODUCTS AND SERVICES THAT MAKE HEALTH CARE MORE AFFORDABLE, ACCESSIBLE, AND EFFECTIVE. THROUGH THE NETWORK OF IMPACT LABS, PATH CAN LEVERAGE WORLD-CLASS GLOBAL AND COUNTRY EXPERTISE WHEN SUPPORTING PARTNERS TO ACCELERATE THE DEVELOPMENT AND INTRODUCTION OF SCALABLE DEVICES, TOOLS, AND DIAGNOSTICS FOR HEALTH. SPECIAL INITIATIVES PATH IS ENGAGED IN A VARIETY OF PROJECTS THAT GALVANIZE OUR EXPERTISE AND RESOURCES AND THOSE OF OUR GLOBAL PARTNERS TO SAVE MORE LIVES, MORE QUICKLY. PATH LAUNCHED ITS FIRST TWO HEALTH IMPACT TEAMS IN 2014, FOCUSED ON MALARIA AND HIV/AIDS. AS OF 2016, WE HAVE ACTIVE OR PLANNED HEALTH IMPACT TEAMS IN FIVE ADDITIONAL HEALTH AREAS: MATERNAL AND NEWBORN HEALTH, NUTRITION INNOVATION, SRH, GLOBAL HEALTH SECURITY, AND HEALTH SYSTEMS STRENGTHENING. EACH TEAM GOES THROUGH A STAGED PROCESS OF SCALE-UP AND GROWTH. ULTIMATELY, THESE TEAMS ARE CHARGED WITH DEVELOPING AND EVOLVING STRATEGY, PURSUING NEW OPPORTUNITIES, DELIVERING HIGH-QUALITY RESULTS, STRENGTHENING AND CONNECTING PATH TALENT ACROSS GEOGRAPHIES AND PROGRAMS RELATED TO AN AREA, AND POSITIONING PATH EXTERNALLY TO COLLABORATE AND ADVOCATE.

4d	Other program services (Describe in Schedule O)	(Expenses \$ 36,420,596	including grants of \$ 7,702,857)	(Revenue \$ 24,100)
-----------	--	-------------------------	------------------------------------	----------------------

4e	Total program service expenses	242,619,077
-----------	---------------------------------------	--------------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b Yes	
15 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>	15 Yes	
16 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>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 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 "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	270
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	783
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	BE, CH, CG, ET, GH, IN, KE, MI, MZ, OC, PE, SG, SF, SZ, TZ, UG, UK, UP, VM, ZA If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	Yes	
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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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

17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, CA, CT, FL, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ OLIVIA POLIUS CHIEF FINANCIAL OFFICER 2201 WESTLAKE AVE SUITE 200 SEATTLE, WA 98121 (206) 285-3500

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 285

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
WIDENET CONSULTING GROUP LLC 11400 SE 6TH ST 130 BELLEVUE, WA 98004	CONSULTING	1,263,147
TARGET CW 9475 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	GENERAL CONTRACTOR	530,652
SLALOM LLC 821 2ND AVE 1900 SEATTLE, WA 98124	CONSULTING	496,257
AEROTEK INC 7301 PARKWAY DRIVE S HANOVER, MD 21076	STAFFING SERVICES	310,568
NORTHERN TRUST 50 S LASALLE ST CHICAGO, IL 60675	ASSET MANAGEMENT	295,241

Form 990 (2016)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	19,363,854			
	e Government grants (contributions)	1e	128,353,466			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	150,598,668			
	g Noncash contributions included in lines 1a-1f \$		1,158,273			
	h Total. Add lines 1a-1f		298,315,988			
Program Service Revenue		Business Code				
	2a HONORARIUM	900099	26,250	26,250		
	b SALES	900099	3,215	3,215		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		29,465			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,797,794			1,797,794
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	59,787,840 45,000			
	b Less cost or other basis and sales expenses		59,762,566 125,576			
	c Gain or (loss)		25,274 -80,576			
	d Net gain or (loss)		-55,302			-55,302
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a GAIN-FOREIGN EXCH	900099	4,330,195			4,330,195	
b REIMBURSEMENTS	900099	174,639			174,639	
c OTHER	900099	163,559			163,559	
d All other revenue						
e Total. Add lines 11a-11d		4,668,393				
12 Total revenue. See Instructions		304,756,338	29,465	0	6,410,885	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	30,538,380	30,538,380		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	29,000	29,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	36,572,138	36,572,138		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,338,138	917,083	2,343,772	77,283
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	90,959,712	54,707,206	34,725,934	1,526,572
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,104,500		9,104,500	
9 Other employee benefits.	12,846,115	848,514	11,997,601	
10 Payroll taxes.	6,480,037	458,381	6,021,656	
11 Fees for services (non-employees).				
a Management.				
b Legal.	536,989	295,764	241,170	55
c Accounting.	502,506	65,678	436,828	
d Lobbying.	45,041	21,000	24,041	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	295,241		295,241	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,394,283	11,420,324	4,856,181	117,778
12 Advertising and promotion.	377,868	237,973	95,492	44,403
13 Office expenses.	5,996,638	4,795,807	1,119,412	81,419
14 Information technology.	1,184,901	265,468	867,086	52,347
15 Royalties.	70,856	70,856		
16 Occupancy.	10,989,044	213,218	10,775,826	
17 Travel.	22,206,798	19,432,713	2,682,213	91,872
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,664,330	9,651,771	658,934	353,625
20 Interest.	41,156		41,156	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,109,950		3,109,950	
23 Insurance.	428,986	53,240	375,746	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTS	20,893,797	18,858,698	1,608,175	426,924
b EQUIP RENT & MAINT	5,660,882	5,120,434	510,907	29,541
c FACILITIES ALLOC	0	11,302,017	-11,724,902	422,885
d LEAVE & BENS ALLOC	0	28,978,004	-29,828,131	850,127
e All other expenses	16,752,884	7,765,410	8,923,574	63,900
25 Total functional expenses. Add lines 1 through 24e.	306,020,170	242,619,077	59,262,362	4,138,731
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		17,233,932	1	101,995,891
	2	Savings and temporary cash investments		70,140,432	2	1,334,550
	3	Pledges and grants receivable, net		213,160,918	3	213,222,701
	4	Accounts receivable, net		8,998,343	4	7,385,621
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,519,638	9	6,129,231
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 34,897,333			
	b	Less: accumulated depreciation	10b 21,670,106	15,205,982	10c	13,227,227
	11	Investments—publicly traded securities		125,477,380	11	107,031,338
	12	Investments—other securities. See Part IV, line 11			12	439,232
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0	15	174,495
16	Total assets. Add lines 1 through 15 (must equal line 34)		458,736,625	16	450,940,286	
Liabilities	17	Accounts payable and accrued expenses		44,777,022	17	52,167,762
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,467,142	23	1,525,153
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			25	
	26	Total liabilities. Add lines 17 through 25		47,244,164	26	53,692,915
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		20,834,939	27	25,545,902
	28	Temporarily restricted net assets		387,267,912	28	368,307,703
	29	Permanently restricted net assets		3,389,610	29	3,393,766
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		411,492,461	33	397,247,371	
34	Total liabilities and net assets/fund balances		458,736,625	34	450,940,286	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	304,756,338
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,020,170
3	Revenue less expenses Subtract line 2 from line 1	3	-1,263,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	411,492,461
5	Net unrealized gains (losses) on investments	5	769,847
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,751,105
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	397,247,371

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Software ID:	
Software Version:	
EIN:	91-1157127
Name:	PATH

Form 990 (2016)

Form 990, Part III, Line 4a:

PUBLIC HEALTH PATH'S PUBLIC HEALTH PORTFOLIO TOUCHES ON THREE PRIMARY AREAS FIRST, WE WORK TO COMBAT INFECTIOUS DISEASES, WITH A FOCUS ON MALARIA, HIV/AIDS, TUBERCULOSIS (TB), AND NTDS WE ALSO WORK TO SUPPORT THE HEALTH OF KEY POPULATIONS-INCLUDING NEWBORNS, CHILDREN, ADOLESCENTS, AND MOTHERS-AND TO IMPROVE WOMEN'S HEALTH AND SEXUAL AND REPRODUCTIVE HEALTH (SRH) FINALLY, WE TARGET EMERGING ISSUES THROUGH OUR DIGITAL HEALTH SOLUTIONS, NONCOMMUNICABLE DISEASES (NCDS), NUTRITION INNOVATION, AND HEALTH SYSTEMS STRENGTHENING AND EPIDEMIC PREPAREDNESS WORK MALARIA MORE THAN 200 PATH STAFF MEMBERS WORK ON MALARIA IN MORE THAN 30 COUNTRIES THEY PARTNER WITH GOVERNMENTS, THE PRIVATE SECTOR, AND FUNDERS WORLDWIDE TO BRING THE WORLD CLOSER TO MALARIA ERADICATION OUR STRATEGY INCLUDES OPTIMIZING THE DELIVERY OF CURRENT TOOLS AND APPROACHES TO ENSURE THEY REACH THE PEOPLE WHO NEED THEM, DEVELOPING NEW STRATEGIES FOR ELIMINATION, DEVELOPING NEXT-GENERATION TOOLS TO OVERCOME EMERGING CHALLENGES, AND CREATING INNOVATIVE PARTNERSHIPS AND FUNDING MODELS TO ENSURE THAT OUR PROGRAMS ARE SUSTAINABLE AND EFFICACIOUS PATH-PIONEERED APPROACHES HAVE CONTRIBUTED TO REMARKABLE PROGRESS TOWARD CONTROLLING AND ELIMINATING MALARIA, WITH NEARLY 7 MILLION LIVES SAVED SINCE 2000 IN 2016, THE MALARIACARE PARTNERSHIP, WHICH PATH LEADS, CONTINUED TO STRENGTHEN HEALTH SYSTEMS AND IMPROVE THE QUALITY OF MALARIA CASE MANAGEMENT IN 17 COUNTRIES IN AFRICA AND THE MEKONG REGION ADDITIONALLY, OUR MALARIA CONTROL AND ELIMINATION PARTNERSHIP IN AFRICA (MACEPA) CONTINUED TO SUPPORT THE GOVERNMENTS OF ETHIOPIA, SENEGAL, AND ZAMBIA IN THEIR MALARIA ELIMINATION GOALS BY SCALING UP PREVENTION AND TREATMENT, ADVANCING SENSITIVE DIAGNOSTIC TOOLS, ESTABLISHING RAPID REPORTING SYSTEMS, AND TESTING NEW APPROACHES (SUCH AS MASS DRUG ADMINISTRATION) PATH ALSO CONTINUED EFFORTS TO IMPROVE DATA FOR MALARIA CONTROL DECISION-MAKING AND SURVEILLANCE IN ZAMBIA, THE VISUALIZE NO MALARIA PROJECT-A GROUNDBREAKING PARTNERSHIP WITH A SEATTLE-BASED SOFTWARE COMPANY AND A COALITION OF OTHER TECHNOLOGY COMPANIES-CONTINUED TO EXPAND THIS PROJECT EQUIPS HEALTH WORKERS AND OFFICIALS WITH THE REAL-TIME DATA VISUALIZATION TOOLS THEY NEED TO SEE AND UNDERSTAND WHERE MALARIA IS APPEARING SO THAT THEY CAN APPROPRIATELY DEPLOY RESOURCES TO HALT ITS SPREAD THIS YEAR, PATH MADE STRIDES TOWARD THE NEXT GENERATION OF TOOLS TO DETECT, PREVENT, AND TREAT MALARIA AS NOTED ABOVE, AFTER DECADES OF RESEARCH AND TESTING, IN 2016 THE WORLD'S FIRST MALARIA VACCINE CANDIDATE, RTS,S, WHICH PATH HELPED TO DEVELOP, RECEIVED APPROVAL FROM EUROPEAN REGULATORS AND FROM WHO FOR PILOT INTRODUCTION IN AFRICA PATH ALSO SUPPORTED THE DEVELOPMENT OF A NEW, HIGHLY SENSITIVE RAPID DIAGNOSTIC TEST THAT OFFERS A GREATER THAN TENFOLD IMPROVEMENT IN DETECTION OF THE MOST COMMON MALARIA PARASITE WE ALSO ADVANCED WORK ON A POINT-OF-CARE DIAGNOSTIC TEST FOR GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY, A CONDITION THAT CAN COMPLICATE MALARIA TREATMENT COMBATING HIV/AIDS IN 2016, OUR EFFORTS TO REDUCE THE GLOBAL BURDEN OF HIV/AIDS CONTINUED TO FOCUS ON THE UNIQUE NEEDS OF MARGINALIZED AND HARD-TO-REACH GROUPS, INCLUDING ADOLESCENT GIRLS AND YOUNG WOMEN, ORPHANS AND VULNERABLE CHILDREN, PEOPLE CO-INFECTED WITH HIV AND TB, SEX WORKERS AND THEIR CLIENTS, MEN WHO HAVE SEX WITH MEN, AND PEOPLE WHO INJECT DRUGS TO IMPROVE HIV DIAGNOSTICS, WE FOCUSED ON ADVANCING ACCESSIBLE AND AFFORDABLE PRODUCTS TO FILL GAPS IN SELF-TESTING, EARLY INFANT DIAGNOSIS AND TREATMENT, VIRAL LOAD DETECTION, AND MONITORING FOR DRUG RESISTANCE PATH ALSO ADVANCED ALTERNATIVE AND LOW-COST METHODS TO DELIVER MICROBICIDES AND ANTIRETROVIRAL MEDICATIONS (ARVS) FOR HIV PREVENTION AND TREATMENT, INCLUDING A PEDIATRIC-FRIENDLY ARV DOSAGE FORMULATION THROUGH THE AIDS POPULATION AND HEALTH INTEGRATED ASSISTANCE PROGRAM PLUS (APHIAPLUS) IN WESTERN KENYA, PATH HELPED TO INTEGRATE SERVICES FOR HIV/AIDS, SRH, TB, NCDS, AND OTHER ILLNESSES TO HELP MORE PEOPLE ACCESS A GREATER SPECTRUM OF SERVICES WITH SUPPORT FROM THE US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF DREAMS INITIATIVE, APHIAPLUS INTENSIFIED EFFORTS TO REACH ADOLESCENT GIRLS AND YOUNG WOMEN IN TWO COUNTIES WITH INTERVENTIONS TO REDUCE THEIR VULNERABILITY TO HIV AND IMPROVE THEIR ACCESS TO SERVICES PATH WAS ALSO SELECTED TO IMPLEMENT A FIRST-OF-ITS-KIND PROGRAM TO INTEGRATE HYPERTENSION SCREENING AND CARE INTO THE HIV/AIDS SERVICE DELIVERY PLATFORM IN KENYA AS 2016 BEGAN, DATA SHOWED THE SUBSTANTIAL REACH OF THIS AND OTHER EFFORTS FOR EXAMPLE, THE NUMBER OF PEOPLE RETURNING TO APHIAPLUS WESTERN HEALTH FACILITIES FOR HIV TREATMENT (ANTIRETROVIRAL THERAPY)INCREASED FROM 55,752 TOTAL IN APRIL 2013 TO 95,763 TOTAL IN AUGUST 2016 IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC), PATH LED A WIDE-REACHING HIV/AIDS PROJECT THAT SUPPORTED HEALTH FACILITIES AND HEALTH ZONES TO PROVIDE AN INTEGRATED PACKAGE OF HIV SERVICES IN ADDITION, WE INTRODUCED INNOVATIONS TO REACH POPULATION GROUPS MOST AT RISK OF HIV INFECTION IN VIETNAM, WE CONTINUED WORK TO GENERATE MARKETS FOR HIV PREVENTION PRODUCTS AND SERVICES, INCLUDING A LOCAL COMMERCIAL CONDOM MARKET WE EQUIPPED GROUPS OPERATED BY MEMBERS OF KEY POPULATIONS TO GENERATE DEMAND FOR SERVICES AMONG THEIR PEERS WE PILOTED NEW APPROACHES TO HELP CONTROL HIV, AND WE PREPARED FOR THE INTRODUCTION OF HIV PRE-EXPOSURE PROPHYLAXIS IN SOUTH AFRICA, PATH WORKED WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT), AND INTERSEX COMMUNITY-BASED GROUPS TO IMPROVE PROVISION OF HIV SERVICES TO MEN WHO HAVE SEX WITH MEN INNOVATIVE APPROACHES TO FIGHT TUBERCULOSIS PATH BRINGS GLOBAL HEALTH EXPERTISE AND INNOVATIVE APPROACHES TO THE FIGHT AGAINST TB IN INDIA, WE IMPLEMENTED THE PUBLIC PRIVATE INTERFACE AGENCY (PPIA) TO IMPROVE PRIVATE-SECTOR HEALTH CARE PROVIDERS' CONTRIBUTIONS TO TB CONTROL IN MUMBAI'S SLUMS PATH AND INDIAN PARTNERS RECOGNIZED THAT MANY OF THE MOST VULNERABLE PEOPLE IN INDIA SEEK CARE FROM INFORMAL, OFTEN UNTRAINED PRIVATE HEALTH CARE PROVIDERS (SUCH AS TRADITIONAL HEALERS), WHO OFTEN CANNOT ACCURATELY DIAGNOSE OR TREAT TB THE PPJA PROJECT RESPONDS BY LINKING THESE PROVIDERS TO BETTER-TRAINED PROVIDERS IN THE PRIVATE AND PUBLIC SECTORS USING A VOUCHER MECHANISM, PPJA EMPOWERS INFORMAL PROVIDERS TO SEND THEIR PATIENTS, FREE OF CHARGE OR SUBSIDIZED, TO TB DIAGNOSTIC AND TREATMENT SERVICES PPJA HAS DRAMATICALLY IMPROVED ACCESS TO SERVICES AND IS INCREASING PRIVATE PROVIDERS' CAPACITY TO ACCURATELY DIAGNOSE AND MANAGE TB IN SOUTH AFRICA, PATH AND OUR PARTNERS DEVELOPED AND IMPLEMENTED A BEHAVIOR CHANGE COMMUNICATION INTERVENTION TO TRAIN HEALTH CARE WORKERS ON TB INFECTION PREVENTION AND CONTROL PRACTICES IN VIETNAM, WE COLLABORATED WITH A PRIVATE-SECTOR PARTNER TO PILOT A MODEL TO STRENGTHEN CHILDHOOD TB CASE DETECTION, EARLY TREATMENT, AND MORE IN TANZANIA, PATH TRAINED AND SUPPORTED TRADITIONAL HEALERS, PRIVATE DRUG SELLERS, COMMUNITY-BASED ORGANIZATIONS, AND FORMER TB PATIENTS TO DELIVER COMMUNITY-BASED TB INTERVENTIONS IN A PROJECT TO IMPROVE TB CARE IN ETHIOPIA, PATH AND CONSORTIUM PARTNERS SUPPORTED HEALTH EXTENSION WORKERS AND COMMUNITY-BASED ORGANIZATIONS TO BUILD BETTER REFERRAL SYSTEMS, IMPROVE CASE DETECTION, AND INCREASE ADHERENCE TO TREATMENT OUR CONTRIBUTIONS TO THE GLOBAL RESPONSE TO COMBAT MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) INCLUDED ESTABLISHING A "TEST AND REFER" MODEL IN THE PRIVATE SECTOR IN MUMBAI, INDIA, AND WORKING WITH LOCAL PARTNERS TO IMPLEMENT A PATIENT-CENTERED APPROACH TO MDR-TB CASE MANAGEMENT IN UKRAINE MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION PATH WORKS WITH PARTNERS TO IMPROVE MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION AROUND THE WORLD TOGETHER, WE DEVELOP, ADAPT, AND SCALE TECHNOLOGIES AND APPROACHES TO REDUCE ILLNESS AND DEATH AND GIVE CHILDREN THE BEST POSSIBLE START IN LIFE IN ALL OUR EFFORTS, WE WORK TO PUT THE LOCAL GOVERNMENT IN THE DRIVER'S SEAT TO ENSURE BOTH SCALE AND SUSTAINABILITY IN 2016, PATH CONTINUED TO EXPAND OUR LEADERSHIP IN EARLY CHILDHOOD DEVELOPMENT (ECD) RESEARCH HAS SHOWN THAT WHEN PARENTS AND CAREGIVERS PLAY AND TALK WITH CHILDREN IN THEIR EARLY YEARS, CHILDREN GROW UP TO BE HEALTHIER, MORE EDUCATED, AND MORE PRODUCTIVE ADULTS YET TRADITIONAL CENTER-BASED ECD APPROACHES TEND TO TARGET OLDER CHILDREN THIS MISSES THE CRITICAL WINDOW OF OPPORTUNITY WHEN THE BRAIN DEVELOPS MOST RAPIDLY AND DEVELOPMENTAL DELAYS MAY BE REVERSED WITH PATH SUPPORT, THE GOVERNMENTS OF KENYA AND MOZAMBIQUE ARE INCLUDING ECD SERVICES IN BASIC HEALTH CARE FOR CAREGIVERS AND THEIR YOUNG CHILDREN PATH'S APPROACH TO INTEGRATING ECD INTO THE HEALTH SYSTEM FOCUSES ON SUPPORTING AND BUILDING THE CAPACITY OF EXISTING HEALTH SERVICE PROVIDERS AND THEIR SUPERVISORS

Form 990, Part III, Line 4b:

ESSENTIAL MEDICINES PATH IS A GLOBAL LEADER IN IDENTIFYING, DEVELOPING, AND INTRODUCING AFFORDABLE, EFFECTIVE, AND EASY-TO-USE ESSENTIAL MEDICINES, SUCH AS VACCINES AND DRUGS. WE WORK WITH GOVERNMENTS, NONGOVERNMENTAL ORGANIZATIONS, PRIVATE COMPANIES, EDUCATIONAL INSTITUTIONS, AND OTHER GROUPS TO SHEPHERD THESE INNOVATIONS ALL THE WAY FROM BRIGHT IDEA TO LARGE-SCALE USE. CENTER FOR VACCINE INNOVATION AND ACCESS PATH'S CENTER FOR VACCINE INNOVATION AND ACCESS (CVIA) ALIGNS EXPERTISE ACROSS EVERY STAGE OF VACCINE RESEARCH, DEVELOPMENT, AND INTRODUCTION TO MAKE VACCINES GLOBALLY AVAILABLE TO MORE COMMUNITIES, PARTICULARLY IN LOW- AND MIDDLE-INCOME COUNTRIES (LMIC). OUR PORTFOLIO INCLUDES MORE THAN TWO DOZEN VACCINE PRODUCTS IN DEVELOPMENT OR ALREADY IN USE, WITH AN EMPHASIS ON THE LEADING INFECTIOUS CAUSES OF CHILDHOOD DEATHS WORLDWIDE. FOR EXAMPLE, IN 2016 WE CONTINUED TO HELP COUNTRIES EXPAND COVERAGE OF JAPANESE ENCEPHALITIS (JE) VACCINE, WHICH PATH HELPED DEVELOP AND SHEPHERD THROUGH THE GLOBAL REGULATORY PROCESS. WITH THE SUPPORT OF PATH, THE GOVERNMENT OF CAMBODIA LAUNCHED A NEW SERIES OF JE IMMUNIZATION CAMPAIGNS FOCUSED ON NEARLY 4.3 MILLION CHILDREN AGED 9 MONTHS TO 15 YEARS. NEPAL EXPANDED ITS JE PREVENTION AND CONTROL PROGRAM NATIONWIDE. PATH ALSO PUBLISHED AND DISSEMINATED A GUIDE TO HELP COUNTRY DECISION-MAKERS UNDERSTAND AND INTRODUCE THE VACCINE. AS OF 2016, THE JE VACCINE HAS REACHED 26.8 MILLION PEOPLE IN 11 COUNTRIES WORLDWIDE. WE EVALUATED THE LONG-TERM IMMUNE RESPONSE TO MENAFRIVAC, A LOW-COST VACCINE DEVELOPED BY PATH, THE WORLD HEALTH ORGANIZATION (WHO), AND INDIAN VACCINE MANUFACTURER SERUM INSTITUTE OF INDIA. THIS VACCINE PROTECTS CHILDREN AND YOUNG ADULTS FROM DEBILITATING AND OFTEN DEADLY SEROGROUP A MENINGOCOCCAL MENINGITIS. AS OF 2016, THE VACCINE HAS BEEN ADMINISTERED TO MORE THAN 270 MILLION PEOPLE IN 26 COUNTRIES, VIRTUALLY ELIMINATING MENINGITIS A IN THOSE AREAS. WITH OUR PARTNERS, WE ALSO INITIATED A PHASE 1 STUDY OF A VACCINE TO PROTECT AGAINST OTHER SEROGROUPS OF MENINGOCOCCAL MENINGITIS. [MENAFRIVAC IS A REGISTERED TRADEMARK OF SERUM INSTITUTE OF INDIA PVT. LTD.] TO STOP MALARIA, PATH IS ACCELERATING THE DEVELOPMENT OF A WIDE VARIETY OF MALARIA VACCINE CANDIDATES AND APPROACHES. IN 2016, FUNDING WAS SECURED FOR THE FIRST PHASE OF THE WHO-LED MALARIA VACCINE IMPLEMENTATION PROGRAM FOR THE RTS,S VACCINE CANDIDATE. PATH IS WORKING WITH WHO AND OTHER STAKEHOLDERS TO PREPARE FOR PILOT IMPLEMENTATION IN SELECTED REAL-LIFE SETTINGS IN GHANA, KENYA, AND MALAWI BEGINNING IN 2018. WITH PARTNERS, PATH IS ALSO ADVANCING RESEARCH INTO WHETHER, BY REDUCING AND DELAYING THE ADMINISTRATION OF VACCINE DOSES, RTS,S HAS THE POTENTIAL TO AID MALARIA ELIMINATION EFFORTS. OUR WORK TO COMBAT DIARRHEAL DISEASES, THE SECOND LEADING CAUSE OF DEATH AMONG CHILDREN IN LMIC, CONTINUED THIS YEAR. FOR EXAMPLE, WE PARTNERED WITH A PRIVATE INDIAN-BASED COMPANY TO STUDY AND PROVIDE EVIDENCE FOR A NEW VACCINE AGAINST ONE COMMON CAUSE OF DIARRHEAL DISEASE, ROTAVIRUS. THE VACCINE COULD REMAIN STABLE AND POTENT EVEN DURING EXTENDED PERIODS WITHOUT REFRIGERATION, GIVING IT WIDER REACH. THE VACCINE ACHIEVED LICENSURE IN DECEMBER 2016. EARLIER IN THE YEAR, ROTAVAC, ANOTHER INDIAN-MADE VACCINE DEVELOPED WITH PATH SUPPORT, BEGAN ROLLOUT IN INDIA. [ROTAVAC IS A REGISTERED TRADEMARK OF BHARAT BIOTECH.] IN ADDITION, PATH CONDUCTED EARLY-STAGE CLINICAL TRIALS OF VACCINE CANDIDATES THAT MAY PROVIDE PROTECTION AGAINST ENTEROTOXIGENIC ESCHERICHIA COLI (ETEC) AND SHIGELLA, LEADING CAUSES OF BACTERIAL DIARRHEAL ILLNESS. WE ALSO CONVENED A GLOBAL CONFERENCE THAT WAS THE FIRST TO BRING TOGETHER INTERNATIONAL LEADERS TO DISCUSS ETEC AND SHIGELLA AND ACCELERATE PROGRESS AGAINST THESE DISEASES. PATH'S DEFEAT DIARRHEAL DISEASE INITIATIVE, HOUSED WITHIN CVIA, CONTINUED ITS ONGOING WORK TO GENERATE INVESTMENTS IN ROTAVIRUS, ETEC, AND SHIGELLA VACCINES. A DATA VISUALIZATION PIECE AND INFOGRAPHIC ON LONG-TERM GUT DAMAGE ARE TWO EXAMPLES OF RESOURCES WE CREATED TO HELP ADVOCATES COMMUNICATE ABOUT THE LIFELONG CONSEQUENCES OF REPEATED INFECTIONS. WE ALSO ADVANCED DEVELOPMENT OF LOW-COST VACCINE CANDIDATES TO PROTECT CHILDREN AGAINST PNEUMOCOCCAL BACTERIA, THE TOP CAUSE OF SEVERE CHILDHOOD PNEUMONIA. IN THE GAMBIA, FOR INSTANCE, WE EVALUATED A PNEUMOCOCCAL CONJUGATE VACCINE CANDIDATE DESIGNED TO BE AFFORDABLE AND TO PROVIDE PROTECTION AGAINST THE TEN BACTERIAL SEROTYPES CAUSING THE MOST CASES OF INVASIVE PNEUMOCOCCAL DISEASE IN AFRICA AND ASIA. IN KENYA, PATH AND OUR PARTNERS STUDIED A VACCINE CANDIDATE WITH THE POTENTIAL TO PROVIDE LOW-COST, BROAD PROTECTION ACROSS MANY SEROTYPES. IN 2016, PATH BEGAN A PROJECT TO SUPPORT THE DEVELOPMENT OF A VACCINE AGAINST GROUP B STREPTOCOCCUS, A LEADING CAUSE OF SEPSIS AND MENINGITIS IN YOUNG INFANTS WORLDWIDE. THE INTENDED VACCINE POPULATION IS PREGNANT WOMEN-PART OF A STRATEGY THAT BOOSTS IMMUNITY AGAINST THE BACTERIUM AND TRANSFERS PROTECTIVE ANTIBODIES TO THE DEVELOPING BABY. WE ALSO ASSISTED THE GOVERNMENTS OF 16 LOW-RESOURCE COUNTRIES IN AFRICA AND ASIA TO PLAN, IMPLEMENT, AND EVALUATE THE USE OF A HUMAN PAPILLOMAVIRUS (HPV) VACCINE TO PROTECT AGAINST CERVICAL CANCER. FINALLY, WE COMPLETED WORK ON AN IMMUNIZATION DEMAND GENERATION PROJECT IN AFAR, ETHIOPIA, WHERE 19 PERCENT OF CHILDREN YOUNGER THAN FIVE YEARS ARE NOT IMMUNIZED AND ONE IN 16 CHILDREN DIE BEFORE THEIR FIFTH BIRTHDAY. WE COLLABORATED WITH GROUPS SUCH AS THE MINISTRY OF HEALTH (MOH), AFAR REGIONAL HEALTH BUREAU, AND REGIONAL ISLAMIC AFFAIRS OFFICE TO GENERATE GREATER VACCINE DEMAND AND COVERAGE. DRUG DEVELOPMENT PATH AND OUR PARTNERS DEVELOP AND ADVANCE AFFORDABLE DRUGS TO PREVENT AND TREAT DISEASES THAT DISPROPORTIONATELY AFFECT PEOPLE IN LOW-INCOME COUNTRIES, INCLUDING ENTERIC AND DIARRHEAL DISEASES, NEGLECTED TROPICAL DISEASES (NTDs), HIV/AIDS, AND MALARIA. DRAWING ON AN ENDURING COMMITMENT TO HEALTH EQUITY AND A UNIQUE PARTNERSHIP APPROACH THAT SPANS THE ACADEMIC, PRIVATE, AND NONPROFIT SECTORS, THIS WORK DEMONSTRATES THAT IT IS POSSIBLE TO REACH THE WORLD'S MOST VULNERABLE PEOPLE WITH THE MEDICINES THEY NEED. THIS YEAR, OUR WORK CONTINUED TO OVERTURN BARRIERS TO HEALTH AT EVERY STAGE OF DEVELOPMENT AND USE-FROM EARLY RESEARCH TO BROAD SCALE-UP. WE CONTINUED OUR WORK TO BREAK THE CYCLE OF SOIL-TRANSMITTED HELMINTH INFECTIONS. THESE INTESTINAL PARASITIC WORMS THRIVE IN AREAS WITH LIMITED SANITATION AND HYGIENE, WHERE THEY ARE TRANSMITTED THROUGH CONTACT WITH SOIL AND WATER CONTAMINATED BY THE PRACTICE OF OPEN DEFECATION. GLOBALLY, THEY AFFECT MORE THAN A BILLION PEOPLE. THROUGH A MULTIPRONGED APPROACH THAT INCLUDES DRUGS AND DIAGNOSTICS AS WELL AS IMPROVED SANITATION, PATH IS WORKING TO BREAK THE CYCLE OF CHRONIC INFECTIONS AND REDUCE THE BURDEN OF ILLNESS WORLDWIDE, INCLUDING OUR MOST RECENT COMMITMENT TO SEEK US FOOD AND DRUG ADMINISTRATION (FDA) APPROVAL FOR THE DRUG TRIBENDIMIDINE (TRBD) AS A SIGNIFICANTLY IMPROVED TREATMENT FOR HOOKWORM INFECTIONS. FDA APPROVAL IS THE INITIAL STEP IN A PLAN TO INCORPORATE TRBD INTO MASS DEWORMING CAMPAIGNS IN LOW-RESOURCE SETTINGS WHERE SOIL-TRANSMITTED HELMINTH INFECTIONS CAUSE SIGNIFICANT MORBIDITY. THE US\$25 MILLION FINANCING OF PATH'S TRBD PROGRAM IS BEING LED BY A LEADING LIFE SCIENCES INVESTMENT FIRM, WITH PARTICIPATION FROM AN IMPACT INVESTMENT FUND FOCUSED ON NEGLECTED DISEASES AND MATERNAL AND CHILD HEALTH. OTHER PROJECTS INCLUDED WORKING WITH PARTNERS IN BANGLADESH TO CONVEY A NEW DIARRHEA INNOVATIONS GROUP, WHICH ALIGNS EXPERTS TO SHARE RESEARCH AND SPEED UP THE DEVELOPMENT AND ADOPTION OF NEW DIAGNOSTIC AND THERAPEUTIC TECHNOLOGIES FOR DIARRHEAL DISEASES. WE ALSO LED A GLOBAL SYMPOSIUM THAT CONVENED EXPERTS FROM ACROSS THE PUBLIC AND PRIVATE SECTORS TO ACCELERATE DEVELOPMENT OF NEW DRUGS TO TREAT CRYPTOSPORIDIUM INFECTION-A LEADING CAUSE OF DIARRHEAL DISEASE AMONG YOUNG CHILDREN.

Form 990, Part III, Line 4c:

INTERNATIONAL DEVELOPMENT IN 2016, PATH'S INTERNATIONAL DEVELOPMENT PORTFOLIO SUPPORTED WORK IN MORE THAN 70 COUNTRIES, RANGING FROM SMALL-SCALE PILOTS TO LARGE, MULTI-COUNTRY EFFORTS. EXAMPLES OF OUR 2016 INTERNATIONAL DEVELOPMENT WORK ARE BELOW, FOCUSING ON INDIA, VIETNAM, AND ZAMBIA. IN INDIA, PATH WORKED WITH THE MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW), THE INDIAN COUNCIL OF MEDICAL RESEARCH, REGULATORS, VACCINE MANUFACTURERS, MEDICAL RESEARCH ORGANIZATIONS, PRIVATE PHYSICIANS, AND OTHER PARTNERS TO ACHIEVE KEY HEALTH WINS WITH THE MOHFW AND TECHNICAL LEADERS. WE GUIDED WORK TO BUILD EVIDENCE-BACKED GUIDELINES FOR HUMAN MILK BANKING. PATH ALSO SUPPORTED THE FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA TO LAUNCH COMPREHENSIVE REGULATIONS TO GUIDE THE NUTRITIONAL FORTIFICATION OF FOOD. PATH PLAYED A PIVOTAL ROLE IN INTEGRATING FORTIFIED RICE INTO THE MIDDAY MEAL OF 2,600 SCHOOLS IN THREE DISTRICTS OF THE STATE OF KARNATAKA, AND WILL BEGIN WORK WITH OTHER STATE GOVERNMENTS TO FURTHER EXPAND FOOD FORTIFICATION. WITH AN INDIAN MANUFACTURER WE SUCCESSFULLY COMPLETED ANALYSIS OF A PHASE 3 EFFICACY STUDY OF A PENTAVALENT BOVINE-HUMAN REASSORTANT ROTAVIRUS VACCINE (BRV-PV) AGAINST ROTAVIRUS, A LEADING CAUSE OF SEVERE DIARRHEAL DISEASE. IN ADDITION, THE BRV-PV ROTAVIRUS VACCINE "ROTASIL" OBTAINED MARKETING AUTHORIZATION FROM THE DRUGS CONTROLLER GENERAL OF INDIA. PATH WAS ALSO INVOLVED IN ADVANCING ANOTHER INDIAN-MADE ROTAVAC VACCINE (THE FIRST INDIAN ROTAVIRUS VACCINE). FIRST LICENSED IN 2014, THE VACCINE WAS INTRODUCED IN FOUR STATES. IN 2016, THE GOVERNMENT BEGAN TO EXPAND USE INTO FIVE MORE STATES TO FIGHT ACUTE ENCEPHALITIS SYNDROME (AES) IN THE STATES OF UTTAR PRADESH AND BIHAR. PATH AND PARTNERS CONVENED TECHNICAL SUPPORT GROUPS TO STRENGTHEN HEALTH FACILITIES SO THEY CAN SERVE AS TREATMENT CENTERS. EARLY MANAGEMENT OF AES CAN PREVENT DEATH AND PERMANENT DISABILITY. PATH ALSO BUILT MEDICAL AND PARAMEDICAL STAFF CAPACITY TO IDENTIFY, REFER, DIAGNOSE, AND MANAGE AES CASES AND HELPED TO GENERATE COMMUNITY AWARENESS ON PREVENTION AND CONTROL. WE WORKED WITH THE GOVERNMENT TO STRENGTHEN DATA COLLECTION TO SUPPORT EVIDENCE-BASED PLANNING AND QUALITY IMPROVEMENT TO COMBAT TB. PATH'S INNOVATIVE PPIA WORKED WITH COMMUNITIES, MUNICIPAL CORPORATIONS, AND PRIVATE PHYSICIANS TO SUCCESSFULLY INCREASE TB CASE NOTIFICATION AND REFERRAL RATES IN MUMBAI. THE SUCCESS OF THE INITIATIVE IN MUMBAI HAS LED TO ITS INCLUSION IN THE GOVERNMENT'S NATIONAL STRATEGIC PLAN. PPIA WILL SOON BE REPLICATED IN OTHER PARTS OF THE COUNTRY. PATH CONTINUED TO RUN A CLINICAL TRIAL TRAINING AND MENTORSHIP PROGRAM IN INDIA WITH THE AIM OF STRENGTHENING CLINICAL RESEARCH CAPACITY. IN 2016, PATH ALSO COLLABORATED WITH THE MOHFW TO LAUNCH PILOT TESTS OF NEW COLD CHAIN EQUIPMENT IN FOUR STATES. THE GOAL WAS TO FIND NEW, EFFICIENT METHODS TO KEEP HEAT-SENSITIVE VACCINES AND MEDICINES COLD AS THEY MOVE THROUGH THE PUBLIC HEALTH SUPPLY CHAIN. PATH IS SUPPORTING THE DESIGN OF AN INNOVATIVE, DURABLE LINER THAT CAN BE PLACED IN TRANSPORTATION COOLERS TO PROTECT VACCINES FROM FREEZING WHEN WORKERS USE FROZEN ICE PACKS. PATH HAS WORKED WITH THREE INDIAN MANUFACTURERS TO ADVANCE THE FREEZE-FREE DESIGN AND IS SUPPORTING THEM IN TESTING AND COMMERCIALIZING THE TECHNOLOGY. IN 2016, PATH'S INDIA-BASED STAFF SUPPORTED CRITICAL WORK IN NEIGHBORING COUNTRIES, INCLUDING BANGLADESH, MYANMAR, NEPAL, AND VIETNAM. PATH'S RICE FORTIFICATION TEAM IN INDIA SUPPORTED MYANMAR TO LAUNCH ITS RICE FORTIFICATION PROGRAM THROUGH OPEN MARKET CHANNELS. FINALLY, THE DEPARTMENT OF DRUG ADMINISTRATION OF NEPAL ENTRUSTED PATH TO CONDUCT TRAINING FOR THE NATIONAL PHARMACOVIGILANCE PROGRAM. IN VIETNAM, PATH PROVIDES TECHNICAL ASSISTANCE THAT ENABLES THIS QUICKLY DEVELOPING COUNTRY TO ADAPT TO AND ADDRESS UNIQUE HEALTH CHALLENGES ARISING FROM RAPID GROWTH. IN 2016, PATH CONTINUED TO SUPPORT IMPROVEMENT OF PANDEMIC PREPAREDNESS BY HELPING THE COUNTRY TO PRODUCE ITS OWN INFLUENZA VACCINE SUPPLY. WITH SUPPORT FROM PATH, THE INSTITUTE OF VACCINES AND MEDICAL BIOLOGICALS SUCCESSFULLY COMPLETED A PHASE 1 CLINICAL TRIAL OF A SEASONAL INFLUENZA VACCINE WHICH TARGETS THREE STRAINS OF INFLUENZA. HAND IN HAND WITH THIS EFFORT, PATH'S GLOBAL HEALTH SECURITY PARTNERSHIP WITH THE CDC PROVIDES TECHNICAL ASSISTANCE TO THE MOH TO IMPROVE INFECTIOUS DISEASE SURVEILLANCE SYSTEMS THROUGH BETTER DATA USE AND MANAGEMENT, REAL-TIME SURVEILLANCE, REPORTING, AND DEVELOPMENT OF EMERGENCY OPERATIONS CENTERS. VIETNAMESE LEADERS OPENED THE FIRST EMERGENCY OPERATION CENTER, IN HANOI, IN 2016. PATH ALSO CONTINUES TO SUPPORT VIETNAM TO ELIMINATE PERSISTENT INFECTIOUS DISEASES, INCLUDING HIV AND TB. THIS YEAR, THE US AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)/PATH HEALTHY MARKETS PROJECT CONTINUED TO LEAD INNOVATIVE EFFORTS TO SUPPORT VIETNAM TO REACH GLOBAL HIV PREVENTION GOALS TOWARD ELIMINATING HIV BY 2030 (THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS' "90-90-90" TARGETS). IN COLLABORATION WITH THE MOH, HEALTHY MARKETS LAUNCHED HIV LAY-TESTING (IN LATE 2015) AND SELF-TESTING (IN MAY 2016) AS A WAY TO INCREASE HIV TESTING OPTIONS AND ACCESS FOR THOSE MOST AT RISK OF INFECTION. HIV SERVICES AND PRODUCTS WERE WIDELY PROMOTED THROUGH HEALTHY MARKETS' TRAILBLAZING LGBT FACEBOOK COMMUNITY, RAINBOW VILLAGE, WHICH HAD ALMOST 200,000 FOLLOWERS BY THE END OF 2016. NONTRADITIONAL STRATEGIC PARTNERSHIPS INCLUDED MTV VIETNAM AND THE POPULAR GAY SOCIAL NETWORKING SITE GRINDR. BUILDING ON OUR LONGSTANDING EFFORTS TO TACKLE TB IN VIETNAM, IN 2016 PATH LAUNCHED THE BREATH FOR LIFE PROJECT TO ADDRESS PEDIATRIC TB. AN ESTIMATED 90 PERCENT OF PEDIATRIC TB CASES GO UNDETECTED IN VIETNAM EVERY YEAR. PATH ALSO LAUNCHED A FLAGSHIP NCD PROJECT IN VIETNAM. THE COMMUNITIES FOR HEALTHY HEARTS PROJECT AIMS TO DEVELOP A MODEL THAT PROMOTES AWARENESS OF, ACCESS TO, AND QUALITY OF HYPERTENSION SERVICES FOR LOW-INCOME HOUSEHOLDS IN HO CHI MINH CITY IN ZAMBIA. PATH CONTINUED TO PARTNER WITH THE GOVERNMENT, HEALTH WORKERS, COMMUNITIES, AND OTHERS TO TACKLE KEY HEALTH PRIORITIES. ZAMBIA HAS MADE A BOLD COMMITMENT TO ELIMINATE MALARIA BY 2021. IN 2016, PATH SUPPORTED THE GOVERNMENT TO DEVELOP A NEW NATIONAL STRATEGIC PLAN FOR MALARIA ELIMINATION USING EXISTING AND NEW TOOLS AND INTERVENTIONS. THROUGH MACEPA, PATH SUPPORTED THE EXPANSION OF MALARIA SURVEILLANCE AND TREATMENT SERVICES AT THE COMMUNITY LEVEL IN MANY AREAS OF THE COUNTRY'S SOUTHERN AND WESTERN PROVINCES. THIS WORK WAS SUPPLEMENTED BY PRIVATE-SECTOR ENGAGEMENT IN DATA ANALYSIS, VISUALIZATION, AND COMMUNICATION AT MANY LEVELS, FROM COMMUNITY TO NATIONAL TO HELP TAKE TRANSMISSION TO ZERO. PATH SUPPORTED THE DEVELOPMENT AND FIELD-TESTING OF MORE SENSITIVE DIAGNOSTIC TOOLS THAT CAN DETECT LOW-DENSITY MALARIA INFECTIONS THAT MAY SPREAD DISEASE EVEN THOUGH THEY DO NOT CAUSE SYMPTOMS. PATH ALSO SUPPORTED THE APPLICATION OF RESEARCH FINDINGS TO THE SUCCESSFUL IMPLEMENTATION OF MASS DRUG ADMINISTRATION, THERE IS NOW ROUTINE PROGRAM USE OF MASS DRUG ADMINISTRATION BY DISTRICT HEALTH TEAMS AT THE LOCAL LEVEL. LEADERS REVISED THE NEW NATIONAL STRATEGY TO INCLUDE AN APPROACH TO MALARIA THAT COMBINES EVIDENCE ON NEW TOOLS AND INTERVENTIONS WITH EXISTING STRATEGIES. THIS HELPED REALIGN FUNDING PRIORITIES TO ACHIEVE ELIMINATION AS PART OF OUR LEADERSHIP OF THE MALARIACARE PARTNERSHIP. PATH TRAINED AND SUPPORTED LABORATORY TECHNICIANS AND CLINICIANS IN ZAMBIA TO ACCURATELY DIAGNOSE MALARIA AND WORK WITH PATIENTS TO MANAGE THE DISEASE. THIS WILL HELP THE GOVERNMENT MOVE TOWARD ITS GOAL OF ENSURING THAT EVERY PATIENT WITH MALARIA SYMPTOMS IS TESTED, THAT TESTING IS OF HIGH QUALITY, AND THAT EVERY PATIENT RECEIVES PROPER TREATMENT IN PARTS OF ZAMBIA WHERE MALARIA RATES ARE STILL HIGH. WE ARE LEADING A NEWER PROJECT CALLED THE PROGRAM FOR THE ADVANCEMENT OF MALARIA OUTCOMES (PAMO). PAMO IS APPLYING LESSONS LEARNED DURING THE PAST DECADE TO ACCELERATE MALARIA REDUCTION IN FOUR PROVINCES WITH HIGH RATES OF DISEASE TRANSMISSION. PATH HAS ALSO BEEN WORKING WITH THE MOH AND OTHER PARTNERS TO CREATE AND DEPLOY A POWERFUL SYSTEM TO HELP HEALTH FACILITIES MONITOR THEIR SUPPLY AND USE OF CRUCIAL HEALTH COMMODITIES (MEDICINES, INJECTION DEVICES, AND VACCINES) TO ENSURE THEY ARE AVAILABLE WHEN AND WHERE NEEDED. THE THRIVE PROJECT CONTINUED TO WORK IN FOUR PROVINCES AND 50 FACILITIES TO IMPROVE NUTRITION, ESPECIALLY FOR PEOPLE LIVING WITH HIV, PREGNANT WOMEN, AND ORPHANS AND VULNERABLE CHILDREN. THROUGH THE FAMILY HEALTH PROJECT, PATH WORKS CLOSELY WITH GOVERNMENT AND ADVOCACY PARTNERS IN ZAMBIA TO ENSURE THAT MATERNAL AND NEWBORN HEALTH ARE HIGH PRIORITIES IN NATIONAL POLICY AND BUDGETING. IN 2016, WE SUPPORTED THE GOVERNMENT TO ENACT A NATIONAL NEWBORN HEALTH FRAMEWORK TO IDENTIFY HIGH-PRIORITY INTERVENTIONS AND ACTIVITIES FOR SCALE-UP.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN ALLEN CHAIR	2 00 0 00	X		X				0	0	0
GEORGE GOTSADZE VICE CHAIR (UNTIL 06/2016)	2 00 0 00	X		X				0	0	0
FELIX OLALE SECRETARY	2 00 0 00	X		X				0	0	0
DAVID KING TREASURER	2 00 0 00	X		X				0	0	0
JO ADDY DIRECTOR	2 00 0 00	X						0	0	0
PHYLLIS CAMPBELL DIRECTOR	2 00 0 00	X						0	0	0
ALEX CHIKA EZEH DIRECTOR (UNTIL 06/2016)	2 00 0 00	X						0	0	0
RAJENDRA VATTIKUTI DIRECTOR	2 00 0 00	X						0	0	0
KEVIN REILLY DIRECTOR	2 00 0 00	X						0	0	0
TSITSI MASIYIWA DIRECTOR	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IREENA VITTAL DIRECTOR	2 00 0 00	X						0	0	0
YEHONG ZHANG DIRECTOR	2 00 0 00	X						0	0	0
LAURIE MICHAELS DIRECTOR (BEGAN 03/2016)	2 00 0 00	X						0	0	0
PEGGY JOHNSON DIRECTOR (BEGAN 12/2016)	2 00 0 00	X						0	0	0
GARY LOCKE DIRECTOR (BEGAN 06/2016)	2 00 0 00	X						0	0	0
BRUCE MCNAMER DIRECTOR (BEGAN 06/2016)	2 00 0 00	X						0	0	0
DEANNA OPPENHEIMER DIRECTOR (BEGAN 12/2016)	2 00 0 00	X						0	0	0
DENNIS SCHMATZ DIRECTOR (BEGAN 06/2016)	2 00 0 00	X						0	0	0
PETER SMITH DIRECTOR (06/2016-12/2016)	2 00 0 00	X						0	0	0
STEPHEN B DAVIS PRESIDENT AND CEO	38 00 2 00			X				623,273	0	62,041

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OLIVIA D POLIUS CHIEF FINANCIAL OFFICER	38 00 2 00			X				303,385	0	48,805
DANIEL LASTER COO AND GENERAL COUNSEL	38 00 2 00			X				304,582	0	42,894
DAVID C KASLOW VP - PRODUCT DEVELOPMENT	38 00 2 00				X			354,854	0	63,492
AMIE E BATSON CHIEF STRATEGY OFFICER	39 00 1 00				X			293,566	0	26,850
KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	40 00 0 00				X			272,175	0	36,605
DAVID W FLEMING VP - PUBLIC HEALTH	40 00 0 00				X			267,868	0	47,992
KATHRYN A O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	40 00 0 00				X			237,269	0	43,559
MARK D MURRAY VP - GLOBAL ENGAGEMENT	40 00 0 00				X			253,331	0	55,597
JOHN SKIBIAK ASSOCIATE DIRECTOR	40 00 0 00					X		449,670	0	71,527
JAMES B MCKENNA ASSOCIATE DIRECTOR	40 00 0 00					X		375,756	0	59,808

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRAD M HATTON CHIEF OF PARTY	40 00 0 00					X		314,245	0	39,211
RIKKA E TRANGSRUD COUNTRY PROGRAM LEADER	40 00 0 00					X		292,872	0	35,718
DAVID A SHOULTZ GLOBAL PROGRAM LEADER	40 00 0 00					X		283,428	0	56,773

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
	2016 Open to Public Inspection	
Department of the Treasury Internal Revenue Service Name of the organization PATH	Employer identification number 91-1157127	

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	171,536,869	260,656,932	286,891,535	243,499,792	298,315,988	1,260,901,116
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	171,536,869	260,656,932	286,891,535	243,499,792	298,315,988	1,260,901,116
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						455,077,614
6	Public support. Subtract line 5 from line 4						805,823,502

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	171,536,869	260,656,932	286,891,535	243,499,792	298,315,988	1,260,901,116
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,295,453	1,577,831	1,370,599	1,471,233	1,797,794	8,512,910
9	Net income from unrelated business activities, whether or not the business is regularly carried on			38,502			38,502
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	730,742	2,432,891	763,131	2,551,502	4,668,393	11,146,659
11	Total support. Add lines 7 through 10						1,280,599,187
12	Gross receipts from related activities, etc. (see instructions)					12	238,486

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	62.930 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	65.000 %

16a 33 1/3% support test—2016. 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2015.** 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 VI 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	470													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	168,521													
c Total lobbying expenditures (add lines 1a and 1b)	168,991													
d Other exempt purpose expenditures	305,851,179													
e Total exempt purpose expenditures (add lines 1c and 1d)	306,020,170													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	106,680	222,686	156,961	168,991	655,318
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	3,098	1,207	14,461	470	19,236

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318049437

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PATH

Employer identification number
91-1157127

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	8,897,224	9,404,188	9,016,994	7,806,786	6,868,767
b	Contributions	4,256	2,665	9,350	2,550	5,392
c	Net investment earnings, gains, and losses	907,978	-58,783	768,184	1,503,301	932,627
d	Grants or scholarships					
e	Other expenditures for facilities and programs	470,209	450,846	390,340	295,643	
f	Administrative expenses					
g	End of year balance	9,339,249	8,897,224	9,404,188	9,016,994	7,806,786

2

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

a

Board designated or quasi-endowment

36 000 %

b

Permanent endowment

36 000 %

c

Temporarily restricted endowment

28 000 %

The percentages on 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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	20,335,505	10,320,252	10,015,253
d	Equipment	10,972,612	8,927,999	2,044,613
e	Other	3,589,216	2,421,855	1,167,361
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			13,227,227

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1157127
Name: PATH

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PATH UTILIZES THE INCOME EARNED ON THE ENDOWMENT FUNDS AS AN IMPORTANT FUNDING SOURCE TO FUND NEW OPPORTUNITIES TO EXPAND ITS REACH AND IMPACT AS AN ORGANIZATION IN THE FIELD OF GLOBAL HEALTH, IN ACCORDANCE WITH PATH'S ENDOWMENT SPENDING POLICY

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
PATH

Statement of Activities Outside the United States

► 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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-1157127

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)					
3a Sub-total	4	76			3,532,470
b Total from continuation sheets to Part I	32	763			119,792,782
c Totals (add lines 3a and 3b)	36	839			123,325,252

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.

1	(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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)	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								224
(6)	Enter total number of other organizations or entities								34
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule F (Form 990) 2016

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) 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 separately 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 separately 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).

