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Form 990

Department of the TreasuryInternal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PATH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

2201 WESTLAKE AVENUE NO 200

City or town, state or province, country, and ZIP or foreign postal code

SEATTLE, WA 98121

F Name and address of principal officer:

BRIAN NEVILLE

2201 WESTLAKE AVENUE NO 200

SEATTLE, WA 98121

D Employer identification number

91-1157127

E Telephone number

(206) 285-3500

G Gross receipts \$ 383,749,661

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) ( ) ◀ (insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.PATH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981

M State of legal domicile: WA

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

SEE PART III, LINE 1.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

3

4

5

6

7a

7b

15

15

737

0

0

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

305,315,221

1,500

3,037,130

980,560

309,334,411

Current Year

286,808,545

2,038

6,723,428

836,870

294,370,881

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,679,350

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

62,762,146

0

139,545,675

0

110,458,648

312,766,469

-3,432,058

55,619,080

0

131,590,498

0

105,099,261

292,308,839

2,062,042

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

237,501,233

202,931,874

34,569,359

End of Year

243,064,155

204,045,574

39,018,581

Part IISignature Block

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

\*\*\*\*\*

Signature of officer

2020-11-12

Date

BRIAN NEVILLE VP ACCOUNTING/FINANCIAL OPERATIONS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00288314

Firm's name ▶ GELMAN ROSENBERG & FREEDMAN

Firm's EIN ▶ 52-1392008

Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N

Phone no. (301) 951-9090

BETHESDA, MD 208142930

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

PATH'S MISSION IS TO ADVANCE HEALTH EQUITY THROUGH INNOVATION AND PARTNERSHIPS. (CONTINUED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code: )	(Expenses \$	122,045,425	including grants of \$	18,889,335 )	(Revenue \$	38 )
See Additional Data							

<b>4b</b>	(Code: )	(Expenses \$	85,821,408	including grants of \$	27,113,038 )	(Revenue \$	1,000 )
See Additional Data							

<b>4c</b>	(Code: )	(Expenses \$	27,230,902	including grants of \$	4,675,897 )	(Revenue \$	1,000 )
See Additional Data							

(Code: )	(Expenses \$	22,615,272	including grants of \$	4,940,809 )	(Revenue \$	)
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ADVOCACY AND PUBLIC POLICY PATH'S ADVOCACY AND PUBLIC POLICY TEAM WORKS IN THE UNITED STATES, AT THE GLOBAL LEVEL WITH MULTILATERAL AGENCIES, 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 2019, PATH LED EFFORTS TO ENSURE SUPPORT AMONG POLICYMAKERS IN THE UNITED STATES, EUROPE, AND MULTILATERAL AGENCIES TO MAINTAIN AND STRENGTHEN WORK IN RESEARCH AND DEVELOPMENT (R&D), MATERNAL AND CHILD HEALTH, IMMUNIZATION, AND GLOBAL HEALTH SECURITY. OUR SUCCESSSES IN 2019 INCLUDED PROTECTING KEY US GOVERNMENT FUNDING FOR OUR PRIORITY HEALTH AREAS AND SUCCESSFULLY INFLUENCING LANGUAGE CALLING FOR NEW R&D FUNDING AND STRONG REGULATORY SYSTEMS IN THE OUTCOME STATEMENT OF THE UNITED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE. WORKING WITH PARTNERS IN AFRICAN COUNTRIES, WE HELPED ADVANCE POLICIES TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN. AMONG MANY ACHIEVEMENTS DURING 2019, IN THE DRC, A NATIONAL IMMUNIZATION FORUM WE ORGANIZED IN PARTNERSHIP WITH THE HEAD OF STATE LED TO AN UNPRECEDENTED COMMITMENT BY NATIONAL AND PROVINCIAL LEADERS TO IMPROVE ROUTINE IMMUNIZATION AND POLIO ERADICATION EFFORTS. IN UGANDA, PATH'S ONGOING IMMUNIZATION ADVOCACY RESULTED IN THE GOVERNMENT NEARLY DOUBLING ITS BUDGET FOR ROUTINE IMMUNIZATION. IN KENYA, YEARS OF ADVOCACY BY PATH RESULTED IN PASSAGE OF THE FIRST COMPREHENSIVE POLICY IDENTIFYING PRIORITIES FOR HEALTH R&D, AND IN SOUTH AFRICA, PATH'S ADVOCACY AND COALITION-BUILDING EFFORTS CONTINUED TO STRENGTHEN SUPPORT FOR HEALTH R&D. SPECIAL INITIATIVES PATH IS ENGAGED IN A VARIETY OF SPECIAL INITIATIVES THAT GALVANIZE OUR EXPERTISE AND RESOURCES AND THOSE OF OUR GLOBAL PARTNERS TO SAVE MORE LIVES, MORE QUICKLY. BY THE END OF 2019, WE HAD ACTIVE HEALTH IMPACT TEAMS IN SEVEN HEALTH AREAS. EACH HEALTH IMPACT TEAM HAS BEEN ONGOING FOR AT LEAST TWO YEARS, WORKING TO BUILD STRUCTURED COLLABORATION ACROSS PROGRAMS AND GEOGRAPHIES TO INCREASE PATH'S IMPACT.

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	22,615,272	including grants of \$	4,940,809 )	(Revenue \$	)
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<b>4e</b>	<b>Total program service expenses</b> ▶	257,713,007
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b> Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	

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

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

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	248	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)		
<b>2a</b>	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 . . . . .	<b>2a</b>	737	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b>	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)? . . . . .	<b>4a</b>	Yes	
<b>b</b>	BE, CH, CG, ET, GH, IN, KE, BM, MZ, PE, SG, SF, SZ, TZ, UG, UK, UP, VM, ZA If "Yes," enter the name of the foreign country: _____			
<b>5a</b>	Was the organization filing any reports to the IRS under the Automatic Exchange of Information for Foreign Bank and Financial Accounts (FBAR)?	<b>5a</b>		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b>	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? . . . . .	<b>6a</b>		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.	<b>15</b>		No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	15	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</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-A 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:  
▶BRIAN NEVILLE VP ACCOUNTINGFINANCIAL OPERATIONS 2201 WESTLAKE AVE SUITE 200 SEATTLE, WA 98121 (206) 285-3500

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,226,638	0	867,886

**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 **318**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WMBE PAYROLLING DBA TARGETCW 9475 CHESAPEAKE DR SAN DIEGO, CA 92123	GENERAL CONTRACTOR	726,012
AIRCUISE TRAVELS PVT LTD C 101 - 102 LAJPAT NAGAR 1 NEW DELHI 110024 IN	TRAVEL SERVICES	522,166
UNIT4 BUSINESS SOFTWARE INC 3 BURLINGTON WOODS SUITE 201 BURLINGTON, MA 01803	SYSTEMS CONTRACTOR	414,490
RANDSTAD INDIA PVT LTD SUIT NO 001 002 COPIA NEW DELHI 110025 IN	STAFFING SERVICES	391,145
CLARK NUBER & CO PS 10900 NE 4TH ST SUITE 1400 BELLEVUE, WA 98004	ACCOUNTING SERVICES	375,309

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **46**



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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII . . . . .										<input type="checkbox"/>			
										(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	4,265,711									
	e Government grants (contributions)		1e	106,320,456									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	176,222,378									
	g Noncash contributions included in lines 1a - 1f:\$		1g	4,343,453									
	h Total. Add lines 1a-1f . . . . .										286,808,545		
Program Service Revenue			Business Code										
	2a CONSULTANCIES		541900		2,038		2,038						
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. . . . .										2,038		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .					6,310,221						6,310,221	
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties . . . . .												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) . . . . .												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	89,753,987		38,000							
	b Less: cost or other basis and sales expenses		7b	89,190,233		188,547							
	c Gain or (loss)		7c	563,754		-150,547							
	d Net gain or (loss) . . . . .					413,207						413,207	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a										
	b Less: direct expenses . . . . .		8b										
	c Net income or (loss) from fundraising events . . . . .												
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a										
	b Less: direct expenses . . . . .		9b										
	c Net income or (loss) from gaming activities . . . . .												
	10a Gross sales of inventory, less returns and allowances . . . . .		10a										
b Less: cost of goods sold . . . . .		10b											
c Net income or (loss) from sales of inventory . . . . .													
Miscellaneous Revenue			Business Code										
11a OTHER			900099		806,343						806,343		
b REIMBURSEMENTS			900099		30,527						30,527		
c													
d All other revenue . . . . .													
e Total. Add lines 11a-11d . . . . .					836,870								
12 Total revenue. See instructions . . . . .					294,370,881		2,038		0		7,560,298		

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,151,505	16,151,505		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	10,313	10,313		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	39,457,262	39,457,262		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,246,329	659,952	3,555,676	30,701
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	95,165,062	85,092,916	8,828,907	1,243,239
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	10,334,465	8,600,526	1,597,257	136,682
<b>9</b> Other employee benefits . . . . .	15,489,969	13,144,164	2,160,891	184,914
<b>10</b> Payroll taxes . . . . .	6,354,673	5,288,484	982,144	84,045
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	551,399	374,203	177,196	
<b>c</b> Accounting . . . . .	483,910	91,666	392,244	
<b>d</b> Lobbying . . . . .	2,986	2,986		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	186,964		186,964	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,623,175	11,637,627	3,756,218	229,330
<b>12</b> Advertising and promotion . . . . .	198,936	179,102	5,043	14,791
<b>13</b> Office expenses . . . . .	6,900,163	5,434,596	1,382,874	82,693
<b>14</b> Information technology . . . . .	1,363,777	450,053	899,342	14,382
<b>15</b> Royalties . . . . .	46,984	46,984		
<b>16</b> Occupancy . . . . .	12,090,090	228,951	11,861,139	
<b>17</b> Travel . . . . .	18,810,123	17,257,403	1,525,961	26,759
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	8,225,745	8,102,741	66,093	56,911
<b>20</b> Interest . . . . .	1,901	2	1,899	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,202,950	12,403	3,190,547	
<b>23</b> Insurance . . . . .	669,187	212,403	456,784	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACTORS	25,505,228	25,366,038	139,190	
<b>b</b> EQUIP RENT & MAINT	3,622,319	2,157,809	1,461,681	2,829
<b>c</b> DIRECT AID TO BENEFICIA	3,034,623	3,034,623		
<b>d</b> FACILITIES ALLOC	0	13,042,418	-13,264,007	221,589
<b>e</b> All other expenses	4,578,801	1,675,877	2,552,439	350,485
<b>25</b> Total functional expenses. Add lines 1 through 24e	292,308,839	257,713,007	31,916,482	2,679,350
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		7,576,050	<b>1</b>	8,845,877	
	<b>2</b>	Savings and temporary cash investments . . . . .		14,017,223	<b>2</b>	17,517,988	
	<b>3</b>	Pledges and grants receivable, net . . . . .		35,571,476	<b>3</b>	44,215,907	
	<b>4</b>	Accounts receivable, net . . . . .		10,652,789	<b>4</b>	16,731,594	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		5,307,245	<b>9</b>	7,170,218	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	36,971,911			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	26,980,281	11,047,905	<b>10c</b>	9,991,630
	<b>11</b>	Investments—publicly traded securities . . . . .		153,328,545	<b>11</b>	138,590,941	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		237,501,233	<b>16</b>	243,064,155		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		202,736,996	<b>17</b>	204,045,574	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		194,878	<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		202,931,874	<b>26</b>	204,045,574	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		19,811,400	<b>27</b>	20,518,990	
	<b>28</b>	Net assets with donor restrictions . . . . .		14,757,959	<b>28</b>	18,499,591	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		34,569,359	<b>32</b>	39,018,581	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		237,501,233	<b>33</b>	243,064,155		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	294,370,881
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	292,308,839
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,062,042
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	34,569,359
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,387,180
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	39,018,581

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- 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	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

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

Form 990 (2019)

**Form 990, Part III, Line 4a:**

GLOBAL HEALTH PROGRAMS: PATH'S GLOBAL HEALTH PROGRAMS DIVISION IS RESPONSIBLE FOR PATH'S SCIENTIFIC EXPERTISE IN MALARIA AND NEGLECTED TROPICAL DISEASES; HIV AND TUBERCULOSIS; MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION; SEXUAL AND REPRODUCTIVE HEALTH; AND NONCOMMUNICABLE DISEASES. THE DIVISION ALSO OVERSEES PATH'S WORK IN HEALTH SYSTEMS INNOVATION AND DELIVERY, AND MANAGES OUR COUNTRY OFFICES.(SEE SCHEDULE O) MALARIA AND NEGLECTED TROPICAL DISEASES:PATH PARTNERS WITH GOVERNMENTS, THE PRIVATE SECTOR, AND FUNDERS ACROSS THE GLOBE TO BRING THE WORLD CLOSER TO MALARIA ERADICATION. MORE THAN 200 PATH STAFF MEMBERS WORK ON MALARIA IN MORE THAN 30 COUNTRIES. 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 OUR PROGRAMS ARE SUSTAINABLE AND EFFECTIVE. PATH-PIONEERED APPROACHES HAVE CONTRIBUTED TO REMARKABLE PROGRESS IN MALARIA, WITH NEARLY 7 MILLION LIVES SAVED SINCE 2000.IN 2019, OUR MALARIA CONTROL AND ELIMINATION PARTNERSHIP IN AFRICA (MACEPA) PROGRAM, FUNDED BY THE BILL & MELINDA GATES FOUNDATION, CONTINUED TO SUPPORT THE GOVERNMENTS OF ETHIOPIA, SENEGAL, AND ZAMBIA TOWARD THEIR MALARIA ELIMINATION GOALS. MACEPA'S WORK INCLUDED SCALING UP PREVENTION AND TREATMENT; EVALUATING THE LATEST, MOST SENSITIVE DIAGNOSTIC TESTS; ESTABLISHING RAPID REPORTING SYSTEMS; AND CONTINUING TO SUPPORT POPULATION-WIDE, DRUG-BASED STRATEGIES SUCH AS MASS DRUG ADMINISTRATION. THROUGH OUR PROGRAM FOR THE ADVANCEMENT OF MALARIA OUTCOMES (PAMO), FUNDED BY THE US PRESIDENT'S MALARIA INITIATIVE, PATH CONTINUED TO ASSIST THE GOVERNMENT OF ZAMBIA IN ITS EFFORTS TO ELIMINATE LOCAL MALARIA INFECTION AND DISEASE. IN 2019, PAMO PROVIDED TECHNICAL SUPPORT AND MENTORSHIP TO MORE THAN 1,200 HEALTH CARE WORKERS ACROSS FOUR PROVINCES TO IMPROVE THE QUALITY OF CARE. PAMO ALSO SUPPORTED THE DISTRIBUTION OF 115,416 INSECTICIDE-TREATED BEDNETS, ORGANIZED SOCIAL BEHAVIOR CHANGE ACTIVITIES (INCLUDING ENGAGING SCHOOLS AND PRINTING EDUCATIONAL MATERIALS), AND PROVIDED TECHNICAL AND MATERIAL SUPPORT FOR DATA QUALITY AUDITS IN HEALTH FACILITIES.ALSO IN ZAMBIA, THE VISUALIZE NO MALARIA PROJECT CONTINUED TO EXPAND. THIS PROJECT, A GROUNDBREAKING PARTNERSHIP BETWEEN PATH AND A COALITION OF TECHNOLOGY COMPANIES, EQUIPS HEALTH WORKERS AND OFFICIALS WITH REAL-TIME DATA VISUALIZATION TO SEE AND UNDERSTAND WHERE MALARIA IS APPEARING SO THEY CAN DEPLOY APPROPRIATE RESOURCES TO HALT ITS SPREAD.PATH CONTINUED TO DEVELOP AND EVALUATE NEW VECTOR CONTROL TOOLS IN 2019 WITH OUR PARTNERS IN VECTORLINK, THE US AGENCY FOR INTERNATIONAL DEVELOPMENT'S (USAID'S) FLAGSHIP VECTOR CONTROL PROJECT. SIMILARLY, UNDER THE NEW NETS PROJECT FUNDED BY UNITAID AND THE GLOBAL FUND, WE HELPED GENERATE EVIDENCE FOR THE ADOPTION OF BEDNETS EFFECTIVE AGAINST PYRETHROID-RESISTANT MOSQUITOES. AND WE CONTINUED TO DEVELOP AND EVALUATE ATTRACTIVE TARGETED SUGAR BAITS, WHICH LURE MOSQUITOES TO A MEAL LACED WITH INSECTICIDE.IN 2019, THE MALARIA TEAM PARTNERED WITH PATH'S DIAGNOSTICS PROGRAM ON EVALUATIONS OF RAPID TESTS FOR MALARIA AS WELL AS CLINICAL STUDIES FOR POINT-OF-CARE TESTS TO DETECT AN ENZYME DEFICIENCY THAT CAN COMPLICATE TREATMENT OF PLASMODIUM VIVAX MALARIA. PATH ALSO SUPPORTED THE COMMERCIALIZATION OF A DIAGNOSTICS ARRAY THAT CAN BE USED FOR MALARIA RESEARCH AND SURVEILLANCE. MOREOVER, WE LED A VALIDATION OF THE RESULTS OF MALARIA TESTS TAKEN DURING ANTENATAL CARE AS A ROUTINE MEASURE OF PARASITE PREVALENCE. FOR MORE INFORMATION, SEE THE DIAGNOSTICS SECTION. FINALLY, PATH WORKED WITH THE WORLD HEALTH ORGANIZATION (WHO) AND OTHER PARTNERS, INCLUDING THE MINISTRIES OF HEALTH IN GHANA, KENYA, AND MALAWI, TO INTRODUCE THE WORLD'S FIRST MALARIA VACCINE, KNOWN AS RTS,S, IN SELECTED AREAS OF THOSE COUNTRIES.PATH'S EFFORTS TO ELIMINATE NEGLECTED TROPICAL DISEASES CONTINUED IN 2019 IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC), WHERE WE WORKED WITH THE COUNTRY'S NATIONAL PROGRAM TO COMBAT HUMAN AFRICAN TRYPANOSOMIASIS (HAT, OR "SLEEPING SICKNESS"). WE SUPPORTED THE PROGRAM IN ACTIVE AND PASSIVE SCREENING FOR HAT CASES IN THREE KEY PROVINCES, AND WE ASSISTED THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE TO DEPLOY CONTROL MEASURES FOR THE HAT VECTOR, TSETSE FLIES, USING THE "TINY TARGET" INNOVATIVE TECHNOLOGY. OUR WORK ALSO INCLUDED ADVOCACY TO RAISE AWARENESS OF HAT AT NATIONAL, PROVINCIAL, AND COMMUNITY LEVELS.IN INDIA, PATH CONTINUED TO PROVIDE STRATEGIC TECHNICAL ASSISTANCE AT THE NATIONAL, STATE (UTTAR PRADESH), AND SUB-STATE LEVELS FOR ELIMINATION OF VISCERAL LEISHMANIASIS (KALA-AZAR) AND LYMPHATIC FILARIASIS (ELEPHANTIASIS). ADDITIONALLY, WE SUPPORTED INDIA'S VECTOR-BORNE DISEASE CONTROL PROGRAM AT THE STATE LEVEL TO COMBAT MALARIA, DENGUE, AND CHIKUNGUNYA.HIV AND TUBERCULOSIS:IN 2019, PATH CONTINUED CONTRIBUTIONS TO HIV PREVENTION AND EPIDEMIC CONTROL, AS WELL AS TUBERCULOSIS (TB) DETECTION AND CONTROL. OUR PROGRAMMING REACHED GENERAL POPULATIONS AS WELL AS THE KEY POPULATIONS OF ADOLESCENT GIRLS AND YOUNG WOMEN, PEOPLE WITH BOTH HIV AND TB, SEX WORKERS AND THEIR CLIENTS, MEN WHO HAVE SEX WITH MEN, PEOPLE WHO INJECT DRUGS, AND TRANSGENDER INDIVIDUALS. WE CONTINUED TO FIND AND DIAGNOSE, LINK TO TREATMENT, AND RETAIN PEOPLE ON TREATMENT AS WE ADVANCED PROGRAMMING ACROSS TECHNOLOGY AND SERVICE DELIVERY PLATFORMS. PATH SCALED DIFFERENTIATED PARTNER NOTIFICATION SERVICES, PROVIDING NEWLY DIAGNOSED PEOPLE LIVING WITH HIV (PLHIV) WITH A SUITE OF OPTIONS FOR DISCLOSING THEIR POSITIVE STATUS AND PROVIDING HIV TESTING SERVICES TO THEIR PARTNERS AND FAMILIES. ACROSS OUR USAID-FUNDED PROGRAMS IN THE DRC, KENYA, UKRAINE, AND VIETNAM, WE TESTED MORE THAN 744,775 PEOPLE, INCLUDING 48,366 PARTNERS AND FAMILY MEMBERS OF PLHIV, AND ENROLLED MORE THAN 24,680 NEWLY DIAGNOSED PLHIV ON TREATMENT. AMBASSADOR DEBORAH BIRX HIGHLIGHTED OUR APPROACH AS THE MODEL THAT ALL COUNTRIES INVOLVED IN THE US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) SHOULD FOLLOW. OUR APPROACH ALSO LED TO A COLLABORATION WITH WHO TO DEVELOP GLOBAL GUIDELINES FOR SAFE PARTNER NOTIFICATION SERVICES FOR SEX WORKERS.IN THE DRC, PATH CONTINUED TO LEAD USAID-FUNDED EFFORTS TO CONTROL THE HIV EPIDEMIC. IN 2019, THIS WORK FOCUSED ON TWO HIGH-PREVALENCE PROVINCES UNDER THE INTEGRATED HIV/AIDS PROJECT IN HAUT-KATANGA/LUALABA. PATH PROVIDED TECHNICAL ASSISTANCE TO 162 HEALTH FACILITIES, 18 HEALTH ZONES, AND FIVE NONGOVERNMENTAL ORGANIZATIONS (NGOS) TO INCREASE TARGETED TESTING EFFORTS, ENROLL ALL IDENTIFIED HIV-POSITIVE INDIVIDUALS ON TREATMENT, PROVIDE VIRAL LOAD TESTING, AND ROLL OUT DIFFERENTIATED CARE MODELS. PATH TESTED APPROXIMATELY 250,000 PEOPLE IN THE DRC, LINKED AROUND 14,000 NEWLY IDENTIFIED PLHIV TO TREATMENT, AND SUPPORTED A COHORT OF 40,000 PEOPLE TO CONTINUE TREATMENT. THROUGH THE AIDS, POPULATION, AND HEALTH INTEGRATED ASSISTANCE PROGRAM PLUS (APHIAPLUS) PROJECT IN 2019, PATH OPERATIONALIZED ELECTRONIC MEDICAL RECORDS SYSTEMS AT HEALTH FACILITIES IN WESTERN KENYA. BUILDING ON APHIAPLUS, WE ALSO LED THE USAID AND PEPFAR-FUNDED AFYA ZIWANI PROJECT. WE TESTED APPROXIMATELY 500,000 PEOPLE FOR HIV, LINKED AROUND 8,000 NEWLY IDENTIFIED PLHIV TO TREATMENT, AND SUPPORTED A COHORT OF 50,000 PEOPLE TO CONTINUE TREATMENT. TO DO THIS, WE DEVELOPED INNOVATIVE TOOLS FOR ELIGIBILITY SCREENING AND TRACKING MISSED APPOINTMENTS, AS WELL AS DATA DASHBOARDS. ALSO AS PART OF AFYA ZIWANI, PATH IMPLEMENTED THE DREAMS INITIATIVE, INTENSIFYING EFFORTS TO REACH NEARLY 80,000 ADOLESCENT GIRLS AND YOUNG WOMEN IN KENYA WITH INTERVENTIONS TO REDUCE THEIR VULNERABILITY TO HIV AND IMPROVE THEIR ACCESS TO SERVICES.