Return Reference	Explanation
PART I, LINE 2	PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE THAT GUIDE THE WAY OUR PROJECT TEAMS MONITOR SUBRECIPIENTS THIS INCLUDES BOTH FINANCIAL AND TECHNICAL MONITORING PATH USES RISK ASSESSMENTS, REPORTING, SITE VISITS, REGULAR CONTACT, AND OTHER MEANS TO PROVIDE THE MONITORING REQUIRED BY FUNDERS, AND TO ENSURE GOOD PROJECT STEWARDSHIP THESE ACTIVITIES ALSO PROVIDE REASONABLE ASSURANCE THAT THE SUBRECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH LAWS, REGULATIONS, AND PRIME AWARD TERMS AND ACHIEVES PERFORMANCE GOALS PATH'S ESTABLISHED POLICIES AND PROCEDURES PROMOTE BEST BUSINESS PRACTICES AND ENSURE EFFICIENT AND EFFECTIVE INTERNAL CONTROL THESE ARE COMBINED WITH AN INTERNAL AUDIT FUNCTION THROUGH WHICH PATH CONDUCTS AUDITS ON GRANT-FUNDED PROGRAMS TO ENSURE COMPLIANCE WITH REGULATORY REQUIREMENTS

Additional Data

Software ID:

Software Version:

EIN: 91-1157127

Name: PATH

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT & GENERAL		382
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	21,212
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PUBLIC HEALTH	34,953

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	784
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	OTHER	978
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		677,302

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	4	76	MANAGEMENT & GENERAL		1,949,652
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	847,207
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	2,972,452

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	0	0	PROGRAM SERVICES	PUBLIC HEALTH	311,712
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	20,720
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OTHER	15,708

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	0	0	FUNDRAISING		3,094
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,948,493
EUROPE	2	24	MANAGEMENT & GENERAL		291,161

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
EUROPE	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	3,158,742
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	64,074
EUROPE	0	0	PROGRAM SERVICES	PUBLIC HEALTH	3,913,766

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
EUROPE	0	0	PROGRAM SERVICES	OTHER	46,794
EUROPE	0	0	FUNDRAISING		250,755
EUROPE	0	0	GRANTMAKING		17,747,800

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	PROGRAM SERVICES	ESSENTIAL MEDICINE	4,530
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	8,297
NORTH AMERICA	0	0	MANAGEMENT & GENERAL		3,049

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
NORTH AMERICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	18,888
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	74,273
NORTH AMERICA	0	0	PROGRAM SERVICES	OTHER	650

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
NORTH AMERICA	0	0	FUNDRAISING		6,571
NORTH AMERICA	0	0	GRANTMAKING		479,798
RUSSIA AND NEIGHBORING STATES	1	15	MANAGEMENT & GENERAL		590,046

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
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	520,576
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	PUBLIC HEALTH	562,153
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	OTHER	32,984

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
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		106,455
SOUTH AMERICA	1	3	MANAGEMENT & GENERAL		105,003
SOUTH AMERICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	1,070

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 AMERICA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	207,048
SOUTH AMERICA	0	0	GRANTMAKING		74,559
SOUTH ASIA	3	59	MANAGEMENT & GENERAL		2,020,370

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	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	467,233
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	1,449,874
SOUTH ASIA	0	0	PROGRAM SERVICES	PUBLIC HEALTH	1,011,072

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	0	0	PROGRAM SERVICES	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	74,755
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	48,420
SOUTH ASIA	0	0	GRANTMAKING		4,474,672

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	25	662	MANAGEMENT & GENERAL		13,942,909
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	1,612,848
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT	20,607,949

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	PROGRAM SERVICES	PUBLIC HEALTH	27,884,386
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	87,031
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	1,500,972

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	FUNDRAISING		6,011
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,063,059

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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	234,907	CHECK/WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	212,545	CHECK/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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH	229,850	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	ESSENTIAL MEDICINE	285,600	CHECK/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	ESSENTIAL MEDICINE	1,183,474	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	ESSENTIAL MEDICINE	61,707	CHECK/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	ESSENTIAL MEDICINE	137,138	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	ESSENTIAL MEDICINE	39,960	CHECK/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	ESSENTIAL MEDICINE	9,403	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	ESSENTIAL MEDICINE	11,351	CHECK/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	ESSENTIAL MEDICINE	28,791	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	ESSENTIAL MEDICINE	43,003	CHECK/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	INTERNATIONAL DEVELOPMENT	234,582	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	270,607	CHECK/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	INTERNATIONAL DEVELOPMENT	55,692	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	23,515	CHECK/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	INTERNATIONAL DEVELOPMENT	120,872	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	INTERNATIONAL DEVELOPMENT	6,516	CHECK/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	INTERNATIONAL DEVELOPMENT	70,766	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	OTHER	11,616	CHECK/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	OTHER	33,622	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	40,000	CHECK/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	PUBLIC HEALTH	168,331	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH	25,411	CHECK/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	PUBLIC HEALTH	23,251	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	5,164	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	33,981	CHECK/WIRE			
		EAST ASIA AND THE PACIFIC	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	14,890	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	228,281	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	6,805,468	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	685,438	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	625,328	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	100,000	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	110,095	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	200,000	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	43,192	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	67,045	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	38,902	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	1,304,428	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	275,000	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	92,596	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	416,000	CHECK/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)
		EUROPE	ESSENTIAL MEDICINE	248,005	CHECK/WIRE			
		EUROPE	INTERNATIONAL DEVELOPMENT	12,000	CHECK/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)
		EUROPE	OTHER	14,951	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	72,248	CHECK/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)
		EUROPE	PUBLIC HEALTH	61,782	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	15,423	CHECK/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)
		EUROPE	PUBLIC HEALTH	88,017	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	119,765	CHECK/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)
		EUROPE	PUBLIC HEALTH	51,512	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	604,784	CHECK/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)
		EUROPE	PUBLIC HEALTH	67,196	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	110,666	CHECK/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)
		EUROPE	PUBLIC HEALTH	69,176	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	22,325	CHECK/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)
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	88,761	CHECK/WIRE			
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	74,098	CHECK/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)
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	363,493	CHECK/WIRE			
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	272,979	CHECK/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)
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	23,042	CHECK/WIRE			
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	83,327	CHECK/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)
		NORTH AMERICA	ESSENTIAL MEDICINE	407,985	CHECK/WIRE			
		NORTH AMERICA	OTHER	15,000	CHECK/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)
		NORTH AMERICA	OTHER	36,813	CHECK/WIRE			
		NORTH AMERICA	PUBLIC HEALTH	20,000	CHECK/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)
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	14,262	CHECK/WIRE			
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	12,765	CHECK/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)
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	27,229	CHECK/WIRE			
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	22,072	CHECK/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)
		RUSSIA AND NEIGHBORING STATES	PUBLIC HEALTH	20,104	CHECK/WIRE			
		SOUTH AMERICA	PUBLIC HEALTH	9,975	CHECK/WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PUBLIC HEALTH	33,220	CHECK/WIRE			
		SOUTH AMERICA	PUBLIC HEALTH	31,364	CHECK/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	ESSENTIAL MEDICINE	1,272,450	CHECK/WIRE			
		SOUTH ASIA	ESSENTIAL MEDICINE	50,000	CHECK/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	ESSENTIAL MEDICINE	197,798	CHECK/WIRE			
		SOUTH ASIA	INTERNATIONAL DEVELOPMENT	1,226,892	CHECK/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	INTERNATIONAL DEVELOPMENT	1,349,900	CHECK/WIRE			
		SOUTH ASIA	OTHER	15,000	CHECK/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	PUBLIC HEALTH	34,410	CHECK/WIRE			
		SOUTH ASIA	PUBLIC HEALTH	54,644	CHECK/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	PUBLIC HEALTH	16,297	CHECK/WIRE			
		SOUTH ASIA	PUBLIC HEALTH	5,278	CHECK/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	PUBLIC HEALTH	11,348	CHECK/WIRE			
		SOUTH ASIA	PUBLIC HEALTH	46,813	CHECK/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	PUBLIC HEALTH	8,875	CHECK/WIRE			
		SOUTH ASIA	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	57,691	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	127,275	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	79,913	CHECK/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	ESSENTIAL MEDICINE	174,751	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	175,428	CHECK/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	INTERNATIONAL DEVELOPMENT	25,777	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,496	CHECK/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	INTERNATIONAL DEVELOPMENT	236,307	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	82,391	CHECK/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	INTERNATIONAL DEVELOPMENT	22,339	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,777	CHECK/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	INTERNATIONAL DEVELOPMENT	21,148	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,245	CHECK/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	INTERNATIONAL DEVELOPMENT	16,386	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	92,299	CHECK/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	INTERNATIONAL DEVELOPMENT	21,683	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	47,293	CHECK/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	INTERNATIONAL DEVELOPMENT	29,468	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	36,760	CHECK/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	INTERNATIONAL DEVELOPMENT	18,672	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,228	CHECK/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	INTERNATIONAL DEVELOPMENT	21,529	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	18,751	CHECK/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	INTERNATIONAL DEVELOPMENT	21,554	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	61,315	CHECK/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	INTERNATIONAL DEVELOPMENT	27,573	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	45,848	CHECK/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	INTERNATIONAL DEVELOPMENT	150,668	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	44,200	CHECK/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	INTERNATIONAL DEVELOPMENT	125,190	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	29,958	CHECK/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	INTERNATIONAL DEVELOPMENT	25,145	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,609	CHECK/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	INTERNATIONAL DEVELOPMENT	34,200	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	46,316	CHECK/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	INTERNATIONAL DEVELOPMENT	26,102	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	40,000	CHECK/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	INTERNATIONAL DEVELOPMENT	15,654	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	23,174	CHECK/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	INTERNATIONAL DEVELOPMENT	212,760	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,036	CHECK/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	INTERNATIONAL DEVELOPMENT	198,169	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,320	CHECK/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	INTERNATIONAL DEVELOPMENT	67,561	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	26,089	CHECK/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	INTERNATIONAL DEVELOPMENT	53,951	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	79,625	CHECK/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	INTERNATIONAL DEVELOPMENT	37,870	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	19,549	CHECK/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	INTERNATIONAL DEVELOPMENT	21,379	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	42,009	CHECK/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	INTERNATIONAL DEVELOPMENT	34,679	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,653	CHECK/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	INTERNATIONAL DEVELOPMENT	33,694	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	27,922	CHECK/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	INTERNATIONAL DEVELOPMENT	36,213	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,649	CHECK/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	INTERNATIONAL DEVELOPMENT	78,226	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	289,936	CHECK/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	INTERNATIONAL DEVELOPMENT	22,138	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	66,004	CHECK/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	INTERNATIONAL DEVELOPMENT	25,766	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,806	CHECK/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	INTERNATIONAL DEVELOPMENT	31,332	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,639	CHECK/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	INTERNATIONAL DEVELOPMENT	22,694	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,267	CHECK/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	INTERNATIONAL DEVELOPMENT	16,627	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	72,837	CHECK/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	INTERNATIONAL DEVELOPMENT	21,764	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,707	CHECK/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	INTERNATIONAL DEVELOPMENT	27,680	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	53,135	CHECK/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	INTERNATIONAL DEVELOPMENT	27,542	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,807	CHECK/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	INTERNATIONAL DEVELOPMENT	35,207	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	27,358	CHECK/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	INTERNATIONAL DEVELOPMENT	13,754	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	48,188	CHECK/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	INTERNATIONAL DEVELOPMENT	209,401	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	30,186	CHECK/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	INTERNATIONAL DEVELOPMENT	42,738	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	20,143	CHECK/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	INTERNATIONAL DEVELOPMENT	34,781	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	28,847	CHECK/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	INTERNATIONAL DEVELOPMENT	30,077	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	41,399	CHECK/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	INTERNATIONAL DEVELOPMENT	14,217	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	24,963	CHECK/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	INTERNATIONAL DEVELOPMENT	51,117	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	15,327	CHECK/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	INTERNATIONAL DEVELOPMENT	20,623	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	22,951	CHECK/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	INTERNATIONAL DEVELOPMENT	21,866	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,912	CHECK/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	INTERNATIONAL DEVELOPMENT	21,985	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	38,927	CHECK/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	INTERNATIONAL DEVELOPMENT	35,670	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	34,034	CHECK/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	INTERNATIONAL DEVELOPMENT	27,220	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	14,445	CHECK/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	INTERNATIONAL DEVELOPMENT	5,772	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	25,368	CHECK/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	INTERNATIONAL DEVELOPMENT	25,869	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	16,738	CHECK/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	INTERNATIONAL DEVELOPMENT	31,244	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	33,382	CHECK/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	INTERNATIONAL DEVELOPMENT	29,473	CHECK/WIRE			
		SUB-SAHARAN AFRICA	INTERNATIONAL DEVELOPMENT	21,658	CHECK/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	INTERNATIONAL DEVELOPMENT	17,866	CHECK/WIRE			
		SUB-SAHARAN AFRICA	OTHER	10,121	CHECK/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	OTHER	15,000	CHECK/WIRE			
		SUB-SAHARAN AFRICA	OTHER	14,910	CHECK/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	OTHER	14,993	CHECK/WIRE			
		SUB-SAHARAN AFRICA	OTHER	15,000	CHECK/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	PUBLIC HEALTH	10,554	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	129,152	CHECK/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	PUBLIC HEALTH	39,983	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	5,155	CHECK/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	PUBLIC HEALTH	649,519	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	26,005	CHECK/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	PUBLIC HEALTH	24,949	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	108,390	CHECK/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	PUBLIC HEALTH	47,538	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	20,339	CHECK/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	PUBLIC HEALTH	12,491	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	667,124	CHECK/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	PUBLIC HEALTH	14,700	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,530	CHECK/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	PUBLIC HEALTH	16,298	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	27,202	CHECK/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	PUBLIC HEALTH	23,108	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	348,050	CHECK/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	PUBLIC HEALTH	67,394	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	869,863	CHECK/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	PUBLIC HEALTH	7,843	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	10,862	CHECK/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	PUBLIC HEALTH	143,315	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,706	CHECK/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	PUBLIC HEALTH	9,420	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	13,569	CHECK/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	PUBLIC HEALTH	12,525	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,092	CHECK/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	PUBLIC HEALTH	215,669	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	14,796	CHECK/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	PUBLIC HEALTH	85,190	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	188,757	CHECK/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	PUBLIC HEALTH	6,200	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	29,964	CHECK/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	PUBLIC HEALTH	5,473	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	6,817	CHECK/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	PUBLIC HEALTH	22,064	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	16,130	CHECK/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	PUBLIC HEALTH	111,833	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	7,800	CHECK/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	PUBLIC HEALTH	117,000	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	17,795	CHECK/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	PUBLIC HEALTH	142,511	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	27,934	CHECK/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	PUBLIC HEALTH	458,478	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	60,427	CHECK/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	PUBLIC HEALTH	9,560	CHECK/WIRE			
		SUB-SAHARAN AFRICA	PUBLIC HEALTH	12,633	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	24,930	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	23,500	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	7,023	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	37,414	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	25,298	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	21,754	CHECK/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	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	8,842	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	1,964,380	CHECK/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)
		EUROPE	INTERNATIONAL DEVELOPMENT	29,605	CHECK/WIRE			
		EUROPE	PUBLIC HEALTH	346,683	CHECK/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)
		EUROPE	OTHER	1,943,592	CHECK/WIRE			
		EUROPE	TECHNOLOGY, DEVELOPMENT & INTRODUCTION	7,419	CHECK/WIRE			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318049437

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PATH

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

91-1157127

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 59

3 Enter total number of other organizations listed in the line 1 table 14

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TECHNOLOGY, DEVELOPMENT & INTRODUCTION	1	16,300			
(2) OTHER	1	12,700			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE THAT GUIDE THE WAY OUR PROJECT TEAMS MONITOR SUBRECIPIENTS THIS INCLUDES BOTH FINANCIAL AND TECHNICAL MONITORING PATH USES RISK ASSESSMENTS, REPORTING, SITE VISITS, REGULAR CONTACT, AND OTHER MEANS TO PROVIDE THE MONITORING REQUIRED BY FUNDERS AND TO ENSURE GOOD PROJECT STEWARDSHIP THESE ACTIVITIES ALSO PROVIDE REASONABLE ASSURANCE THAT THE SUBRECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH LAWS, REGULATIONS, AND PRIME AWARD TERMS, AND ACHIEVES PERFORMANCE GOALS PATH HAS ESTABLISHED COMPREHENSIVE POLICIES AND PROCEDURES TO PROMOTE BEST BUSINESS PRACTICES AND ENSURE EFFICIENT AND EFFECTIVE INTERNAL CONTROL

Additional Data

Software ID:
Software Version:
EIN: 91-1157127
Name: PATH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCED BIOSCIENCE LABORATORIES INC 9800 MEDICAL CENTER DRIVE BUILDING D ROCKVILLE, MD 20850	62-1242262	N/A	360,270				ESSENTIAL MEDICINE
CHARLES RIVER LABORATORIES ASHLAND LLC 1407 GEORGE ROAD ASHLAND, OH 44805	76-0509980	N/A	215,800				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	49,135				ESSENTIAL MEDICINE
FINA BIOSOLUTIONS LLC 9430 KEY WEST AVE SUITE 200 ROCKVILLE, MD 20850	20-5448275	N/A	121,196				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAUNHOFER USA CENTER FOR MOLECULAR BIOTECHNOLOGY 9 INNOVATION WAY SUITE 200 NEWARK, DE 19711	38-3203030	501(C)(3)	800,527				ESSENTIAL MEDICINE
GEORGE WASHINGTON UNIVERSITY 2121 EYE STREET NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	9,549				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL AIDS VACCINE INITIATIVE 110 WILLIAM ST 27TH FLOOR NEW YORK, NY 10038	13-3870223	501(C)(3)	79,148				ESSENTIAL MEDICINE
JOHNS HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMIN 615 N WOLFE STREET W1100 BALTIMORE, MD 21205	13-1687001	501(C)(3)	385,461				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIH NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES 6610 ROCKLEDGE DRIVE MSC 6612 BETHESDA, MD 20892	52-0858115	GOV	971,208				ESSENTIAL MEDICINE
PAN AMERICAN HEALTH ORGANIZATION 525 TWENTY-THIRD STREET NW WASHINGTON, DC 20037	23-7072046	501(C)(3)	10,000				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PPD DEVELOPMENT LP 8551 RESEARCH WAY SUITE 90 MIDDLETON, WI 53562	56-1640186	N/A	348,684				ESSENTIAL MEDICINE
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL FUSZ HALL SUITE 357 ST LOUIS, MO 63108	43-0654872	501(C)(3)	41,932				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANARIA INC 9800 MEDICAL CENTER DRIVE SUITE A209 ROCKVILLE, MD 20850	56-2354362	N/A	81,624				ESSENTIAL MEDICINE
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORRY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	749,862				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE BIOMEDICAL RESEARCH INSTITUTE 307 WESTLAKE AVE N SUITE 500 SEATTLE, WA 98109	91-0961784	501(C)(3)	1,724,906				ESSENTIAL MEDICINE
STATE UNIVERSITY OF NEW YORK AT BUFFALO 1300 ELWOOD AVENUE BUFFALO, NY 14222	16-0865182	501(C)(3)	86,441				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES NAVAL MEDICAL RESEARCH CENTER 503 ROBERT GRANT AVE SILVER SPRING, MD 209107500	47-0100048	GOV	564,544				ESSENTIAL MEDICINE
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	501(C)(3)	217,780				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE CENTER FOR VACCINE DEVELOPMENT 685 WEST BALTIMORE STREET ROOM 480 BALTIMORE, MD 21201	52-6002033	501(C)(3)	115,122				ESSENTIAL MEDICINE
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY GABLES 1 TOWER SUITE 650 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	20,000				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET WATERMAN 217 BURLINGTON, VT 05405	03-0179440	501(C)(3)	90,247				ESSENTIAL MEDICINE
UNIVERSITY OF WASHINGTON (MEDICINE) 750 REPUBLICAN STREET BOX 358061 SEATTLE, WA 981094725	91-6001537	501(C)(3)	33,605				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER REED ARMY INSTITUTE OF RESEARCH 503 ROBERT GRANT DRIVE SILVER SPRING, MD 209107500	52-0664528	GOV	1,312,578				ESSENTIAL MEDICINE
YALE UNIVERSITY GRANTS AND CONTRACT FINANCIAL ADMIN PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	78,563				ESSENTIAL MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	28,311				ESSENTIAL MEDICINE
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	95-4191698	501(C)(3)	5,796,442				INTERNATIONAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INITIATIVES INC 264 BEACON STREET BOSTON, MA 02116	04-2961350	N/A	219,800				INTERNATIONAL DEVELOPMENT
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	394,031				INTERNATIONAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION DC 300 I ST NE WASHINGTON DC, DC 20002	95-1922279	501(C)(3)	4,262,214				INTERNATIONAL DEVELOPMENT
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 600071098	36-2275597	501(C)(3)	31,916				OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL HEALTH COUNCIL 1875 K STREET NW 4TH FLOOR WASHINGTON, DC 20006	52-1048393	501(C)(3)	8,829				OTHER
GLOBAL HEALTH VISIONS 138 BROADWAY SUITE 1 G BROOKLYN, NY 11211	26-1903904	N/A	62,628				OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JSI RESEARCH & TRAINING INSTITUTE INC 1616 NORTH FORT MYER DRIVE 11TH FLOOR ARLINGTON, VA 22209	04-2578579	N/A	83,704				OTHER
BASIC HEALTH INTERNATIONAL ONE GUSTAV L LEVY PLACE PO BOX 1170 1170 NEW YORK, NY 100296574	20-3408717	501(C)(3)	185,551				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	17,991				PUBLIC HEALTH
BRAC USA 110 WILLIAM STREET 29TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	90,277				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD FUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	5,170				PUBLIC HEALTH
CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH 1329 SHEPARD DRIVE SUITE 6 STERLING, VA 20164	54-1932761	501(C)(3)	91,940				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	95-4191698	501(C)(3)	679,014				PUBLIC HEALTH
EVIDENCE ACTION 641 S ST NW 3RD FL WEWORK WASHINGTON, DC 20001	90-0874591	501(C)(3)	49,523				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL 360 359 BLACKWELL ST SUITE 200 DURHAM, NC 27701	23-7413005	501(C)(3)	55,981				PUBLIC HEALTH
GEORGETOWN UNIVERSITY INSTITUTE FOR REPRODUCTIVE HEALTH 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 20008	53-0196603	501(C)(3)	42,561				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GMMB INC 1200 WESTLAKE AVENUE N SUITE 1005 SEATTLE, WA 98109	52-1305983	N/A	51,072				PUBLIC HEALTH
GYNUITY HEALTH PROJECTS LLC 15 EAST 26TH STREET SUITE 801 NEW YORK, NY 10010	06-1652595	N/A	18,208				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH INTERNATIONAL HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501(C)(3)	14,926				PUBLIC HEALTH
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH 12TH FLOOR NEW YORK, NY 10010	13-5562162	501(C)(3)	115,357				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL, NC 27514	55-0825466	501(C)(3)	86,301				PUBLIC HEALTH
IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501(C)(3)	15,256				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JSI RESEARCH & TRAINING INSTITUTE INC 1616 NORTH FORT MYER DRIVE 11TH FLOOR ARLINGTON, VA 22209	04-2578579	N/A	7,788				PUBLIC HEALTH
KYBELE INC 3524 YADKINVILLE ROAD 124 WINSTON SALEM, NC 27106	90-0759003	501(C)(3)	654,140				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGER MEDICAL 1316 E UTAH HIGHLANDS DRIVE LEHI, UT 84043	32-0361779	N/A	36,050				PUBLIC HEALTH
MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DRIVE SUITE 320 MEDFORD, MA 02155	04-2482188	501(C)(3)	23,938				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL CARE DEVELOPMENT INC 8401 COLESVILLE ROAD SUITE 425 SILVER SPRING, MD 20910	01-6022787	501(C)(3)	2,172,823				PUBLIC HEALTH
PATHFINDER INTERNATIONAL NINE GALEN STREET SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	238,337				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION COUNCIL 4301 CONNECTICUT AVENUE NW SUITE 280 WASHINGTON, DC 20008	13-1687001	501(C)(3)	88,846				PUBLIC HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	1,868,489				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY E SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	368,137				PUBLIC HEALTH
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE 1440 CANAL ST NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	264,880				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NATIONS FUND FOR POPULATION ACTIVITIES 220 EAST 42ND STREET NEW YORK, NY 10017		GOV	12,339				PUBLIC HEALTH
VILLAGEREACH 2900 EASTLAKE AVE E SUITE 230 SEATTLE, WA 98102	91-2083484	501(C)(3)	15,450				PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECTON DICKINSON ONE BECTON DRIVE FRANKLIN LAKES, NJ 07417	22-0761201	N/A	450,800				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	37,263				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCADE DESIGNS INC 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	154,782				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
CONRAD 1911 NORTH FORT MYER DRIVE ARLINGTON, VA 22209	23-7053028	501(C)(3)	280,649				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	6,000				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
JOHN SNOW INC 44 FARNSWORTH STREET BOSTON, MA 02210	04-2578580	N/A	25,434				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KARL WEYRAUCH DBA PYGMY SURVIVAL ALLIANCE 4545 49TH AVE NE SEATTLE, WA 98105	27-0438932	501(C)(3)	6,000				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
OVERLAKE HOSPITAL MEDICAL CENTER 1035 116TH AVE NE BELLEVUE, WA 98004	91-0652651	501(C)(3)	42,449				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	651,856				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORRY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	305,191				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-0564748	501(C)(3)	6,945				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
SOLAR ELECTRIC LIGHT FUND 1612 K STREET NW SUITE 300 WASHINGTON, DC 20006	52-1701564	501(C)(3)	210,000				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	94,636				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 505 PARNASSUS AVENUE SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	55,999				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	1,215,722				TECHNOLOGY, DEVELOPMENT & INTRODUCTION
UNIVERSITY OF WISCONSIN 21 N PARK STREET SUITE 6401 MADISON, WI 53705	39-6006492	501(C)(3)	30,139				TECHNOLOGY, DEVELOPMENT & INTRODUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH VACCINE SOLUTIONS 2201 WESTLAKE AVE SUITE 200 SEATTLE, WA 98121	83-0431851	501(C)(3)	282,029				OTHER
PATH DRUG SOLUTIONS 2201 WESTLAKE AVE SUITE 200 SEATTLE, WA 98121	94-3384500	501(C)(3)	163,077				OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY CHICAGO 6339 N SHERIDAN ROAD CHICAGO, IL 60660	36-1408475	501(C)(3)	-70,493				ESSENTIAL MEDICINE
FAMILY CARE INTERNATIONAL INC 45 BROADWAY SUITE 320 NEW YORK, NY 10006	23-7413005	501(C)(3)	-47,708				PUBLIC HEALTH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization PATH	Employer identification number 91-1157127
----------------------------------	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	Yes	
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?	Yes	
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on 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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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	Yes	
8 Were any amounts reported on 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
PART I, LINE 1A	HOUSING ALLOWANCE & TAX INDEMNIFICATION ARE ONLY PROVIDED TO THOSE INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES. ALL BENEFIT PAYMENTS ARE MADE ACCORDING TO OUR EXPATRIATE POLICY. PART I, LINE 3: PATH ENGAGES WITH A CONSULTING FIRM TO REVIEW THE COMPENSATION FOR EACH OF THE SENIOR MANAGEMENT POSITIONS. PATH PROVIDES AN ANNUAL SALARY ADJUSTMENT EACH JANUARY BASED ON THE OVERALL LABOR MARKET MOVEMENT.
PART I, LINE 7	BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II).