## Form 990, Part III, Line 4b:

ESSENTIAL MEDICINES: PATH'S ESSENTIAL MEDICINES DIVISION DEVELOPS AND DELIVERS LIFESAVING VACCINES AND DRUGS FOR WOMEN, CHILDREN, AND COMMUNITIES AROUND THE GLOBE. (CONTINUED ON SCHEDULE O)CENTER FOR VACCINE INNOVATION AND ACCESSPATH'S CENTER FOR VACCINE INNOVATION AND ACCESS (CVIA) ALIGNS EXPERTISE ACROSS EVERY STAGE OF VACCINE RESEARCH, DEVELOPMENT, AND INTRODUCTION TO MAKE VACCINES AVAILABLE TO MORE COMMUNITIES, PARTICULARLY IN LOW- AND MIDDLE-INCOME COUNTRIES. OUR PORTFOLIO INCLUDES MORE THAN TWO DOZEN VACCINE PRODUCTS IN DEVELOPMENT OR ALREADY IN USE, WITH AN EMPHASIS ON THE LEADING INFECTIOUS CAUSES OF CHILD DEATH AND DISEASE WORLDWIDE.FOR EXAMPLE, IN 2019 PATH CONTINUED TO PARTNER WITH COUNTRIES TO EXPAND COVERAGE OF JAPANESE ENCEPHALITIS (JE) VACCINATION AND CARRIED OUT A CAMPAIGN TO CELEBRATE PROGRESS TOWARD COMBATING JE. THE GOVERNMENT OF THE PHILIPPINES CONDUCTED JE VACCINATION CAMPAIGNS IN FOUR HIGH-RISK PROVINCES, WHICH PATH SUPPORTED THROUGH PLANNING, VACCINE PROVISION, AND COST-EFFECTIVENESS ANALYSIS. AS PATH'S 16-YEAR GLOBAL JE PARTNERSHIP PREPARED TO CLOSE, WE HOSTED A MEETING WITH KEY STAKEHOLDERS IN HANOI TO DISCUSS AND CAPTURE LESSONS LEARNED FOR COUNTRY VACCINATION PROGRAMS AND INTERNATIONAL VACCINE PARTNERS. PATH DEVELOPED AND LAUNCHED A WEB PAGE, INFOGRAPHIC, AND REPORT OUTLINING THESE LESSONS AND THE STORY OF JE VACCINATION EFFORTS. ALSO IN 2019, WE BEGAN A PIVOTAL, PHASE 3 STUDY OF A POLYVALENT MENINGOCOCCAL MENINGITIS VACCINE. THE VACCINE, DEVELOPED BY SERUM INSTITUTE OF INDIA PVT. LTD., BUILDS ON THE SUCCESS OF MENAFRIVAC, A VACCINE AGAINST MENINGOCOCCAL MENINGITIS SEROGROUP A THAT WAS LICENSED AND INTRODUCED IN 2010. THE POLYVALENT VACCINE TARGETS SEROGROUPS A, C, W, X, AND Y. THE VACCINE IS DESIGNED FOR USE IN AFRICA'S "MENINGITIS BELT" REGION AND, AS THE FIRST VACCINE TO TARGET SEROGROUP X, HAS THE POTENTIAL TO ELIMINATE MENINGITIS EPIDEMICS FROM THIS REGION. TO PREVENT MALARIA, PATH IS ACCELERATING THE DEVELOPMENT OF A WIDE VARIETY OF MALARIA VACCINE CANDIDATES AND APPROACHES. IN 2019, WE WORKED WITH WHO AND OTHER PARTNERS, INCLUDING THE MINISTRIES OF HEALTH IN GHANA, KENYA, AND MALAWI, TO BEGIN PILOT IMPLEMENTATION OF THE RTS,S VACCINE IN SELECTED AREAS OF THOSE COUNTRIES. WITH OUR PARTNERS, PATH CONTINUED TO ADVANCE RESEARCH INTO WHETHER REDUCING THE DOSE LEVEL OF RTS,S AND DELAYING THE ADMINISTRATION OF DOSES HAS THE POTENTIAL TO FURTHER AID MALARIA ELIMINATION EFFORTS BY STRETCHING LIMITED VACCINE SUPPLIES AND PROTECTING AS MANY PEOPLE AS POSSIBLE. PILOT INTRODUCTION IN KENYA OF THE DELAYED FRACTIONAL-DOSE REGIMEN BEGAN IN 2019. ADDITIONALLY, WORK CONTINUED ON EFFORTS TO IDENTIFY IMMUNE CORRELATES OF PROTECTION FOR MALARIA VACCINES AND ON THE USE OF MONOCLONAL ANTIBODIES TO COMBAT MALARIA.IN 2019, THE DEFEAT DIARRHEAL DISEASE (DEFEATDD) INITIATIVE, HOUSED WITHIN CVIA, CONTINUED ITS ROLE AS A DIGITAL HUB FOR KEY INFORMATION AROUND PREVENTING AND TREATING CHILDHOOD DIARRHEAL DISEASE. IN PARTNERSHIP WITH PATH'S DRUG DEVELOPMENT PROGRAM, DEFEATDD LAUNCHED A CAMPAIGN TO PROMOTE THE ADDITION OF CO-PACKAGED ORAL REHYDRATION SOLUTION (ORS) AND ZINC TO THE WHO ESSENTIAL MEDICINES LIST FOR CHILDREN. DEFEATDD ALSO LAUNCHED A CAMPAIGN FOR WORLD TOILET DAY AROUND THE ROLE OF SANITATION IN HEALTH CARE ALONGSIDE VACCINES, NUTRITION, AND ACCESS TO MEDICINES. THROUGHOUT THE YEAR, DEFEATDD'S CHANNELS HELPED DISSEMINATE POLICY UPDATES AND RESEARCH ON THE PROJECTED HEALTH AND ECONOMIC IMPACTS OF NEW AND EXISTING ENTERIC VACCINES, INCLUDING ROTAVIRUS, CHOLERA, ENTEROTOXIGENIC ESCHERICHIA COLI, SHIGELLA, AND TYPHOID. DEFEATDD ALSO MAINTAINED, UPDATED, AND EXPANDED UPON ITS ONLINE STATE-OF-THE-FIELD REPORT, STOP THE CYCLE OF DIARRHEA. PATH CONDUCTED A PHASE 3 ROTAVIRUS STUDY IN VIETNAM TO COMPARE A NEW LIQUID FORMULATION OF THE ROTAVIRUS VACCINE, ROTAVIN, WITH AN EARLIER LICENSED FROZEN FORMULATION, ROTAVIN-M1. WE CONDUCTED A PHASE 1 STUDY IN THE UNITED STATES TO ASSESS THE SAFETY OF A SUBUNIT SHIGELLA VACCINE CANDIDATE. ADDITIONALLY, PATH HELPED INTRODUCE AND ADVANCE ACCESS TO CURRENTLY AVAILABLE ENTERIC VACCINES, INCLUDING THE RECENTLY WHO-PREQUALIFIED ROTAVAC AND ROTASIL ROTAVIRUS VACCINES.TO PREVENT TYPHOID, PATH, AS PART OF THE TYPHOID VACCINE ACCELERATION CONSORTIUM, IS WORKING TO ACCELERATE INTRODUCTION OF TYPHOID CONJUGATE VACCINES (TCVs) IN LOW-INCOME COUNTRIES. IN 2019, PATH SUPPORTED COUNTRIES THROUGHOUT THE VACCINE DECISION-MAKING AND INTRODUCTION PROCESS. WITH SUPPORT FROM PATH, PAKISTAN BECAME THE FIRST COUNTRY TO INTRODUCE TCV INTO ITS ROUTINE CHILDHOOD IMMUNIZATION PROGRAM. WE ALSO WORKED WITH THE GOVERNMENTS OF LIBERIA AND ZIMBABWE TO DETERMINE APPROPRIATE TCV INTRODUCTION STRATEGIES, SUCCESSFULLY APPLY FOR GAVI FINANCING, AND PREPARE FOR TCV INTRODUCTION. PATH CONTINUED TO CALL ATTENTION TO TYPHOID AND THE NEED FOR INTEGRATED SOLUTIONS THROUGH A RANGE OF ADVOCACY AND COMMUNICATIONS ACTIVITIES. PATH CONTINUED TO ADVANCE PRECLINICAL DEVELOPMENT OF A VACCINE AGAINST GROUP B STREPTOCOCCUS, THE LEADING CAUSE OF BACTERIAL SEPSIS AND MENINGITIS IN YOUNG INFANTS WORLDWIDE. PATH IS SUPPORTING INVENTPRISE, A BIOTECHNOLOGY COMPANY, AS IT WORKS TO DEVELOP A MULTIVALENT, CONJUGATE VACCINE FOR LOW- AND MIDDLE-INCOME COUNTRIES. THE INTENDED RECIPIENTS ARE PREGNANT WOMEN-PART OF A STRATEGY THAT BOOSTS IMMUNITY AGAINST THE BACTERIUM AND TRANSFERS PROTECTIVE ANTIBODIES TO THE DEVELOPING BABY. ALSO IN 2019, PATH CONTINUED TO COORDINATE A CONSORTIUM OF NINE INDEPENDENT RESEARCH INSTITUTIONS TO ANALYZE EVIDENCE ON THE POTENTIAL FOR SINGLE-DOSE HPV VACCINATION. ALTHOUGH MANY COUNTRIES HAVE INTRODUCED HPV VACCINES INTO THEIR NATIONAL IMMUNIZATION SCHEDULES, SOME HAVE DELAYED INTRODUCTION BECAUSE OF FINANCIAL, LOGISTICAL, OR OTHER BARRIERS. FOR THESE COUNTRIES, A SINGLE-DOSE REGIMEN COULD ACCELERATE INTRODUCTION. PATH PROVIDES TECHNICAL ASSISTANCE TO GAVI-ELIGIBLE COUNTRIES IN PLANNING, IMPLEMENTING, AND EVALUATING NATIONAL HPV VACCINATION PROGRAMS AIMED AT VACCINATING YOUNG WOMEN. IN 2019, OUR GLOBAL TEAM AND PARTNERS ASSISTED THE GAMBIA, KENYA, AND THE SOLOMON ISLANDS WITH NATIONAL INTRODUCTIONS.

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## Form 990, Part III, Line 4c:

TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION: PATH'S TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION (TAMI) DIVISION IS AN INTEGRATED GLOBAL PLATFORM FOR END-TO-END ADVANCEMENT OF HIGH-IMPACT MEDICAL DEVICES, HEALTH TECHNOLOGIES, DIAGNOSTICS, AND IN-COUNTRY "IMPACT LABS" THAT ADDRESS GLOBAL, REGIONAL, AND COUNTRY HEALTH NEEDS. TAMI ALSO MANAGES PATH'S WORK IN MARKET DYNAMICS AND DIGITAL AND DATA EXCELLENCE. (CONTINUED ON SCHEDULE O)MEDICAL DEVICES AND HEALTH TECHNOLOGIES:THE MEDICAL DEVICES AND HEALTH TECHNOLOGIES PROGRAM WITHIN TAMI IS PATH'S INNOVATIVE PRODUCT DEVELOPMENT ARM. THE PROGRAM WORKS WITH PUBLIC- AND PRIVATE-SECTOR PARTNERS AROUND THE WORLD TO DEVELOP, TEST, REFINES, INTRODUCE, AND SCALE AFFORDABLE TECHNOLOGIES TO IMPROVE THE HEALTH OF PEOPLE IN LOW- AND MIDDLE-INCOME COUNTRIES. IN 2019, THE PROGRAM REACHED SEVERAL KEY MILESTONES; FOR EXAMPLE, THE ELLAVI UTERINE BALLOON TAMPONADE, A MEDICAL PRODUCT ADVANCED BY PATH TO MANAGE POSTPARTUM HEMORRHAGE, RECEIVED A CE MARK, AND THE FIRST SOLAR-POWERED "ENERGY HARVESTING CONTROL" VACCINE REFRIGERATORS, FOR WHICH PATH HAS BEEN CONDUCTING IN-COUNTRY ASSESSMENTS, PASSED PREQUALIFICATION TESTING IN SENEGAL FOR WHO PERFORMANCE, QUALITY, AND SAFETY APPROVAL. (ENERGY HARVESTING CONTROL ALLOWS EXTRA SOLAR POWER TO BE USED FOR OTHER PURPOSES AT A HEALTH FACILITY.) IN ADDITION, WE TRANSFERRED A FORMULATION AND LYOPHILIZATION PROCEDURE TO DERMBIONT FOR A TOPICAL GEL FORMULATION OF JANTHINOBACTERIUM LIVIDUM BACTERIA FOR TREATING FUNGAL INFECTIONS.PATH ALSO WORKED IN 2019 TO EVALUATE AND ADVANCE DEVICES FOR LONG-TERM ANTIRETROVIRAL DELIVERY OF PREP AND HIV TREATMENT. THESE DEVICES INCLUDE MICROARRAY PATCHES FOR TRANSDERMAL DELIVERY. STAFF PRODUCED 17 JOURNAL ARTICLES AND REPORTS ON RESEARCH FINDINGS, INCLUDING 2 FOR INACTIVATED POLIOVIRUS VACCINE: ONE EVALUATING THE TECHNICAL PRODUCT ATTRIBUTES OF AN ORAL ENTERIC VACCINE CURRENTLY UNDER DEVELOPMENT FOR INFANTS, THE OTHER EVALUATING THE COST PER CHILD VACCINATED WITH FULL VERSUS FRACTIONAL-DOSE VACCINE.DIAGNOSTICS:PATH ADVANCES EQUITABLE AND SUSTAINABLE ACCESS TO QUALITY-ASSURED, PURPOSE-DRIVEN DIAGNOSTICS FOR BETTER TESTING AND TREATMENT OF DISEASES IN LOW-RESOURCE SETTINGS.IN 2019, OUR PIONEERING WORK IN DIAGNOSTICS INCLUDED QUALIFYING, VALIDATING, EVALUATING, AND COMMERCIALIZING TESTS, REFERENCE ASSAYS, AND TOOLS; CONDUCTING PERFORMANCE EVALUATIONS AND CLINICAL TRIALS TO INFORM PATIENT CARE; AND PUBLISHING 20 PEER-REVIEWED JOURNAL ARTICLES.IN PARTNERSHIP WITH PATH'S MALARIA AND NEGLECTED TROPICAL DISEASES PROGRAM, THE DIAGNOSTICS TEAM INITIATED SIX CLINICAL STUDIES FOR POINT-OF-CARE TESTS FOR GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY, A CONDITION THAT CAN COMPLICATE TREATMENT OF PLASMODIUM VIVAX MALARIA. BY THE END OF 2019, WE HAD COMPLETED ENROLLMENT IN FIVE OF THE STUDIES. PATH ALSO SUPPORTED COMMERCIALIZATION OF THE QANSYS Q-PLEX HUMAN MALARIA ARRAY, WHICH CAN BE USED FOR MALARIA RESEARCH AND SURVEILLANCE. ADDITIONALLY, WE EVALUATED THE PERFORMANCE OF SEVERAL MALARIA RAPID DIAGNOSTIC TESTS, WHICH CAN NOW PROCEED TO CLINICAL EVALUATIONS. THE DIAGNOSTICS TEAM ALSO ESTABLISHED A COMMUNITY OF PRACTICE FOR G6PD OPERATIONAL RESEARCH AND HOSTED THREE INFORMATION-SHARING WEBINARS. IN PARTNERSHIP WITH THE UNIVERSITY OF WASHINGTON, PATH DEVELOPED AND COMMERCIALIZED A BAG-MEDIATED FILTRATION SYSTEM FOR THE ENVIRONMENTAL SURVEILLANCE OF WILD POLIOVIRUS IN SEWAGE. THIS SYSTEM SIMPLIFIES COLLECTION OF THE MATERIAL TO BE TESTED. IN 2019, THE DIAGNOSTICS TEAM CELEBRATED THE LAUNCH OF AN ENZYME-LINKED IMMUNOSORBENT ASSAY KIT THAT WE HELPED DEVELOP AND EVALUATE TO DETECT EXPOSURE TO ONCHOCERCA VOLVULUS, THE PARASITE THAT CAUSES ONCHOCERCIASIS (RIVER BLINDNESS). THE KIT SUPPORTS SEROLOGICAL SURVEILLANCE FOR RIVER BLINDNESS IN CONTROL AND ELIMINATION PROGRAMS IN AFRICA.PATH DIAGNOSTICS ALSO QUALIFIED AND VALIDATED A REFERENCE ASSAY FOR LIPOARABINOMANNAN (LAM), A VIRULENCE FACTOR ASSOCIATED WITH TB. THIS REFERENCE ASSAY IS NOW AVAILABLE FOR THE TB DIAGNOSTIC COMMUNITY TO INDEPENDENTLY EVALUATE EMERGING DIAGNOSTIC LATERAL FLOW ASSAYS FOR THE DETECTION OF URINARY LAM. FURTHER, PATH COMPLETED A FIELD PERFORMANCE EVALUATION STUDY OF A NEW PREECLAMPSIA TEST WITH PARTNERS IN GHANA. AN AFRICAN-BASED MANUFACTURER LAUNCHED THE PRODUCT IN LATE 2019. IT IS NOW BEING USED TO INFORM PATIENT CARE. FINALLY, IN COLLABORATION WITH A PRIVATE-SECTOR PARTNER, PATH WORKED TO DEVELOP A SEROTYPE-SPECIFIC URINE ANTIGEN DETECTION ASSAY ON A PLATFORM SUITABLE FOR USE IN LOW- AND MIDDLE-INCOME COUNTRIES. THE ASSAY PROVIDES HIGH-PERFORMANCE DETECTION ACROSS AN EXPANDED PANEL OF COMMON PNEUMOCOCCAL CONJUGATED VACCINE SEROTYPES. THIS ENHANCED CAPACITY INCREASES ITS UTILITY AS A TOOL FOR BOTH CLINICAL AND EPIDEMIOLOGIC STUDIES TO SUPPORT DEVELOPMENT OF A PNEUMONIA VACCINE.IMPACT LABS:PATH'S IMPACT LABS IN INDIA AND SOUTH AFRICA HELP ADVANCE THE MOST PROMISING HEALTH TECHNOLOGIES. THESE COUNTRIES HAVE RICH INNOVATION ECOSYSTEMS WITH UNIVERSITIES, PRIVATE-SECTOR FIRMS, AND A GROWING NUMBER OF ENTREPRENEURS FOCUSED ON DEVELOPING PRODUCTS AND SERVICES THAT MAKE HEALTH CARE MORE AFFORDABLE, ACCESSIBLE, AND EFFECTIVE.THE INDIA IMPACT LAB, A PARTNERSHIP WITH TATA TRUSTS AND THE INDIAN INSTITUTE OF TECHNOLOGY DELHI, IS A PLATFORM TO ENABLE LATE-STAGE MEDICAL TECHNOLOGY (MEDTECH) INNOVATIONS TO ACHIEVE MARKET ENTRY, ADOPTION, AND SCALE. THE IMPACT LAB ALSO PARTNERS WITH TOP INDIAN TECHNOLOGY AND BUSINESS INCUBATORS IN THE LIFE SCIENCE AND HEALTH CARE INDUSTRIES TO FURTHER DEVELOP THE INNOVATION ECOSYSTEM. IN 2019, THE IMPACT LAB BEGAN ENGAGEMENT WITH TEN SELECTED MEDTECH START-UPS UNDER THE QUEST FOR HEALTHCARE INNOVATIONS PROGRAM, A JOINT INITIATIVE WITH SOCIAL ALPHA. THE PROGRAM FEATURES A SYSTEMATIC, COHORT-BASED ENGAGEMENT MODEL, PROVIDING THE SELECTED START-UPS WITH CONTEXTUAL SUPPORT, GUIDANCE, AND MENTORSHIP IN PRODUCT DEVELOPMENT, CLINICAL EVIDENCE GENERATION, REGULATIONS, QUALITY MANAGEMENT, MARKET UNDERSTANDING, AND PROCUREMENT CHANNELS. ACTIVITIES INCLUDED A DEEP AND EXPANSIVE REQUIREMENT MAPPING FOR EACH START-UP AS WELL AS SUPPORT FOR THEIR CLINICAL VALIDATION JOURNEY AND GO-TO-MARKET NEEDS. THE IMPACT LAB CONDUCTED TWO CURATED CONVENINGS FOR THE COHORT: ONE WITH DOMAIN EXPERTS IN CLINICAL AND REGULATORY COMPLIANCE, THE OTHER WITH EXPERTS IN PUBLIC AND PRIVATE MEDICAL DEVICE TECHNOLOGY ASSESSMENT AND PROCUREMENT. ADDITIONALLY, THE IMPACT LAB DELIVERED FIVE FOCUSED KNOWLEDGE PLATFORMS, INCLUDING WORKSHOPS AND ROUNDTABLES FOR THE WIDER MEDTECH ECOSYSTEM. FOR THESE, THE IMPACT LAB ENGAGED WITH EXPERTS FROM NUMEROUS LARGE AND SMALL MEDTECH COMPANIES, PARTNER INCUBATORS, INDUSTRY, AND ACADEMIA, AS WELL AS KEY NATIONAL AND GLOBAL STAKEHOLDERS. THE KNOWLEDGE PLATFORMS COVERED A RANGE OF TOPICS-FROM TESTING AND CALIBRATING MEDICAL DEVICES TO MEDTECH REGULATIONS, LATE-STAGE PRODUCT DEVELOPMENT, AND MARKET ACCESS- AND INCLUDED ROUNDTABLE DISCUSSION OF PERTINENT ISSUES IN TB DETECTION, TREATMENT, AND ADHERENCE TO MEDICATION. THE IMPACT LAB, A CROSS-CUTTING INITIATIVE WITHIN PATH, PROVIDED SUPPORT TO PATH'S PROGRAM VERTICALS, FOR EXAMPLE IN THE DEVELOPMENT OF A MENSTRUAL HEALTH APPLICATION FOR WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES, DEVELOPMENT OF A TARGET PRODUCT PROFILE FOR MICROARRAY PATCHES FOR RABIES VACCINE DELIVERY, AND OPERATIONAL VALIDATION OF TRUENAT, A MOLECULAR DIAGNOSTIC DEVICE FOR DETECTION OF TB. THROUGH THE SOUTH AFRICA IMPACT LAB, PATH ACCELERATED OUR ASSISTANCE TO THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (SAMRC) THROUGH THE JOINT GLOBAL HEALTH INNOVATION ACCELERATOR (GHIA) PARTNERSHIP. GHIA, WHICH IS PRIMARILY FUNDED BY A GRANT FROM THE BILL & MELINDA GATES FOUNDATION TO SAMRC, CONTINUES TO SUPPORT THE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL TECHNOLOGIES DESIGNED FOR RESOURCE-LIMITED SETTINGS IN SOUTH AFRICA AND BEYOND. IN 2019, PATH HOSTED STAFF FROM SAMRC FOR A WEEKLONG EXCHANGE IN SEATTLE, WASHINGTON. THE FOCUS WAS ON SHARING INTERNAL PATH PROCESSES FOR TECHNOLOGY EVALUATION, PRODUCT DEVELOPMENT, AND GO-TO-MARKET STRATEGIES, AND IDENTIFYING AREAS OF SUPPORT ON CERTAIN GHIA PROJECTS. ADDITIONAL CAPACITY-BUILDING EFFORTS INCLUDED A "BOOTCAMP" SESSION IN CAPE TOWN TO DISCUSS PRODUCT INTRODUCTION TOPICS SUCH AS PROCUREMENT, MARKET SIZING, AND COUNTRY DOWN-SELECTION APPROACHES. TO INCREASE GHIA'S VISIBILITY, PATH AND SAMRC CO-WROTE AND PUBLISHED AN ARTICLE REFLECTING ON THE LAST FIVE YEARS.

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			
DAVID KING ..... CHAIR	2.00 .....	X		X				0	0	0
BETH GALETTI ..... VICE CHAIR	2.00 .....	X		X				0	0	0
YEHONG ZHANG ..... SECRETARY	2.00 .....	X		X				0	0	0
BRUCE MCNAMER ..... TREASURER	2.00 .....	X		X				0	0	0
FELIX OLALE ..... DIRECTOR	2.00 .....	X						0	0	0
JO ADDY ..... DIRECTOR	2.00 .....	X						0	0	0
IREENA VITTAL ..... DIRECTOR	2.00 .....	X						0	0	0
DEANNA OPPENHEIMER ..... DIRECTOR	2.00 .....	X						0	0	0
JOHN-ARNE ROTTINGEN ..... DIRECTOR	2.00 .....	X						0	0	0
JOEL HOLSINGER ..... DIRECTOR	2.00 .....	X						0	0	0





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID C KASLOW ..... VP - ESSENTIAL MEDICNES	39.00 ..... 1.00				X			383,540	0	66,181
JEFFREY D BERNSON ..... VP - TECH, ANALYTICS, & MRKT INNOV.	40.00 .....				X			373,374	0	57,347
DAVID W FLEMING ..... VP - PUBLIC HEALTH	40.00 .....				X			301,683	0	48,312
ELAINE L GIBBONS ..... VP - GLOBAL ENGAGEMENT	40.00 .....				X			250,039	0	72,215
MOLLI M BARNES ..... CHIEF PEOPLE OFFICER	40.00 .....				X			216,837	0	47,872
ERICA JANE SESSLE ..... CHIEF OF STAFF	40.00 .....				X			214,896	0	36,881
SABRINA L POWERS ..... GENERAL COUNSEL	40.00 .....				X			161,635	0	31,739
TRAD M HATTON ..... COUNTRY DIRECTOR	40.00 .....					X		333,412	0	49,783
JAMES B MCKENNA ..... DEPUTY DIRECTOR	40.00 .....					X		290,281	0	77,625
ASHLEY J BIRKETT ..... GLOBAL HEAD, MALARIA VACCINES	40.00 .....					X		310,040	0	59,402

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			
BRUCE LAMONT INNIS ..... GLOBAL HEAD, RESPIRATORY INFECTIONS	40.00 .....					X		320,624	0	32,892
JOHN O KONZ ..... GLOBAL HEAD, FINANCIAL MANAGEMENT	40.00 .....					X		312,968	0	61,168

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	243,499,792	298,315,988	347,844,394	305,316,107	286,808,545	1,481,784,826
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	<b>Total.</b> Add lines 1 through 3	243,499,792	298,315,988	347,844,394	305,316,107	286,808,545	1,481,784,826
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). .						635,757,173
6	<b>Public support.</b> Subtract line 5 from line 4.						846,027,653

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	243,499,792	298,315,988	347,844,394	305,316,107	286,808,545	1,481,784,826
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	1,471,233	1,797,794	2,050,888	2,963,587	6,310,221	14,593,723
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	2,551,502	4,668,393	5,225,302	980,560	836,870	14,262,627
11	<b>Total support.</b> Add lines 7 through 10						1,510,641,176
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	230,357
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

<b>Section C. Computation of Public Support Percentage</b>		
<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b> 56.000 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b> 55.410 %
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> 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>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> 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>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, 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>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>		
<b>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> 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>	Yes	No
<b>b</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 <b>Part VI</b> 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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

Additional Data

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

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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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	<b>Employer identification number</b> 91-1157127
----------------------------------	---

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
<b>2</b>	Political campaign activity expenditures (see instructions) .....	▶ \$
<b>3</b>	Volunteer hours for political campaign activities (see instructions) .....	

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	▶ \$
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	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-.
1					
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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		163,912													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		163,912													
<b>d</b> Other exempt purpose expenditures .....		292,144,927													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		292,308,839													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	168,991	294,096	224,944	163,912	851,943
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	470	127,336	7,856		135,662

**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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b>	Media advertisements? .....			
<b>d</b>	Mailings to members, legislators, or the public? .....			
<b>e</b>	Publications, or published or broadcast statements? .....			
<b>f</b>	Grants to other organizations for lobbying purposes? .....			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b>	Other activities? .....			
<b>j</b>	Total. Add lines 1c through 1i .....			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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: 93493317054530

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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) 2019

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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

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 . . . . .	9,095,917	10,056,545	9,339,249	8,897,224	9,404,188
b Contributions . . . . .	2,100	1,240	3,410	4,256	2,665
c Net investment earnings, gains, and losses	1,691,617	-494,491	1,159,282	907,978	-58,783
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	502,521	467,377	445,396	470,209	450,846
f Administrative expenses . . . . .					
g End of year balance . . . . .	10,287,113	9,095,917	10,056,545	9,339,249	8,897,224

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 ▶ 33.000 %

c

Temporarily restricted endowment ▶ 31.000 %

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 . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		20,566,785	14,121,217	6,445,568
d Equipment . . . . .		10,413,970	6,867,909	3,546,061
e Other . . . . .		5,991,156	5,991,155	1
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,991,630



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.

1. (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 ☐

Schedule D (Form 990) 2019

**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.

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

**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.

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

**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 INVESTED INTREST EARNINGS FROM THE ENDOWMENT 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

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
PATH

Employer identification number  
91-1157127

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	5	89			3,457,983
b Total from continuation sheets to Part I . . . . .	57	882			131,857,798
c Totals (add lines 3a and 3b)	62	971			135,315,781

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 128

3	Enter total number of other organizations or entities	39
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<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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; don't file with Form 990)* . . . . . ☐ 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; don't file with Form 990).* . . . . . ☐ Yes ☒ No



**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE TO 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 RESPONSIBLE 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. THESE ARE COMBINED WITH AN INTERNAL AUDIT FUNCTION THROUGH WHICH PATH CONDUCTS AUDITS ON GRANT-FUNDED PROGRAMS TO ENSURE COMPLIANCE WITH REGULATORY REQUIREMENTS.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

**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		1,337,651
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	256,127

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	77,366
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	214,517

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	OTHER	49,145
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		116,688

**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	GRANTMAKING		240,108
EAST ASIA AND THE PACIFIC	5	89	MANAGEMENT & GENERAL		1,166,381

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	GLOBAL HEALTH PROGRAM	4,770,576
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	278,686

**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	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	76,122
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		35,433



**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	GRANTMAKING		5,952,808
EUROPE	1	6	MANAGEMENT & GENERAL		117,977

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	GLOBAL HEALTH PROGRAM	4,594,053
EUROPE	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	7,399,289

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	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	412,185
EUROPE	0	0	PROGRAM SERVICES	OTHER	118,911

**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	GRANTMAKING		17,408,213
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT & GENERAL		28,381

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	GLOBAL HEALTH PROGRAM	2,116
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	7,000

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	MANAGEMENT & GENERAL		75,082
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	115,188

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	160,628
NORTH AMERICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	1,975

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	OTHER	6,704
NORTH AMERICA	0	0	FUNDRAISING		11,176



**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	GRANTMAKING		400,353
RUSSIA AND NEIGHBORING STATES	1	24	MANAGEMENT & GENERAL		238,347

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	GLOBAL HEALTH PROGRAM	2,653,697
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		1,042,939

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	1	2	MANAGEMENT & GENERAL		76,277
SOUTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	275,814

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	ESSENTIAL MEDICINE	3,083
SOUTH AMERICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	27,772

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	OTHER	1,360
SOUTH AMERICA	0	0	GRANTMAKING		333,947

**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	6	122	MANAGEMENT & GENERAL		1,889,812
SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	5,241,530

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	1,161,152
SOUTH ASIA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	601,147

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	GRANTMAKING		2,673,505
SUB-SAHARAN AFRICA	48	728	MANAGEMENT & GENERAL		10,720,815



**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	GLOBAL HEALTH PROGRAM	45,897,726
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	2,174,274

**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	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	1,383,395
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	2,069,259

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		3,389
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		11,415,702