Additional Data

Software ID:
Software Version:
EIN: 91-1157127
Name: PATH

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STEPHEN B DAVIS PRESIDENT AND CEO	(i)	475,514	143,338	4,421	31,800	30,241	685,314	0
	(ii)	0	0	0	0	0	0	0
1OLIVIA D POLIUS CHIEF FINANCIAL OFFICER	(i)	301,435	0	1,950	31,541	17,264	352,190	0
	(ii)	0	0	0	0	0	0	0
2DANIEL LASTER COO AND GENERAL COUNSEL	(i)	302,682	0	1,900	31,800	11,094	347,476	0
	(ii)	0	0	0	0	0	0	0
3DAVID C KASLOW VP - PRODUCT DEVELOPMENT	(i)	350,433	0	4,421	31,800	31,692	418,346	0
	(ii)	0	0	0	0	0	0	0
4AMIE E BATSON CHIEF STRATEGY OFFICER	(i)	292,301	0	1,265	26,034	816	320,416	0
	(ii)	0	0	0	0	0	0	0
5KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	(i)	272,175	0	0	31,800	4,805	308,780	0
	(ii)	0	0	0	0	0	0	0
6DAVID W FLEMING VP - PUBLIC HEALTH	(i)	267,868	0	0	31,800	16,192	315,860	0
	(ii)	0	0	0	0	0	0	0
7KATHRYN A O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	(i)	235,469	0	1,800	27,151	16,408	280,828	0
	(ii)	0	0	0	0	0	0	0
8MARK D MURRAY VP - GLOBAL ENGAGEMENT	(i)	251,681	0	1,650	31,442	24,155	308,928	0
	(ii)	0	0	0	0	0	0	0
9JOHN SKIBIAK ASSOCIATE DIRECTOR	(i)	157,809	0	291,861	25,078	46,449	521,197	0
	(ii)	0	0	0	0	0	0	0
10JAMES B MCKENNA ASSOCIATE DIRECTOR	(i)	142,288	0	233,468	20,324	39,484	435,564	0
	(ii)	0	0	0	0	0	0	0
11TRAD M HATTON CHIEF OF PARTY	(i)	124,213	0	190,032	16,188	23,023	353,456	0
	(ii)	0	0	0	0	0	0	0
12RIKKA E TRANGSRUD COUNTRY PROGRAM LEADER	(i)	184,450	0	108,422	20,581	15,137	328,590	0
	(ii)	0	0	0	0	0	0	0
13DAVID A SHOULTZ GLOBAL PROGRAM LEADER	(i)	255,418	0	28,010	31,647	25,126	340,201	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PATH

Employer identification number
91-1157127

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALTIMETRIK CORPORATION	ALTIMETRIK IS CONTROLLED BY RAJENDRA VATTIKUTI, PATH BOARD MEMBER	210,080	PATH PURCHASED SERVICES FROM ALTIMETRIK DURING THE YEAR		No

Part V Supplemental Information

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PATH

Employer identification number
91-1157127

Part I

Types of Property

	(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
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .	X		3,925	FMV
5 Clothing and household goods				
6 Cars and other vehicles . . .	X	1	5,324	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	27	1,147,189	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	3	1,835	COST OR SALES PRICE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**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
PART I, COLUMN (B)	THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
PATH