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 & THE CARIBBEAN	GLOBAL HEALTH PROGRAMS	93,018	CHECK/WIRE			
		CENTRAL AMERICA & THE CARIBBEAN	GLOBAL HEALTH PROGRAMS	147,089	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)
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	8,618	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	38,912	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)
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	42,710	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	6,425	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 & THE PACIFIC	ESSENTIAL MEDICINE	1,151,570	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	33,612	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	57,928	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	226,137	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	23,793	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	91,336	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	39,494	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	28,123	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 & THE PACIFIC	ESSENTIAL MEDICINE	25,120	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	14,241	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	17,369	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	38,380	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)
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	86,964	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	36,332	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	124,085	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	10,222	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 & THE PACIFIC	ESSENTIAL MEDICINE & GLOBAL HEALTH PROGRAMS	330,992	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	16,142	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 & THE PACIFIC	ESSENTIAL MEDICINE	2,291,621	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	48,002	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 & THE PACIFIC	ESSENTIAL MEDICINE	126,000	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	144,834	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	7,547	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	28,627	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 & THE PACIFIC	ESSENTIAL MEDICINE	685,400	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	97,367	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 & THE PACIFIC	GLOBAL HEALTH PROGRAMS	50,000	CHECK/WIRE			
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	8,411	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 & THE PACIFIC	ESSENTIAL MEDICINE	16,000	CHECK/WIRE			
		EUROPE	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	198,045	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	GLOBAL HEALTH PROGRAMS	147,352	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	224,690	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	4,356,625	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	5,432	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	GLOBAL HEALTH PROGRAMS	44,714	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	184,293	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)
		EUROPE	ESSENTIAL MEDICINE	276,301	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	82,353	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	GLOBAL HEALTH PROGRAMS	142,750	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	749,227	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	833,318	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	46,131	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	412,846	CHECK/WIRE			
		EUROPE	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	488,750	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 ANALYTICS AND MARKET INNOVATIONS	123,201	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	43,490	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	GLOBAL HEALTH PROGRAMS	59,982	CHECK/WIRE			
		EUROPE	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	297,425	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	467,701	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	32,000	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	GLOBAL HEALTH PROGRAMS	93,195	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE	801,088	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	260,307	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	26,615	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	225,000	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	2,176,178	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	236,406	CHECK/WIRE			
		EUROPE	GLOBAL HEALTH PROGRAMS	32,721	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	GLOBAL HEALTH PROGRAMS AND TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	270,500	CHECK/WIRE			
		EUROPE	ESSENTIAL MEDICINE, GLOBAL HEALTH PROGRAMS, TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS, AND OTHER	4,069,578	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	81,238	CHECK/WIRE			
		NORTH AMERICA	ESSENTIAL MEDICINE	285,226	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	33,889	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	5,395	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	10,480	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	6,999	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	38,615	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	9,724	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	367,763	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	16,506	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	62,480	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	57,489	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	34,092	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	13,915	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	15,472	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	6,241	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	32,000	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	149,600	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)
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	56,952	CHECK/WIRE			
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	53,665	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 & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	96,640	CHECK/WIRE			
		SOUTH AMERICA	GLOBAL HEALTH PROGRAMS	98,107	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	GLOBAL HEALTH PROGRAMS	7,000	CHECK/WIRE			
		SOUTH AMERICA	GLOBAL HEALTH PROGRAMS	14,000	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 AMERICA	GLOBAL HEALTH PROGRAMS	19,038	CHECK/WIRE			
		SOUTH AMERICA	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	115,115	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	GLOBAL HEALTH PROGRAMS	80,687	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	10,659	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	GLOBAL HEALTH PROGRAMS AND TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	67,201	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	73,580	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	GLOBAL HEALTH PROGRAMS	13,650	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	49,523	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 ANALYTICS AND MARKET INNOVATIONS	29,364	CHECK/WIRE			
		SOUTH ASIA	ESSENTIAL MEDICINE & GLOBAL HEALTH PROGRAMS	82,005	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)
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	242,361	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	14,893	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	231,749	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	11,391	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)
		SOUTH ASIA	ESSENTIAL MEDICINE	1,730,177	CHECK/WIRE			
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	19,090	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	96,782	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	30,892	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)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	10,396	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	192,598	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	GLOBAL HEALTH PROGRAMS	23,691	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	99,655	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	GLOBAL HEALTH PROGRAMS	8,927	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	1,432,181	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	GLOBAL HEALTH PROGRAMS	70,504	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	41,751	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	GLOBAL HEALTH PROGRAMS	18,034	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	2,034,653	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	ESSENTIAL MEDICINE	257,028	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	387,808	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 ANALYTICS AND MARKET INNOVATIONS	57,101	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	29,457	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	GLOBAL HEALTH PROGRAMS	7,376	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	50,404	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	GLOBAL HEALTH PROGRAMS	12,553	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	28,010	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	126,000	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	38,507	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	GLOBAL HEALTH PROGRAMS	149,500	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	379,662	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 ANALYTICS AND MARKET INNOVATIONS	44,465	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	23,267	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	GLOBAL HEALTH PROGRAMS & OTHER	95,460	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	272,190	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	GLOBAL HEALTH PROGRAMS	1,172,007	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	67,200	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	GLOBAL HEALTH PROGRAMS	12,209	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	74,257	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	GLOBAL HEALTH PROGRAMS & OTHER	69,137	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	45,948	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	GLOBAL HEALTH PROGRAMS	24,312	CHECK/WIRE			
		SUB-SAHARAN AFRICA	OTHER	10,077	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	GLOBAL HEALTH PROGRAMS	17,753	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	7,248	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)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	19,057	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	17,678	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	378,060	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	48,221	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	GLOBAL HEALTH PROGRAMS	14,281	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	87,115	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 ANALYTICS AND MARKET INNOVATIONS	30,755	CHECK/WIRE			
		SUB-SAHARAN AFRICA	TECHNOLOGY ANALYTICS AND MARKET INNOVATIONS	376,205	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	GLOBAL HEALTH PROGRAMS	18,278	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	25,000	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	GLOBAL HEALTH PROGRAMS	5,380	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	698,318	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	GLOBAL HEALTH PROGRAMS	17,912	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	13,305	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	GLOBAL HEALTH PROGRAMS	534,664	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	184,587	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	GLOBAL HEALTH PROGRAMS	268,453	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	23,391	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	GLOBAL HEALTH PROGRAMS	1,088,928	CHECK/WIRE			
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	25,207	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	GLOBAL HEALTH PROGRAMS	57,468	CHECK/WIRE			
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	18,179	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	GLOBAL HEALTH PROGRAMS	24,960	CHECK/WIRE			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
PATH

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . 52

3 Enter total number of other organizations listed in the line 1 table . . . . . 13



**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GRANT	1	10,313			
(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 TO 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 RESPONSIBLE 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. 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 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
ADARA DEVELOPMENT (USA) 300 ADMIRAL WAY SUITE 106 EDMONDS, WA 98020	98-0634789	501(C)(3)		11,392			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
AJINOMOTO ALTHEA INC (DBA AJINOMOTO BIO-PHARMA SERVICES) 11040 ROSELLE STREET SAN DIEGO, CA 92121	33-0788907	501(C)(3)		20,340			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
APIJECT SYSTEMS CORP 2 HIGH RIDGE PARK STAMFORD, CT 06905	83-2211917	501(C)(3)		538,000			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
BAO SYSTEMS LLC 2900 K STREET SUITE 507 WASHINGTON, DC 20007	27-2316349	501(C)(3)		94,009			GLOBAL HEALTH PROGRAMS

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 & COMPANY ONE BECTON DRIVE FRANKLIN LAKES, NJ 07417	22-0760120	OTHER		360,513			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
BEHAVIORAL IDEAS LAB INC (DBA IDEAS42) 80 BROAD STREET 30TH FLOOR NEW YORK, NY 10004	27-1678009	501(C)(3)		25,000			GLOBAL HEALTH PROGRAMS

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
BENEVOLENT HEALTHCARE FOUNDATION DBA PROJECT CURE 10377 E GEDDES AVENUE SUITE 200 CENTENNIAL, CO 80112	84-1568566	501(C)(3)		92,495			GLOBAL HEALTH PROGRAMS
BIOIVT LLC 123 FROST STREET STE 115 WESTBURY, NY 11590	27-1867431	OTHER		77,775			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

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
CARDNO EMERGING MARKETS 2107 WILSON BLVD STE 800 ARLINGTON, VA 22201	52-1788060	OTHER		47,831			GLOBAL HEALTH PROGRAMS
CASCADE DESIGNS INC 4000 1ST AVE SOUTH SEATTLE, WA 98134	91-0969695	OTHER		26,209			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

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
CENTERS FOR DISEASE CONTROL AND PREVENTION ( CDC ) 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOV		142,650			ESSENTIAL MEDICINE
CHILDREN'S HOSPITAL BOSTON RESEARCH FINANCE PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(C)(3)		118,856			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
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE ML 6014 CINCINNATI, OH 452293039	31-0833936	501(C)(3)		90,987			ESSENTIAL MEDICINE
DIMAGI INC 585 MASSACHUSETTS AVE SUITE 4 CAMBRIDGE, MA 02139	83-0343298	501(C)(3)		21,794			GLOBAL HEALTH PROGRAMS



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
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)		61,225			ESSENTIAL MEDICINE
FINA BIOSOLUTIONS LLC 9430 KEY WEST AVE SUITE 200 ROCKVILLE, MD 20850	20-5448275	OTHER		83,000			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
FOOD AND DRUG ADMINISTRATION 5600 FISHERS LANEHFA-140 ROOM 11-40 11-40 ROCKVILLE, MD 20857	53-0196965	GOV		50,000			ESSENTIAL MEDICINE
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N PO BOX 19024 SEATTLE, WA 981091024	23-7156071	501(C)(3)		142,705			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

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
GHP SOLUTIONS LLC 220 EAST 42ND STREET SUITE 710 NEW YORK, NY 10017	06-1652595	OTHER		204,243			GLOBAL HEALTH PROGRAMS
GLOBAL HEALTH CORPS 318 WEST 39TH STREET ROOM 9L NEW YORK, NY 10018	80-0512336	501(C)(3)		5,564			GLOBAL HEALTH PROGRAMS

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 STRATEGIES LLC 27 WEST 24TH STREET SUITE 900 NEW YORK, NY 10010	27-2494697	501(C)(3)		292,818			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02215	04-2103580	501(C)(3)		1,015,118			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
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE 2ND FLOOR CAMBRIDGE, MA 02115	04-2103580	501(C)(3)		45,101			ESSENTIAL MEDICINE
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720-A ROCKLEDGE DRIVE STE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)		30,841			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
ICF MACRO INC 9300 LEE HIGHWAY FAIRFAX, VA 22031	22-3661438	501(C)(3)		1,433,641			GLOBAL HEALTH PROGRAMS
INITIATIVES INC 264 BEACON STREET BOSTON, MA 02116	04-2961350	OTHER		30,481			GLOBAL HEALTH PROGRAMS

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 INC 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)		370,237			GLOBAL HEALTH PROGRAMS
INVENTPRISE LLC 18133 NE 68TH STREET SUITE D 150 REDMOND, WA 98052	45-4927373	OTHER		229,593			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
JHPIEGO 1615 THAMES STREET SUITE 200 BALTIMORE, MD 212313447	23-7424444	501(C)(3)		14,823			GLOBAL HEALTH PROGRAMS
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHL OF PUB HLTH 615 N WOLFE STREET BALTIMORE, MD 21205	52-0595110	501(C)(3)		813,659			ESSENTIAL MEDICINE & GLOBAL HEALTH PROGRAMS



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 AND TRAINING INSTITUTE INC 1616 NORTH FORT MYER DR 16TH FLOOR ARLINGTON, VA 222093100	04-2679824	OTHER		1,187,106			GLOBAL HEALTH PROGRAMS
KYBELE INC 3524 YADKINVILLE ROAD 124 WINSTONSALEM, NC 27106	90-0759003	501(C)(3)		91,391			GLOBAL HEALTH PROGRAMS

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
LINKSBRIDGE SPC 101 TAYLOR AVE N 105 SEATTLE, WA 98109	26-3067893	OTHER		43,873			ESSENTIAL MEDICINE
MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DRIVE SUITE 320 MEDFORD, MA 02155	04-2482188	501(C)(3)		63,998			GLOBAL HEALTH PROGRAMS

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
MASSACHUSETTS GENERAL HOSPITAL DEPT OF EMERGENCY MEDICINE BOSTON, MA 02139	04-1564655	501(C)(3)		50,000			ESSENTIAL MEDICINE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY ( MIT ) 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)		70,000			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
MASSBIOLOGICS INC 460 WALK HILL STREET BOSTON, MA 02126	04-3167352	501(C)(3)		7,250			ESSENTIAL MEDICINE
NAT'L INST OF ALLERGY & INFECTIOUS DISEASES ( NIAID ) 6610 ROCKLEDGE DR ROOM 2800 BETHESDA, MD 208926606	52-0858115	GOV		824,068			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
NICHOLAS INSTITUTE FOR ENVIRONMENTAL POLICY SOLUTIONS AT DUKE UNIVERSITY 2117 CAMPUS DRIVE DURHAM, NC 27708	56-0532129	501(C)(3)		46,666			GLOBAL HEALTH PROGRAMS
NYAYA HEALTH (DBA POSSIBLE HEALTH) 30 BROAD STREET FLOOR 9 NEW YORK, NY 10004	20-3055055	501(C)(3)		81,185			GLOBAL HEALTH PROGRAMS

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
ONA SYSTEMS INC 126 E 12TH ST SUITE 4A NEW YORK, NY 100035320	38-3940780	OTHER		116,731			GLOBAL HEALTH PROGRAMS
OPENMRS INC 10425 COMMERCE DR STE 110 CARMEL, IN 460327643	45-5316647	501(C)(3)		94,054			GLOBAL HEALTH PROGRAMS

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
PANORAMA GLOBAL 2101 FOURTH AVENUE STE 2100 SEATTLE, WA 98121	81-4204119	501(C)(3)		10,000			GLOBAL HEALTH PROGRAMS
PATHFINDER INTERNATIONAL 9 GALEN STREET SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)		100,867			GLOBAL HEALTH PROGRAMS

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
PHARMARON CPC INC 800 W BALTIMORE STREET 5TH FLOOR BALTIMORE, MD 21201	20-8419781	501(C)(3)		687,836			ESSENTIAL MEDICINE
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)		146,121			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION



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 SERVICES INTERNATIONAL INC 1120 19TH ST NW STE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)		63,300			GLOBAL HEALTH PROGRAMS
ROSTROPOVICH-VISHNEVSKAYA FOUNDATION 1776 K STREET NW SUITE 700 WASHINGTON, DC 20006	52-1752473	501(C)(3)		152,378			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
SOLAR ELECTRIC LIGHT FUND 1612 K STREET NW SUITE 300 WASHINGTON, DC 20006	52-1701564	501(C)(3)		46,778			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
TECHCHANGE INC 2001 13TH ST NW 2ND FLOOR WASHINGTON, DC 20009	27-3358772	OTHER		64,664			GLOBAL HEALTH PROGRAMS