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-1157127

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	AN INTERNATIONAL NONPROFIT ORGANIZATION, WE SAVE LIVES AND IMPROVE HEALTH, ESPECIALLY AMONG WOMEN AND CHILDREN WE ACCELERATE INNOVATION ACROSS FIVE PLATFORMS-VACCINES, DRUGS, DIAGNOSTICS, DEVICES, AND SYSTEM AND SERVICE INNOVATIONS-THAT HARNESS OUR ENTREPRENEURIAL INSIGHT, SCIENTIFIC AND PUBLIC HEALTH EXPERTISE, AND PASSION FOR HEALTH EQUITY BY MOBILIZING PARTNERS AROUND THE WORLD, WE TAKE INNOVATION TO SCALE, WORKING ALONGSIDE COUNTRIES PRIMARILY IN AFRICA AND ASIA TO TACKLE THEIR GREATEST HEALTH NEEDS TOGETHER, WE DELIVER MEASURABLE RESULTS THAT DISRUPT THE CYCLE OF POOR HEALTH SINCE 2011, PATH AND OUR PARTNERS AND SUPPORTERS HAVE REACHED AN AVERAGE OF 150 MILLION PEOPLE PER YEAR WITH LIFESAVING HEALTH SOLUTIONS OUR FUNDERS AND COLLABORATORS SPAN THE PUBLIC, PRIVATE, AND NONPROFIT SECTORS AND ARE PIVOTAL TO OUR SUCCESS THEIR CONTRIBUTIONS SUPPORT OUR WIDE-REACHING WORK TO ACCELERATE INNOVATION FROM IDEA TO IMPACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN 2016, PATH WON AN IMPORTANT RENEWAL FOR THE MAXIMISING THE QUALITY OF SCALING UP NUTRITION (MQSUN) PROJECT, WHICH BUILDS UPON OUR PREVIOUS EFFORTS. THROUGH MQSUN, PATH LEADS A CONSORTIUM OF FIVE ORGANIZATIONS TO EXPAND THE EVIDENCE BASE ON THE CAUSES OF UNDERNUTRITION, ENHANCE THE SKILLS AND CAPACITY OF PARTICIPATING MQSUN GOVERNMENTS TO SCALE UP NUTRITION-RELATED PROGRAMS, AND PROVIDE TECHNICAL GUIDANCE ON PROGRAM DESIGN, IMPLEMENTATION, AND MONITORING AND EVALUATION. PATH ALSO CONTINUED EFFORTS TO SCALE UP USE OF HUMAN MILK BANKS SO NEWBORNS AND INFANTS BENEFIT FROM BREAST MILK EVEN WHEN THEIR MOTHERS ARE UNABLE TO BREASTFEED. MILK BANKS USE DONATED EXTRA MILK FROM LACTATING MOTHERS, PASTEURIZE IT TO MAKE IT SAFE, AND FREEZE IT UNTIL IT IS NEEDED. IN 2016, A PRIVATE FAMILY FOUNDATION AWARDED PATH FUNDING FOR A TWO-YEAR PROJECT TO EXPAND ACCESS TO AND INTAKE OF HUMAN MILK. THE MAKING EVERY BABY COUNT INITIATIVE STRENGTHENS LEADERSHIP AND CAPACITY AT THE NATIONAL AND LOCAL LEVELS TO MANAGE AND SUSTAIN BEST PRACTICES IN NEWBORN CARE. IN 2016, PATH SUPPORTED GHANA'S CENTRAL GOVERNMENT AND REGIONS TO REDUCE NEONATAL MORTALITY THROUGH SPECIFIC ACTIVITIES THAT IMPROVED AND STANDARDIZED NEWBORN CARE. SEXUAL AND REPRODUCTIVE HEALTH. PATH'S WORK IN SRH IS GUIDED BY KEY PRINCIPLES OF CHOICE, EQUITY, AND DIGNITY FOR ALL WOMEN. BECAUSE WE UNDERSTAND THE COMPLEX SOCIAL, BEHAVIORAL, AND GENDER DIMENSIONS OF WOMEN'S REPRODUCTIVE HEALTH, WE BUILD EVIDENCE AROUND TOOLS AND SERVICES THAT ARE BEST SUITED TO ADDRESS WOMEN'S DIVERSE NEEDS AND CIRCUMSTANCES. WE SPECIALIZE IN REDUCING BARRIERS TO ACCESS. PATH HAS LONG APPRECIATED THE ROLE THAT COMMERCIAL PHARMACIES AND DRUG SHOPS PLAY IN DELIVERING PRIMARY HEALTH CARE. IN 2016, WE CONDUCTED A REVIEW OF PATH'S HISTORIC WORK IN THIS AREA AND CURRENT STRATEGY OF ENGAGING DRUG SHOPS AND PHARMACIES IN THE PROVISION OF LOW-COST, HIGH-QUALITY SRH PRODUCTS AND SERVICES. THIS EFFORT SPECIFICALLY HIGHLIGHTED OPPORTUNITIES FOR PATH TO WORK MORE ACTIVELY, AND WITH KEY PLAYERS, TO IMPROVE AND EXPAND SRH SERVICES, PARTICULARLY AMONG YOUNG WOMEN IN THE DRC AND UGANDA. WE ALSO CONCLUDED COUNTRY-LED PILOT INTRODUCTIONS OF A NEW FORM OF INJECTABLE CONTRACEPTION, SUBCUTANEOUS DEPOT MEDROXYPROGESTERONE ACETATE (DMPA-SC, SOLD BY PFIZER INC. AS SAYANA PRESS). THIS PRODUCT COMBINES A LOWER-DOSE FORMULATION OF THE WIDELY USED CONTRACEPTIVE DEPO-PROVERA WITH THE PATH-DEVELOPED UNJECT INJECTION SYSTEM. DURING THE PILOT PERIOD (2014-2016), NEARLY HALF A MILLION UNITS WERE ADMINISTERED IN BURKINA FASO, NIGER, SENEGAL, AND UGANDA. DMPA-SC WAS ADMINISTERED TO APPROXIMATELY 135,000 WOMEN USING MODERN CONTRACEPTION FOR THE FIRST TIME. THE SUCCESS OF THESE PILOTS MEANT THAT ALL FOUR COUNTRIES BEGAN MOVING FORWARD WITH PRODUCT SCALE-UP OR EXPANSION IN THEIR NATIONAL FAMILY PLANNING PROGRAMS. PATH ALSO COMPLETED RESEARCH ON SELF-INJECTION OF DMPA-SC IN SENEGAL AND UGANDA. THESE STUDIES, CO-LED BY THE SENEGAL AND UGANDA MINISTRIES OF HEALTH, LED TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>GOVERNMENT DECISIONS TO PILOT SELF-INJECTION OUTSIDE OF A RESEARCH SETTING IN BOTH COUNTRIES [SAYANA PRESS AND DEPO-PROVERA ARE REGISTERED TRADEMARKS OF PFIZER INC. UNIJECT IS A TRADEMARK OF BD] PATH WORKED WITH PARTNERS WORLDWIDE AND IN SEVERAL COUNTRIES TO IMPROVE THE PREVENTION, DETECTION, AND TREATMENT OF CERVICAL CANCER, WHICH IS MOST OFTEN CAUSED BY INFECTION WITH HPV. WE PARTNERED WITH COMPANIES TO DEVELOP NEW DEVICES TO IMPROVE PRECANCER TREATMENT IN LMIC. WE PARTNERED WITH THE MINISTRIES OF HEALTH IN GUATEMALA, HONDURAS, AND NICARAGUA TO INTRODUCE AND QUICKLY SCALE UP HPV TESTING FOR PRIMARY CERVICAL CANCER SCREENING. THIS METHOD ENABLES WOMEN TO COLLECT THEIR OWN SAMPLES FOR SCREENING, REDUCING BOTTLENECKS IN THE HEALTH CARE SYSTEM AND OVERCOMING CULTURAL BARRIERS TO INTIMATE EXAMS. TO COMBAT BREAST CANCER, WE WORKED WITH THE NATIONAL CANCER INSTITUTE IN PERU TO DEVELOP MATERIALS FOR TRAINING NURSES AND VOLUNTEERS TO SERVE AS PATIENT NAVIGATORS FOR WOMEN AND THEIR FAMILIES. IN 2016, PATH CONTINUED TO SERVE AS THE SECRETARIAT FOR THE REPRODUCTIVE HEALTH SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF MORE THAN 400 PUBLIC, PRIVATE, AND NONGOVERNMENTAL ORGANIZATIONS WORKING TO EXPAND ACCESS TO SUPPLIES, SERVICES, AND OPTIONS FOR PREVENTING UNINTENDED PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS. DIGITAL HEALTH SOLUTIONS: PATH USES INFORMATION AND COMMUNICATION TECHNOLOGIES TO IMPROVE HEALTH AND SAVE LIVES. IN 2016, OUR GROWING DIGITAL HEALTH TEAM APPLIED ITS EXPERTISE TO AN INCREASING NUMBER OF PROJECTS. KEY ACCOMPLISHMENTS INCLUDED SUPPORTING THE GOVERNMENT OF TANZANIA TO IMPROVE COUNTRY-WIDE HEALTH SERVICES AND OUTCOMES. WE ALSO WORKED WITH THE US GOVERNMENT TO START A DIGITAL HEALTH INITIATIVE FOCUSED ON COORDINATING INVESTMENTS IN PROVEN TECHNOLOGIES AND ON COMMUNITY STRENGTHENING. WE ALSO COLLABORATED WITH THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE TO PUBLISH A TOOLKIT OFFERING STEP-BY-STEP GUIDANCE ON USING DATA ANALYTICS TO MONITOR HEALTH PROVIDER PAYMENT SYSTEMS. THE BID INITIATIVE, A COLLABORATION BETWEEN PATH AND THE GOVERNMENTS OF TANZANIA AND ZAMBIA, EMPOWERS COUNTRY GOVERNMENTS TO ENHANCE IMMUNIZATION THROUGH IMPROVED DATA COLLECTION, QUALITY, AND USE. IN 2016, WE CONTINUED TO IMPLEMENT DATA USE AND DATA QUALITY INTERVENTIONS IN BOTH COUNTRIES. THESE INCLUDED ELECTRONIC IMMUNIZATION REGISTRIES, SUPPLY CHAIN MANAGEMENT, DATA USE CAMPAIGNS, AND OTHER INTERVENTIONS THAT PUT THE POWER OF DATA INTO THE HANDS OF HEALTH WORKERS. THESE TOOLS AND PRACTICES WILL HELP HEALTH WORKERS TRACK AND IMPROVE CHILDREN'S IMMUNIZATIONS AND OTHER SERVICES. NONCOMMUNICABLE DISEASES: PATH IS AT THE FOREFRONT OF THE FIGHT IN LMIC AGAINST NCDs, INCLUDING DIABETES, CARDIOVASCULAR DISEASE, AND WOMEN'S CANCERS, WHICH ARE RESPONSIBLE FOR AN ALARMING TWO-THIRDS OF DEATHS WORLDWIDE. ALMOST 75 PERCENT OF THESE DEATHS OCCUR IN LOW-RESOURCE SETTINGS. IN 2016, WE CONTINUED TO BUILD THE FOUNDATIONS OF OUR NEW AND EXPANDING NCD PROGRAM. YEARS OF ADVOCACY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CACY AND RELATIONSHIP-BUILDING PAID OFF IN 2016 WHEN PATH WAS SELECTED TO IMPLEMENT A FIRST-OF-ITS-KIND PROGRAM THAT INTEGRATES SCREENING AND CARE FOR HYPERTENSION INTO HIV/AIDS SERVICES IN KENYA LEADERS IN KENYA AND SENEGAL, AS PART OF PATH'S "NO EMPTY SHELVES" DIABETES SUPPLIES, THERE WHEN NEEDED" PROJECT, PARTICIPATED IN COMPREHENSIVE SUPPLY CHAIN ASSESSMENTS, INCLUDING AN EVALUATION OF THE PRICE AND AVAILABILITY OF DIABETES ESSENTIAL MEDICINES AND TECHNOLOGIES IN PUBLIC AND PRIVATE FACILITIES. WE ALSO OFFICIALLY LAUNCHED OUR COMMUNITIES FOR HEALTHY HEARTS PROGRAM IN HO CHI MINH CITY, VIETNAM. BY THE END OF 2016, THE PROJECT HAD DEVELOPED AND PILOTED A WEB-BASED SOFTWARE PROGRAM TO FACILITATE SCREENING, FOLLOW-UP REFERRALS, AND CASE MANAGEMENT, AND HAD SCREENED 6,809 PEOPLE. FINALLY, WE CONTINUED TO LEAD AND CONTRIBUTE TO CONVENINGS TO RAISE AWARENESS OF AND ORCHESTRATE ACTION TO IMPROVE THE ACCESSIBILITY OF PREVENTION AND CARE FOR PEOPLE AT RISK FOR OR LIVING WITH NCDs. HEALTH SYSTEMS INNOVATION AND DELIVERY: PATH'S HEALTH SYSTEMS ANALYTICS (HSA) UNIT PROMOTES SYSTEMS THINKING IN THE DESIGN, IMPLEMENTATION, SCALE, AND EVALUATION OF HEALTH PROGRAMS AND TECHNOLOGIES. WITHIN AND OUTSIDE OF PATH, THE UNIT PERFORMS SYSTEMATIC, LANDSCAPE, ECONOMIC, AND POLICY ANALYSES, BUILDS NETWORKS OF COLLABORATION AND KNOWLEDGE EXCHANGE, AND SERVES AS A TECHNICAL RESOURCE. IN 2016, HSA WORKED WITH PARTNERS TO SYNTHESIZE A REVIEW OF GLOBAL HEALTH STRATEGIES THAT COULD BE ADOPTED FOR LOW-RESOURCE COMMUNITIES IN THE UNITED STATES. WITH THE ACCESS DELIVERY PARTNERSHIP, WE CONTINUED TO LAY THE FOUNDATION NECESSARY FOR LMIC TO INTEGRATE NEW HEALTH TECHNOLOGIES INTO THEIR HEALTH SYSTEMS. PATH ALSO CONTINUED TO EXPAND OUR GLOBAL HEALTH SECURITY PORTFOLIO. THE EMERGENCE AND RE-EMERGENCE OF HUMAN AND ANIMAL DISEASES HAVE ATTRACTED GROWING ATTENTION AND GENERATED NEW INVESTMENTS IN INNOVATIVE APPROACHES TO IMPROVE THE WORLD'S CAPACITY TO PREVENT, DETECT, AND RESPOND TO OUTBREAKS. IN 2016, WITH THE SUPPORT OF THE US CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), PATH CONTINUED TO WORK WITH NATIONAL LEADERS IN SENEGAL, TANZANIA, AND VIETNAM TO STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS AND BUILD THEIR CAPACITY, AND PREPARED FOR A NEW PARTNERSHIP WITH THE DRC. WE ALSO PREPARED TO LAUNCH OUR NEW EPIDEMIC PREPAREDNESS AND RESPONSE/GLOBAL HEALTH SECURITY INNOVATION HEALTH INNOVATION TEAM. THE GOAL OF THIS NEW TEAM WILL BE TO CREATE A SET OF STRATEGIES TO INCREASE PATH'S ABILITY TO PROTECT VULNERABLE POPULATIONS AGAINST PUBLIC HEALTH EMERGENCIES. PLANNED INITIATIVES INCLUDE DEVELOPING AND INTRODUCING INNOVATIONS TO STRENGTHEN ELECTRONIC HEALTH INFORMATION SYSTEMS, ADVANCING NOVEL VACCINE PLATFORMS, PREPARING MEDICAL COUNTERMEASURES FOR PANDEMIC INFLUENZA, AND DEFINING PATH'S ROLE IN COMBATING ANTIMICROBIAL RESISTANCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NUTRITION INNOVATION RECOGNIZING THAT NUTRITION IS AFFECTED BY A VARIETY OF ECONOMIC AND ENVIRONMENTAL FACTORS, OUR NUTRITION INNOVATION INITIATIVE CONTINUED TO DRIVE INNOVATIVE APPROACHES TO ADDRESS THE MASSIVE BURDEN OF STUNTING, WASTING, AND VITAMIN AND MINERAL DEFICIENCIES IN COMMUNITIES AROUND THE WORLD BY BRINGING TOGETHER GLOBAL HEALTH, DEVELOPMENT, AND CONSERVATION ORGANIZATIONS ACTING AS AN INCUBATOR FOR IDEAS, PATH PARTNERED IN 2016 WITH A SMALL FOR-PROFIT ENTERPRISE AND COMMUNITIES IN GHANA TO SCALE FARMING OF AFRICAN PALM WEEVIL LARVAE, OR AKOKONO THESE LARVAE ARE A LOW-COST SOURCE OF HIGH-QUALITY PROTEIN, FAT, AND NUTRIENTS THAT CHILDREN NEED TO STAY HEALTHY, AND THIS TYPE OF FARMING HAS A LOW ENVIRONMENTAL FOOTPRINT IN NORTHERN SENEGAL, WE WORKED TO DESIGN INFANT AND YOUNG CHILD NUTRITION INTERVENTIONS INFORMED BY CAREGIVERS AND LOCAL PRACTICES AND EXPLORED HOW TO EXPAND THE ARRAY OF BENEFICIAL MICROORGANISMS IN LOCALLY FERMENTED MILK PRODUCTS TO ENRICH THE DIETS OF YOUNG CHILDREN AND REDUCE DIARRHEAL INCIDENCE WE ALSO CONTINUED TO DRIVE MULTISECTOR COLLABORATION IN 2016 BY WORKING TO ESTABLISH THE BRIDGE COLLABORATIVE THIS IS A TRAILBLAZING, CROSS-DISCIPLINARY EFFORT TO ENGAGE MORE THAN 150 LEADING TECHNICAL EXPERTS FROM THE HEALTH, DEVELOPMENT, AND ENVIRONMENTAL SECTORS IN DEVELOPING A TOOLKIT TO GUIDE FUTURE MULTIDISCIPLINARY PROGRAMMING IN ADDITION, THE NUTRITION INNOVATION TEAM WAS PART OF A NUMBER OF PRESENTATIONS AT INTERNATIONAL FORUMS AND PUBLISHED SEVERAL GROUNDBREAKING STUDIES, ADVANCING INNOVATIVE THINKING ON BROAD, EFFECTIVE SOLUTIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PATH HAS ALSO SUPPORTED POLICIES TO EXPAND ZAMBIAN WOMEN'S ACCESS TO FAMILY PLANNING SERVICES BY ALLOWING COMMUNITY HEALTH WORKERS TO ADMINISTER INJECTABLE CONTRACEPTIVES PATH FIRST GATHERED EVIDENCE TO SUPPORT THE CHANGE, THEN MET WITH MOH OFFICIALS TO PRESENT THIS INFORMATION THE MOH ANNOUNCED IN 2016 THAT IT WOULD ALLOW TRAINED COMMUNITY-BASED HEALTH CARE WORKERS TO ADMINISTER INJECTABLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY PATH ACCOUNTING SERVICES STAFF. PATH SENIOR MANAGEMENT REVIEWED THE DRAFT FORM. A COPY OF THE DRAFT WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE CHIEF FINANCIAL OFFICER SIGNED AND FILED THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PATH HAS POLICIES AND PROCEDURES TO ADDRESS CONFLICTS OF INTEREST. PATH MANAGEMENT AND ALL STAFF AT A DESIGNATED LEVEL OR HIGHER WITHIN THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEE WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST. PATH ALSO HAS A WELL-DEFINED PROCEDURE FOR IDENTIFYING AND REPORTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS. NEW BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WITHIN 30 DAYS OF JOINING THE BOARD AND TO COMPLETE A NEW FORM ANNUALLY THEREAFTER. IN ADDITION, MEMBERS ARE REMINDED TO REPORT ANY NEW ISSUES THAT ARISE OUTSIDE OF THE ANNUAL DISCLOSURE PERIOD. THE DISCLOSURE FORMS ARE REVIEWED BY PATH'S GENERAL COUNSEL, AND IF ANY ACTUAL OR POTENTIAL CONFLICTS ARE IDENTIFIED, GENERAL COUNSEL MAKES A RECOMMENDATION TO THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE CHAIR OF THE BOARD FOR A MANAGEMENT PLAN TO PROPERLY MANAGE ANY CONFLICTS. A FORMAL MANAGEMENT PLAN IS THEN AGREED UPON WITH THE BOARD MEMBER, AND THE ENTIRE BOARD OF DIRECTORS IS INFORMED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS SALARIES AND BENEFITS FOR EXECUTIVE EMPLOYEE POSITIONS AND PROVIDES GUIDANCE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER (CEO) ON COMPENSATION DECISIONS FOR EXECUTIVE POSITIONS. THE COMPENSATION AND BENEFITS FOR PATH'S PRESIDENT/CEO ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR. PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK EXECUTIVE COMPENSATION (PRESIDENT/CEO, VICE PRESIDENTS, AND EXECUTIVE TEAM MEMBERS). THE LAST MAJOR REVIEW WAS COMPLETED IN 2014 WHEN PATH ENGAGED MERCER (A COMPENSATION, BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND PROPOSED BASE SALARIES OF PATH'S PRESIDENT/CEO, VICE PRESIDENTS, AND EXECUTIVE TEAM MEMBERS. THE NEXT REVIEW WILL BE IN 2017. MERCER USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES FOR THESE POSITIONS. THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE USE OF THE REPORT TO ESTABLISH A FRAMEWORK WITHIN WHICH THE PRESIDENT/CEO IS DELEGATED AUTHORITY TO ESTABLISH THE TOTAL COMPENSATION PACKAGES OF THE VICE PRESIDENTS AND EXECUTIVE TEAM MEMBERS. ADDITIONALLY, MERCER REVIEWED THE PROPOSED TOTAL COMPENSATION AND BENEFITS PACKAGE FOR THE PRESIDENT/CEO POSITION AND OBTAINED A SIGNIFICANT NUMBER OF DATA POINTS TO ASCERTAIN ITS REASONABLENESS AND APPROPRIATENESS. THE BOARD APPROVED THE COMMITTEE'S RECOMMENDATION FOR THE PRESIDENT/CEO'S TOTAL COMPENSATION PACKAGE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PATH GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, MOST DOCUMENTS ARE ALSO AVAILABLE ONLINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FROM TIME TO TIME, UNSPENT AWARD FUNDS (OR UNUSED OBLIGATIONS) MAY BE RETURNED TO A FUNDER FOR A VARIETY OF REASONS INCLUDING, BUT NOT LIMITED TO, EARLY TERMINATION OF A PROJECT BY A FUNDER OR A REDUCTION IN FUNDS REQUIRED TO ACCOMPLISH A PROJECT'S SCOPE OF WORK -13,751,105

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PATH

Employer identification number
91-1157127

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

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)PATH VACCINE SOLUTIONS 2201 WESTLAKE AVENUE SEATTLE, WA 98109 83-0431851	ADVANCE DEVELOPMENT OF VACCINES TO IMPROVE THE HEALTH OF CHILDREN	WA	501(C)(3)	LINE 12A, I	PATH	Yes	
(2)PATH DRUG SOLUTIONS 280 UTAH AVENUE SUITE 250 SAN FRANCISCO, CA 94080 94-3384500	DEVELOPMENT & DISTRIBUTION OF SAFE, EFFECTIVE, AND AFFORDABLE MEDICINES	CA	501(C)(3)	LINE 12A, I	PATH	Yes	
(3)FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND 207 ROUTE DE FERNEY 1218 LE GRAND-S GENEVA SZ	EDUCATIONAL AND SCIENTIFIC PROMOTION OF HEALTH	SZ	501(C)(3)		PATH	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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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
(1)PATH VACCINE SOLUTIONS	C	15,502,397	FMV
(2)PATH VACCINE SOLUTIONS	B	282,029	FMV
(3)PATH DRUG SOLUTIONS	C	2,358,006	FMV
(4)PATH DRUG SOLUTIONS	B	163,077	FMV
(5)FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	C	1,503,451	FMV
(6)FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	4,291,680	FMV

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 91-1157127
Name: PATH

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PATH VACCINE SOLUTIONS	C	15,502,397	FMV
(1)	PATH VACCINE SOLUTIONS	B	282,029	FMV
(2)	PATH DRUG SOLUTIONS	C	2,358,006	FMV
(3)	PATH DRUG SOLUTIONS	B	163,077	FMV
(4)	FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	C	1,503,451	FMV
(5)	FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	4,291,680	FMV