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
THE NATURE CONSERVANCY 4245 FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)		9,500			GLOBAL HEALTH PROGRAMS
THE SCRIPPS RESEARCH INSTITUTE ( TSRI ) 10550 N TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)		131,834			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
THE STATE UNIVERSITY OF NEW YORK 35 STATE STREET ALBANY, NY 122072826	14-6013200	501(C)(3)		143,437			ESSENTIAL MEDICINE
THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE STOP K5300 AUSTIN, TX 78712	74-6000203	GOV		82,294			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
THE WILLIAM DAVIDSON INST AT THE UNIV OF MICHIGAN ( WDI ) 724 E UNIVERSITY AVE WYLY HALL FIRST FLOOR ANN ARBOR, MI 48109	38-3048086	501(C)(3)		20,178			GLOBAL HEALTH PROGRAMS
TULANE UNIVERSITY 6823 ST CHARLES AVE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)		372,590			GLOBAL HEALTH PROGRAMS

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 BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)		87,010			ESSENTIAL MEDICINE
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH NORTH WORCESTER, MA 01655	04-3167352	GOV		137,500			ESSENTIAL MEDICINE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)		57,854			ESSENTIAL MEDICINE
UNIVERSITY OF WASHINGTON ( UW ) 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)		1,673,811			ESSENTIAL MEDICINE, GLOBAL HEALTH PROGRAMS, OTHER, AND TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

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
VILLAGEREACH 2900 EASTLAKE AVE E SUITE 230 SEATTLE, WA 981023012	91-2088484	501(C)(3)		1,271,766			GLOBAL HEALTH PROGRAMS
WALTER REED ARMY INSTITUTE OF RESEARCH US TREASURY 503 ROBERT GRANT AVE SILVER SPRING, MD 20910	52-0664528	GOV		1,550,593			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
YALE UNIVERSITY GRANT AND CONTRACT FINANCIAL ADMIN PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)		64,471			GLOBAL HEALTH PROGRAMS
PVS 2201 WESTLAKE AVE SUITE 200 SEATTLE, WA 98121	83-0431851	501(C)(3)		92,478			OTHER

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization PATH		Employer identification number 91-1157127

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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		<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?		<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b> Yes	
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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.

[illegible]

**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 ALLOWANCES & TAX INDEMNIFICATIONS 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 4A	THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS IN 2019: - OLIVIA POLIUS \$163,910
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 BROWN DAVIS PRESIDENT AND CEO	(i)	480,557	78,315	1,800	33,600	30,402	624,674	0
	(ii)	0	0	0	0	0	0	0
1OLIVIA D POLIUS CHIEF FINANCIAL OFFICER	(i)	177,827	0	171,006	21,972	9,995	380,800	0
	(ii)	0	0	0	0	0	0	0
2JERRY KUO CHIEF OF STRATEGIC FINANCE	(i)	215,187	0	400	26,848	29,105	271,540	0
	(ii)	0	0	0	0	0	0	0
3BRIAN N NEVILLE CHIEF OF ACCOUNTING	(i)	222,837	0	840	25,743	8,967	258,387	0
	(ii)	0	0	0	0	0	0	0
4PRAVEEN RAJA CHIEF OPERATING OFFICER	(i)	372,545	0	35,995	28,983	10,854	448,377	0
	(ii)	0	0	0	0	0	0	0
5DAVID C KASLOW VP - ESSENTIAL MEDICINES	(i)	381,740	0	1,800	33,600	32,581	449,721	0
	(ii)	0	0	0	0	0	0	0
6JEFFREY D BERNSON VP - TECH, ANALYTICS, & MRKT INNOV.	(i)	250,526	48,088	74,760	30,428	26,919	430,721	0
	(ii)	0	0	0	0	0	0	0
7DAVID W FLEMING VP - PUBLIC HEALTH	(i)	299,264	0	2,419	33,600	14,712	349,995	0
	(ii)	0	0	0	0	0	0	0
8ELAINE L GIBBONS VP - GLOBAL ENGAGEMENT	(i)	248,319	0	1,720	32,171	40,044	322,254	0
	(ii)	0	0	0	0	0	0	0
9MOLLI M BARNES CHIEF PEOPLE OFFICER	(i)	216,617	0	220	24,805	23,067	264,709	0
	(ii)	0	0	0	0	0	0	0
10ERICA JANE SESSLE CHIEF OF STAFF	(i)	213,096	0	1,800	25,647	11,234	251,777	0
	(ii)	0	0	0	0	0	0	0
11SABRINA L POWERS GENERAL COUNSEL	(i)	160,935	0	700	19,552	12,187	193,374	0
	(ii)	0	0	0	0	0	0	0
12TRAD M HATTON COUNTRY DIRECTOR	(i)	135,223	0	198,189	17,214	32,569	383,195	0
	(ii)	0	0	0	0	0	0	0
13JAMES B MCKENNA DEPUTY DIRECTOR	(i)	164,480	0	125,801	23,317	54,308	367,906	0
	(ii)	0	0	0	0	0	0	0
14ASHLEY J BIRKETT GLOBAL HEAD, MALARIA VACCINES	(i)	309,050	0	990	30,310	29,092	369,442	0
	(ii)	0	0	0	0	0	0	0
15BRUCE LAMONT INNIS GLOBAL HEAD, RESPIRATORY INFECTIONS	(i)	319,784	0	840	33,600	-708	353,516	0
	(ii)	0	0	0	0	0	0	0
16JOHN O KONZ GLOBAL HEAD, FINANCIAL MANAGEMENT	(i)	312,128	0	840	33,600	27,568	374,136	0
	(ii)	0	0	0	0	0	0	0

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	18	219,075	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 ▶ ( SOFTWARE/SUPP. ) . . . . .	X	5	4,124,378	COST
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

29

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

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 nonstandard contributions?

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II.

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

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

**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

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

91-1157127

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	PATH IS A GLOBAL ORGANIZATION THAT WORKS TO ACCELERATE HEALTH EQUITY BY BRINGING TOGETHER PUBLIC INSTITUTIONS, BUSINESSES, SOCIAL ENTERPRISES, AND INVESTORS TO SOLVE THE WORLD'S MOST PRESSING HEALTH CHALLENGES. WITH EXPERTISE IN SCIENCE, HEALTH, ECONOMICS, TECHNOLOGY, ADVOCACY, AND DOZENS OF OTHER SPECIALTIES, PATH DEVELOPS AND SCALES UP SOLUTIONS-INCLUDING VACCINES, DRUGS, DEVICES, DIAGNOSTICS, AND INNOVATIVE APPROACHES TO STRENGTHENING HEALTH SYSTEMS WORLDWIDE. SINCE 2011, PATH AND OUR PARTNERS AND SUPPORTERS HAVE IMPROVED HEALTH FOR MORE THAN 150 MILLION PEOPLE ON AVERAGE EACH YEAR. THE LARGEST INVESTMENTS IN PATH'S PROGRAMMATIC WORK IN 2019 WERE ORGANIZED INTO THREE PRIMARY PORTFOLIOS: GLOBAL HEALTH PROGRAMS; ESSENTIAL MEDICINES; AND TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION. SEE BELOW FOR DESCRIPTIONS OF THESE PROGRAMS.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>IN UKRAINE, PATH LEADS THE USAID-FUNDED SERVING LIFE PROJECT, WHICH REDUCES TB, HIV, AND H EPATITIS C TRANSMISSION IN PRETRIAL DETENTION CENTERS, PRISONS, POST-PRISON SETTINGS, AND THE COMMUNITY. STRATEGIES INCLUDE INCREASING CASE DETECTION, STRENGTHENING LINKAGES TO CARE, AND EMPLOYING A CASE-MANAGEMENT APPROACH TO ENSURE TREATMENT COMPLETION. IN 2019, WE WORKED IN 12 REGIONS IN 75 PRETRIAL DETENTION CENTERS, PRISON COLONIES, AND CORRECTIONAL CENTERS, AND 12 PROBATION CENTERS. WE TESTED APPROXIMATELY 30,000 PEOPLE FOR HIV, LINKED ABOUT 3,000 NEWLY IDENTIFIED PLHIV TO TREATMENT, AND SUPPORTED ABOUT 2,500 PEOPLE IN PRISON ON HIV TREATMENT. IN 2019, WE ALSO PARTNERED WITH THE MINISTRY OF JUSTICE TO LAUNCH A PILOT PROGRAM TO PROVIDE OPIOID-SUBSTITUTION THERAPY TO PEOPLE WHO INJECT DRUGS, THE FIRST TIME THIS INTERVENTION HAS BEEN PROVIDED IN A PRISON IN UKRAINE. IN ANOTHER ADVANCEMENT, WE ROLLED OUT THE USE OF A SMART PILL BOX THAT REMINDS PATIENTS TO TAKE THEIR TB MEDICATION AND NOTIFIES PROVIDERS IF DOSES ARE MISSED, RESULTING IN 90% TREATMENT COMPLETION AMONG PATIENTS USING THIS TECHNOLOGY. WE WILL CONTINUE TO BUILD ON THESE SUCCESSSES AS A PARTNER UNDER THE UNITAID-FUNDED ADHERENCE SUPPORT COALITION TO END TB PROJECT, LAUNCHED IN 2019. FOR MORE INFORMATION ON OUR WORK IN UKRAINE, SEE THE COUNTRY PROGRAMS SECTION. IN VIETNAM, PATH CONTINUED TO PILOT INNOVATIONS IN HIV. IN 2019, WE EQUIPPED SOCIAL ENTERPRISES AND PRIVATE CLINICS LED BY KEY POPULATIONS TO GENERATE DEMAND FOR AND PROVIDE HIV SERVICES. INNOVATIVE ONLINE CHAT BOTS OFFERED INFORMATION ON HIV SELF TESTING (HIVST) AND PRE-EXPOSURE PROPHYLAXIS (PREP); CARE PROVIDERS THEN SERVED THESE CLIENTS OFFLINE IN COMMUNITIES OR AT CLINICS. PATH ALSO ENGAGED THE GOVERNMENT OF VIETNAM TO SCALE UP NEW MODELS OF HIV TESTING, INCLUDING EXPANDING ACCESS TO HIV LAY- AND SELF-TESTING AND PARTNER NOTIFICATION SERVICES. THE PROJECT TESTED APPROXIMATELY 50,000 PEOPLE IN 2019. WORKING AGAIN WITH THE GOVERNMENT AND KEY POPULATION SERVICE PROVIDERS, PATH INTRODUCED A VARIETY OF SERVICE MODELS TO RAPIDLY SCALE UP PREP NATIONWIDE; IN 2019 ALONE, WE DOUBLED THE NUMBER OF PEOPLE ON PREP. PATH ALSO FOCUSED ON TB CONTROL. IN 2019, THE BREATH FOR LIFE PROJECT WORKED WITH VIETNAM'S NATIONAL TUBERCULOSIS PROGRAM TO DEVELOP AND TEST STANDARD OPERATING PROCEDURES TO ADDRESS THE SPECIMEN COLLECTION CHALLENGES THAT CONTRIBUTE TO LOW DETECTION OF TB IN CHILDREN. OUR EFFORTS RESULTED IN UPDATED NATIONAL GUIDELINES THAT FACILITATED COUNTRYWIDE SCALE-UP OF STOOL XPERT TESTING FOR TB DIAGNOSIS AMONG CHILDREN. IN INDIA, PATH DEVELOPED TOOLS AND APPLICATIONS TO ENHANCE MONITORING OF HIV SERVICE DELIVERY THROUGH IMPROVED DATA QUALITY AND AUTOMATED DATA COMPILATION. TO IMPROVE TB SERVICES, WE PILOTTED ARTIFICIAL INTELLIGENCE TO STR EAMLINE CHEST X-RAY READINGS, ENABLING QUICKER DIAGNOSIS AND INITIATION ON TB TREATMENT. FURTHER, WE WORKED CLOSELY WITH THE NATIONAL TB PROGRAM TO DEVELOP PUBLIC-PRIVATE PARTNERSHIP GUIDELINES, AND WE CONTINUE</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>D ENGAGING THE PRIVATE SECTOR TO LINK DRUG-RESISTANT TB PATIENTS TO PUBLIC-SECTOR CARE. IN TANZANIA, PATH AND OUR PARTNERS DEVELOPED A MOBILE PHONE APPLICATION THAT ENABLED ALMOST 229,900 PEOPLE TO SELF-SCREEN FOR TB. IN ZAMBIA, PATH CONTINUED TO IMPLEMENT THE ERADICATE TB PROJECT, SUPPORTING 249 HEALTH FACILITIES ACROSS SIX PROVINCES. THE PROJECT TESTED MORE THAN 125,000 PEOPLE FOR TB AND INITIATED MORE THAN 8,000 PEOPLE ON TREATMENT. FOR MORE INFORMATION, SEE THE COUNTRY PROGRAMS SECTION. ALSO IN 2019, PATH BEGAN WORK ON A NEW TB PROJECT IN CENTRAL ASIA THAT PROVIDES CLINICAL TECHNICAL SUPPORT AND DRUG SAFETY MONITORING TO NATIONAL TB PROGRAMS IN TAJIKISTAN, KAZAKHSTAN, AND UZBEKISTAN. 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 2019, PATH CONTINUED TO EXPAND OUR GLOBAL AND NATIONAL LEADERSHIP IN EARLY CHILDHOOD DEVELOPMENT (ECD). WITH PATH SUPPORT, THE GOVERNMENTS OF ETHIOPIA, KENYA, MOZAMBIQUE, AND ZAMBIA CONTINUED TO INCORPORATE ECD SERVICES INTO BASIC HEALTH CARE. THIS PIONEERING WORK FOCUSES ON BUILDING AN ENABLING LEADERSHIP AND POLICY ENVIRONMENT WHILE SUPPORTING AND STRENGTHENING THE CAPACITY OF HEALTH SYSTEMS AND HEALTH SERVICE PROVIDERS. ALONG WITH WHO, UNICEF, THE WORLD BANK, AND OTHERS, PATH HELPED ADVANCE THE NURTURING CARE FOR ECD FRAMEWORK, WHICH OFFERS A STRUCTURE FOR COUNTRIES TO ADOPT, ADAPT, AND SCALE ECD SERVICES. IN PARTNERSHIP WITH THE AFRICAN POPULATION AND HEALTH RESEARCH CENTER, WE LAUNCHED A RANDOMIZED CONTROL TRIAL OF ECD INTERVENTIONS IN KENYA. WITH HARVARD UNIVERSITY, WE DESIGNED A LARGE-SCALE EVALUATION IN MOZAMBIQUE. PATH CONTINUED EFFORTS TO ENSURE THAT ALL INFANTS RECEIVE HUMAN MILK. OUR WORK CENTERS AROUND BREASTFEEDING PROMOTION, INCLUDING THE PROVISION OF SAFE DONOR MILK THROUGH HUMAN MILK BANKS. IN 2019, PATH LAUNCHED STRENGTHENING HUMAN MILK BANKING: A RESOURCE TOOLKIT FOR ESTABLISHING AND OPERATING HUMAN MILK BANK PROGRAMS, THE FIRST-EVER STANDARD TO ENSURE QUALITY AND SAFETY. AMONG OTHER EFFORTS, PATH WORKED WITH THE MINISTRY OF HEALTH (MOH) IN KENYA TO LAUNCH THE FIRST HUMAN MILK BANK IN THE EAST AFRICAN REGION AND CONDUCTED AN EVALUATION TO ASSESS OUTCOMES. IN GHANA, THE MAKING EVERY BABY COUNT INITIATIVE STRENGTHENED LEADERSHIP AND CAPACITY AT THE NATIONAL AND LOCAL LEVELS TO MANAGE AND SUSTAIN BEST PRACTICES IN NEWBORN CARE. BY 2019, PATH HAD TRAINED MORE THAN 3,600 FRONTLINE HEALTH WORKERS IN IMPROVED NEWBORN CARE, HELPED DRIVE ADVOCACY AND POLICY THROUGH THE GHANA NATIONAL NEWBORN SUBCOMMITTEE, AND PARTNERED WITH THE GHANA HEALTH SERVICE ON ITS NEWBORN ACTION PLAN TO REDUCE NEONATAL MORTALITY RATES. RECOGNIZING THAT NUTRITION IS AFFECTED BY A VARIETY OF ECONOMIC AND ENVIRONMENTAL FACTORS, PATH'S NUTRITION TEAM CONTINUED TO DRIVE NOVEL APPROACHES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>TO ADDRESS THE MASSIVE BURDEN OF MALNUTRITION IN COMMUNITIES AROUND THE WORLD. WE ENGAGED STAKEHOLDERS WITH EXPERTISE SPANNING GLOBAL HEALTH, DEVELOPMENT, AND THE ENVIRONMENT, FROM BOTH THE PUBLIC AND PRIVATE SECTORS. PATH CONTINUED TO LEAD A CONSORTIUM OF FIVE ORGANIZATIONS IN A PROJECT KNOWN AS MAXIMISING THE QUALITY OF SCALING UP NUTRITION PLUS (MQSUN+). IN 2019, MQSUN+ SUPPORTED THE DEVELOPMENT OF A MULTISECTORAL NUTRITION PLAN FOR TAJIKISTAN AND COSTED MULTISECTORAL NUTRITION PLANS FOR AFGHANISTAN, GUINEA, SOMALIA, TOGO, AND YEMEN. MQSUN+ ALSO SUPPORTED EFFORTS TO PROVIDE STRATEGIC DIRECTION TOWARD THE NEXT PHASE OF THE "SCALING UP NUTRITION" MOVEMENT AND CONTINUED TO ADVANCE AND SUPPORT THE TRACKING OF FINANCIAL AND NONFINANCIAL COMMITMENTS TO NUTRITION. OTHER ACTIVITIES IN 2019 INCLUDED PARTNERING WITH THE NATURE CONSERVANCY, DUKE UNIVERSITY, AND THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE ON USE OF ALTERNATIVE PROTEINS; THIS WORK WAS FUNDED BY THE ROCKEFELLER FOUNDATION. WE ALSO WORKED WITH HARVEST PLUS TO EXPAND THE REACH OF BIOFORTIFIED CROPS. WE CONTINUED TO DRIVE MULTISECTORAL COLLABORATION IN 2019 THROUGH THE BRIDGE COLLABORATIVE, A TRAILBLAZING, CROSS-DISCIPLINARY EFFORT TO ENGAGE MORE THAN 150 LEADING TECHNICAL EXPERTS FROM THE HEALTH, DEVELOPMENT, AND ENVIRONMENTAL SECTORS TO ADDRESS HUMAN AND PLANETARY HEALTH. IN CONJUNCTION WITH THE WILDLIFE CONSERVATION SOCIETY AND THE NATURE CONSERVANCY, THE BRIDGE COLLABORATIVE PUBLISHED SEVERAL NEW PAPERS AND HELD SEVERAL MEETINGS ON FOOD SYSTEMS AND THE INTERSECTION OF HUMAN AND PLANETARY HEALTH. IN 2019, PATH STAFF MEMBERS PRESENTED AT KEY GLOBAL AND NATIONAL MEETINGS AND AUTHORED, EDITED, AND CONTRIBUTED TO VARIOUS HIGH-PROFILE PEER-REVIEWED JOURNAL ARTICLES, BOOK CHAPTERS, GLOBAL REPORTS, AND SYSTEMATIC REVIEWS. THESE EFFORTS ADVANCED THINKING ON BROAD, EFFECTIVE SOLUTIONS TO THE MOST PRESSING CHALLENGES IN MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION. SEXUAL AND REPRODUCTIVE HEALTH: PATH'S WORK IN SEXUAL AND REPRODUCTIVE HEALTH IS GUIDED BY THE 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.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>IN 2019, PATH CONTINUED TO CHAMPION THE RIGHT OF WOMEN TO MANAGE THEIR OWN SEXUAL AND REPRODUCTIVE HEALTH BY CREATING AND ADVANCING IMPROVED TOOLS AND PRACTICES THAT MAKE WOMEN'S SELF-CARE POSSIBLE. AN INTEGRATED APPROACH TO WOMEN'S HEALTH INCLUDES ATTENTION TO CONTRACEPTION, CERVICAL AND BREAST CANCER, SEXUALLY TRANSMITTED INFECTIONS, AND A WOMAN'S RIGHT TO DECIDE WHETHER AND WHEN TO BECOME A MOTHER. AMONG THE RECENT WOMAN-INITIATED PRODUCTS INTRODUCED BY PATH ARE AN ALL-IN-ONE INJECTABLE CONTRACEPTIVE THAT CAN BE SELF-ADMINISTERED AND A VAGINAL SELF-SAMPLING KIT FOR HUMAN PAPILLOMAVIRUS (HPV) TESTING IN CERVICAL CANCER SCREENING PROGRAMS, AS DESCRIBED BELOW. PATH'S RESEARCH AND COORDINATION TO EXPAND ACCESS TO THE INJECTABLE CONTRACEPTIVE SUBCUTANEOUS DMPA (DMPA-SC, OR SAYANA PRESS) CONTINUED IN 2019, PRIMARILY THROUGH THE SELF-INJECTION BEST PRACTICES AND DMPA-SC ACCESS COLLABORATIVE PROJECTS. OUR SELF-INJECTION PROJECT IN UGANDA TOOK A USER-CENTERED APPROACH TO DEVELOP AND INTRODUCE MODELS FOR CONTRACEPTIVE SELF-INJECTION AND DISSEMINATED INFORMATION ON HOW THE PRACTICE CAN BE IMPLEMENTED AT SCALE. MORE THAN 7,000 WOMEN SELF-INJECTED DMPA-SC ACROSS FOUR DISTRICTS THROUGH THIS PROGRAM. THE DMPA-SC ACCESS COLLABORATIVE CONTINUED WORKING WITH MINISTRIES OF HEALTH AND PARTNERS ACROSS SECTORS IN SEVEN COUNTRIES TO FACILITATE DMPA-SC INTRODUCTION AS WELL AS SCALE-UP PLANNING FOR A RANGE OF CONTRACEPTIVE OPTIONS. IN 2019, THE COLLABORATIVE PROVIDED TECHNICAL ASSISTANCE TO ENSURE IMPLEMENTATION OF EACH COUNTRY'S TOTAL MARKET PLAN. THE COLLABORATIVE FACILITATED LEARNING ACROSS COUNTRIES BY EXCHANGING INFORMATION, RESULTS, AND LESSONS LEARNED; TROUBLESHOOTING CHALLENGES; AND ACCELERATING THE ADOPTION OF BEST PRACTICES. PATH WORKED WITH GLOBAL AND COUNTRY PARTNERS TO IMPROVE THE PREVENTION, DETECTION, AND TREATMENT OF CERVICAL PRECANCER, WHICH IS CAUSED BY INFECTION WITH HPV. WE CONTINUED OUR PARTNERSHIP WITH THE MINISTRIES OF HEALTH IN GUATEMALA AND HONDURAS TO SUPPORT THE SCALE-UP OF HPV TESTING IN THE PUBLIC SECTOR. WE PROVIDED TECHNICAL SUPPORT FOR PROCUREMENT OF TESTS, SUPPORTED ADVOCACY AND DISSEMINATION EVENTS, AND MADE PROGRESS TOWARD TRANSITIONING LEADERSHIP OF THE PROGRAM TO THE MINISTRIES AS THE PROJECT WAS IN ITS FINAL YEAR. WE ALSO EVALUATED FOLLOW-UP AND TREATMENT STRATEGIES TO ENSURE WOMEN RECEIVE APPROPRIATE, COMPREHENSIVE CARE. PATH PARTICIPATED IN WHO'S CALL FOR GLOBAL CERVICAL CANCER ELIMINATION BY HELPING SHAPE STRATEGIES FOR LOW- AND MIDDLE-INCOME COUNTRIES. IN MYANMAR, WE ENGAGED WITH THE MOH AND OTHER STAKEHOLDERS TO DESIGN A CERVICAL CANCER CONTROL PLAN. A PATH-LED CONSORTIUM ALSO WORKED CLOSELY WITH THE MOH TO STRENGTHEN THE KNOWLEDGE, CAPACITY, AND COORDINATION OF DECISION-MAKERS, SERVICE PROVIDERS, AND COMMUNITY MEMBERS TO UNDERSTAND SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND RIGHTS AND TO INFLUENCE THE DEVELOPMENT AND IMPLEMENTATION OF RELATED POLICIES. TO COMBAT BREAST CANCER, WE WORKED IN PERU WITH THE NATIONAL AND REGIONAL</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>L CANCER INSTITUTES AND OTHER STAKEHOLDERS TO IMPLEMENT A MODEL FOR EARLY DETECTION OF BREAST CANCER APPROPRIATE AND FEASIBLE FOR LOW- AND MIDDLE-RESOURCE SETTINGS. WE BUILT THE CAPACITY OF HEALTH PROFESSIONALS TO IMPLEMENT THIS MODEL AND SHARED EVIDENCE WITH MOH REPRESENTATIVES FROM EL SALVADOR, GUATEMALA, HONDURAS, AND NICARAGUA. WE ALSO CONDUCTED ADVOCACY AMONG HEALTH OFFICIALS TO ENSURE BREAST CANCER REMAINS ON THE AGENDA AND WOMEN RECEIVE SCREENING AND TREATMENT EVEN IN THE ABSENCE OF MAMMOGRAPHY SERVICES. PATH CONTINUED TO SERVE AS THE SECRETARIAT FOR THE REPRODUCTIVE HEALTH SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF MORE THAN 400 PUBLIC AND PRIVATE ENTITIES AND NGOS WORKING TO EXPAND ACCESS TO CRITICAL SEXUAL AND REPRODUCTIVE HEALTH AND FAMILY PLANNING SUPPLIES AND SERVICES. NONCOMMUNICABLE DISEASES: PATH IS AT THE FOREFRONT OF THE FIGHT AGAINST NONCOMMUNICABLE DISEASES (NCDs), INCLUDING DIABETES AND CARDIOVASCULAR DISEASE, IN LOW-RESOURCE SETTINGS WORLDWIDE. THE BURDEN OF THESE DISEASES IS RISING DISPROPORTIONATELY AMONG LOW- AND MIDDLE-INCOME COUNTRIES AND POPULATIONS. IN 2019, PATH CONTINUED TO SERVE AS THE SECRETARIAT OF THE COALITION FOR A CCESS TO NCD MEDICINES AND PRODUCTS. THIS GLOBAL, MULTISECTORAL COALITION IS DEDICATED TO INCREASING ACCESS TO NCD MEDICINES AND HEALTH PRODUCTS IN LOW- AND MIDDLE-INCOME COUNTRIES. IN ADDITION TO GLOBAL ADVOCACY EFFORTS, THE COALITION FOCUSED ON EAST AFRICA. AMONG OTHER ACTIVITIES, PATH CO-LED A MEETING WITH THE EAST AFRICA COMMUNITY SECRETARIAT TO BEGIN DEVELOPING A REGIONAL FRAMEWORK FOR NCDs. IN COLLABORATION WITH THE KENYA MOH AND LOCAL STAKEHOLDERS, PATH CONTINUED TO REFINE THE NCD NAVIGATOR, A FIRST-OF-ITS-KIND DIGITAL MANAGEMENT INFORMATION SYSTEM THAT PROVIDES REAL-TIME DATA ON NCD PROGRAMMING. OTHER ACHIEVEMENTS INCLUDED AN END-TO-END NCD SUPPLY CHAIN ASSESSMENT IN KENYA THAT WILL INFORM SUPPLY CHAIN STRENGTHENING EFFORTS. IN 2019, PATH BEGAN ADDRESSING THE GROWING NCD BURDEN IN GHANA BY LEVERAGING THE WORK DONE IN KENYA AND APPLYING THE NCD NAVIGATOR TO THE LOCAL CONTEXT. WE CONDUCTED A SITUATIONAL ANALYSIS AND DEVELOPED A PROTOCOL FOR A SUPPLY CHAIN ASSESSMENT (TO BE IMPLEMENTED IN 2020). ALSO IN GHANA, PATH LAUNCHED THE HEALTHY HEART AFRICA PROJECT. IN PARTNERSHIP WITH THE GHANA HEALTH SERVICE, THE PROJECT WORKS IN THE ASHANTI REGION TO SUPPORT HYPERTENSION SCREENING AND LINKAGES TO CARE. IN 2019, THE PROGRAM CONDUCTED MORE THAN 20,000 BLOOD PRESSURE SCREENINGS AND DIAGNOSED MORE THAN 1,200 PEOPLE WITH HYPERTENSION, CONTRIBUTING TO NATIONAL TESTING EFFORTS. IN VIETNAM, PATH BUILT ON THE PREVIOUS COMMUNITIES FOR HEALTHY HEARTS PROJECT AND ADAPTED THE MODEL IN 2019 TO INCLUDE DIABETES AND HYPERTENSION. USING LESSONS LEARNED AND CAPACITY STRENGTHENING ACTIVITIES, THE MODEL WAS SCALED UP NATIONALLY. WORKING CLOSELY WITH THE MOH AND A PROVINCIAL GOVERNMENT, WE SCREENED 10,000 PEOPLE AND LINKED 6,000 PEOPLE TO CARE. PATH ALSO COLLABORATED WITH THE MOH TO CREATE A DIGITAL ROAD MAP FOR MANAGING</p>

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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>NCDS IN VIETNAM. IN SENEGAL, PATH IMPLEMENTED THE BETTER HEARTS BETTER CITIES PROJECT TO IMPROVE THE HYPERTENSION CONTROL RATE IN DAKAR. MORE INFORMATION CAN BE FOUND IN THE COUNTRY PROGRAMS SECTION. PATH ALSO IMPLEMENTED A HYPERTENSION SCREENING PROJECT IN MUMBAI, INDIA, IN PARTNERSHIP WITH RESOLVE TO SAVE LIVES. THE PROJECT USES A PRIVATE-SECTOR ENGAGEMENT MODEL. FINALLY, PATH LED AND CONTRIBUTED TO CONVENINGS TO RAISE AWARENESS OF NCDS AND ORCHESTRATE ACTION TO IMPROVE ACCESS TO PREVENTION AND CARE. HEALTH SYSTEMS INNOVATION AND DELIVERY: PATH'S HEALTH SYSTEMS INNOVATION AND DELIVERY PROGRAM STRENGTHENS HEALTH SYSTEMS AND ENHANCES COUNTRY CAPACITY FOR DATA-DRIVEN DECISION-MAKING. OUR PORTFOLIO SERVES AS AN ORGANIZING MECHANISM FOR PATH PROJECTS, INITIATIVES, AND UNITS THAT STRENGTHEN HEALTH SYSTEMS. THE HEALTH SYSTEMS ANALYTICS UNIT PROMOTES SYSTEMS THINKING; WITHIN AND OUTSIDE OF PATH, THIS UNIT LEADS COMPLEX EVALUATIONS OF HEALTH PROGRAMS, ENGAGES IN IMPLEMENTATION SCIENCE RESEARCH, FACILITATES HEALTH TECHNOLOGY INTRODUCTION AND SCALE-UP, AND WORKS TO IMPROVE DATA QUALITY AND USE FOR DECISION-MAKING. IN 2019, AS PART OF THE GLOBAL FUND'S PROSPECTIVE COUNTRY EVALUATIONS, THE UNIT EVALUATED THE GLOBAL FUND'S BUSINESS MODEL IN THE DRC, GUATEMALA, AND UGANDA. STAFF ENGAGED IN NETWORK ANALYSES TO INFORM THE OPTIMAL STRUCTURE AND FUNCTION OF VARIOUS COALITIONS AND INFORMAL AND FORMAL NETWORKS. THE HEALTH SYSTEMS STRENGTHENING IMPACT TEAM CONTINUED TO SERVE AS A HUB FOR STAFF WORKING IN HEALTH SYSTEMS. THE TEAM PLANNED FUTURE WORK IN STRENGTHENING URBAN HEALTH SYSTEMS, IMPROVING COMMUNITY-LEVEL DATA USE, AND DEVELOPING RESOURCES FOR SUCCESSFUL INTRODUCTION AND SCALE-UP OF INTERVENTIONS AND TECHNOLOGIES. THIS TEAM ALSO DEVELOPED PATH'S PRIMARY HEALTH CARE STRATEGY. THE GLOBAL HEALTH SECURITY TEAM CONTINUED TO INNOVATE FOR THE PREVENTION, DETECTION, AND CONTROL OF INFECTIOUS DISEASE OUTBREAKS. WITH SUPPORT FROM THE US CENTERS FOR DISEASE CONTROL AND PREVENTION, THE TEAM WORKED WITH NATIONAL LEADERS IN THE DRC, SENEGAL, TANZANIA, AND VIETNAM TO STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS AND BUILD THEIR CAPACITY IN EPIDEMIC PREPAREDNESS AND RESPONSE. THE TEAM ALSO WORKED AS A MAJOR SUBGRANTEE ON THE USAID-SUPPORTED INFECTIOUS DISEASE DETECTION &amp; SURVEILLANCE PROJECT. THIS PROJECT WORKS TO IMPROVE THE DETECTION OF HIGH-PRIORITY INFECTIOUS DISEASES AND IDENTIFICATION OF ANTIMICROBIAL RESISTANCE THROUGH IMPROVED DIAGNOSTIC AND SURVEILLANCE SYSTEMS. OUR CROSS-ORGANIZATIONAL IMPACT TEAM FOR EPIDEMIC PREPAREDNESS AND RESPONSE CONTINUED TO BE AT THE FOREFRONT OF THE EBOLA RESPONSE IN THE DRC, ENHANCING SURVEILLANCE, DETECTION, AND RESOURCE MOBILIZATION. OTHER EFFORTS INCLUDED STRENGTHENING ELECTRONIC HEALTH INFORMATION SYSTEMS, ADVANCING NOVEL VACCINE PLATFORMS, PREPARING MEDICAL COUNTERMEASURES FOR PANDEMIC INFLUENZA, AND DEFINING PATH'S ROLE IN COMBATING ANTIMICROBIAL RESISTANCE.</p>

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<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>COUNTRY PROGRAMS: PATH'S COUNTRY PROGRAMS SUPPORT WORK RANGING FROM SMALL-SCALE PILOTS TO LARGE, MULTICOUNTRY EFFORTS. IN 2019, WE OPERATED FULL-SCALE "COUNTRY" OFFICES IN THE DRC, ETHIOPIA, INDIA, KENYA, MYANMAR, SENEGAL, TANZANIA, UGANDA, UKRAINE, VIETNAM, AND ZAMBIA, AS WELL AS SMALLER "PROJECT" OFFICES IN MANY OTHER COUNTRIES. EXAMPLES THIS YEAR FOCUS ON SENEGAL, UKRAINE, AND ZAMBIA. IN SENEGAL, PATH WORKS CLOSELY WITH THE GOVERNMENT TO ACCELERATE PROGRESS TOWARD HEALTH SYSTEM MILESTONES. WE DO THIS IN PART BY BUILDING A CULTURE OF DATA USE. THE MACEPA PROGRAM, DESCRIBED EARLIER, HAS WORKED WITH SENEGAL'S MINISTRY OF HEALTH AND SOCIAL ACTION (MOHSA) AND NATIONAL MALARIA CONTROL PROGRAM SINCE 2010. IN 2019, MACEPA PROVIDED TECHNICAL ASSISTANCE IN DATA QUALITY AND DATA-DRIVEN DECISION-MAKING, OPERATIONAL RESEARCH, DEVELOPMENT OF NATIONAL POLICIES, AND COLLABORATION ON CROSS-BORDER ISSUES WITH NEIGHBORING COUNTRIES; FOR INSTANCE, PATH SUPPORTED COORDINATED PLANNING BETWEEN SENEGAL AND THE GAMBIA FOR THE DEVELOPMENT OF A SHARED DATA PLATFORM AND THE MASS DISTRIBUTION OF LONG-LASTING INSECTICIDE-TREATED BEDNETS. DURING 2019, PATH'S GLOBAL HEALTH SECURITY TEAM, ALSO DESCRIBED EARLIER, FOCUSED IN SENEGAL ON STRENGTHENING LABORATORY, SURVEILLANCE, AND INFORMATION SYSTEMS, AND ON PREVENTING ANTIMICROBIAL RESISTANCE. IN 2019, PATH SUPPORTED THE MOHSA TO IMPROVE ELECTRONIC REPORTING FROM HOSPITALS. WE ALSO SUPPORTED PUBLICATION OF KEY POLICY DOCUMENTS RELATED TO THE NATIONAL LABORATORY SYSTEM, INCLUDING A QUALITY ASSURANCE ACTION PLAN AND FIVE-YEAR STRATEGIC PLAN. WE ALSO STRENGTHENED REAL-TIME, COMMUNITY-BASED SURVEILLANCE FOR PRIORITY HUMAN AND ZOO NOTIC DISEASES WITH EPIDEMIC POTENTIAL. AS PART OF THE DOSE PER CONTAINER PARTNERSHIP, PATH CONDUCTED FORMATIVE RESEARCH THAT CONTRIBUTED TO THE VACCINE INNOVATION PRIORITIZATION STRATEGY WORK LED BY GAVI. PATH ALSO CONDUCTED A REFRIGERATOR TEMPERATURE MONITORING STUDY IN PRIVATE PHARMACIES IN TWO URBAN DISTRICTS AND ORGANIZED COLD CHAIN MANAGEMENT TRAINING WORKSHOPS FOR THE CHIEF REGIONAL SUPPLY PHARMACISTS IN ALL 14 REGIONS OF THE COUNTRY. IN 2019, PATH PROVIDED TECHNICAL ASSISTANCE TO THE GOVERNMENT OF SENEGAL TO SCALE UP SAFE OXYGEN DELIVERY. ACTIVITIES INCLUDED QUANTIFYING THE DEMAND FOR, AND THE EXISTING IN-COUNTRY SUPPLY OF, OXYGEN. IN ADDITION, WE PROVIDED TECHNICAL ASSISTANCE TO A COALITION OF PARTNERS LED BY THE MOHSA TO COLLECT DATA ON THE AVAILABILITY OF MEDICAL DEVICES, INCLUDING OXYGEN AND PULSE OXIMETERS, WITHIN ALL PUBLIC HEALTH FACILITIES. THROUGH THE BETTER HEARTS BETTER CITIES PROJECT, PATH PUT IN PLACE AN ACTION PLAN FOR THE MOHSA AND NATIONAL SUPPLY PHARMACY TO IMPROVE THE AVAILABILITY AND ACCESSIBILITY OF HYPERTENSION MEDICATIONS. WE ALSO ESTABLISHED A COALITION OF PRIVATE COMPANIES TO RAISE AWARENESS AND INCREASE HEALTH LITERACY AROUND NONCOMMUNICABLE DISEASES. THE GOAL WAS TO CHANGE THE MINDSET FROM TREATMENT TO PREVENTION, WITH A BUSINESS CASE DEVELOPED TO DEMONSTRATE THE GAIN FOR BO</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>TH COMPANIES AND EMPLOYEES. PATH HAS BEEN A KEY PARTNER TO THE GOVERNMENT OF SENEGAL SINCE THE INCEPTION OF ITS HPV VACCINATION DEMONSTRATION PROGRAM IN 2013. PROVIDING SUPPORT EACH YEAR, ACTIVITIES IN 2019 INCLUDED MULTI-AGE COHORT VACCINATIONS OF 9- TO 14-YEAR-OLD GIRLS. PER THE GOVERNMENT'S REQUEST, PATH CONTINUED TO ASSIST WITH PROGRAM PLANNING AND PREPARATION, SOCIAL MOBILIZATION, VACCINE DELIVERY, MONITORING AND EVALUATION, AND GRANT RENEWALS. FINALLY, AS PART OF A PROJECT FUNDED BY THE CLINTON HEALTH ACCESS INITIATIVE, PATH AND THE MOHSA WORKED TOGETHER TO TRAIN 1,672 PROVIDERS (ABOUT 200 MORE THAN ANTICIPATED) ON SELF-INJECTION OF THE CONTRACEPTIVE DMPA-SC. THE PROJECT EXCEEDED TRAINING TARGETS ACROSS ALL CADRES OF HEALTH WORKERS AND SIGNIFICANTLY CONTRIBUTED TO THE MOHSA'S OBJECTIVE OF SCALING UP DMPA-SC SELF-INJECTION NATIONWIDE. PATH IN UKRAINE ENGAGES DIRECTLY WITH KEY MOH AND NATIONAL CENTER FOR PUBLIC HEALTH (NCPH) STAKEHOLDERS TO ENSURE THAT THE PROGRAMS WE IMPLEMENT ARE ADAPTED TO THE CONTEXT OF THE COUNTRY'S ONGOING HEALTH SYSTEM REFORM. WE PROVIDE TECHNICAL ASSISTANCE TO CENTRAL-, OBLAST-, AND MUNICIPAL-LEVEL INSTITUTIONS IN DEVELOPING TB AND TB/HIV PLANS, PROTOCOLS, AND OTHER GUIDING DOCUMENTS. THE AIM IS TO ENSURE RAPID AND EFFECTIVE UPTAKE OF SUSTAINABLE, COMPREHENSIVE, HIGH-QUALITY CARE FOR ALL PATIENTS. PATH ALSO MAINTAINS STRONG RELATIONSHIPS WITH UKRAINE'S NGO AND CIVIL-SOCIETY SECTOR, ESSENTIAL PARTNERS IN REACHING MARGINALIZED GROUPS. WE WORK ACROSS THE COUNTRY, BUILDING THIS SECTOR'S CAPACITY TO PROVIDE PREVENTION, SCREENING, AND TREATMENT SUPPORT SERVICES TO TB PATIENTS, PLHIV, AND OTHER KEY POPULATIONS. NGOS AND CIVIL-SOCIETY ORGANIZATIONS FILL IMPORTANT GAPS IN THE CONTINUUM OF CARE FOR A RANGE OF CONDITIONS AND ARE OFTEN MORE TRUSTED THAN FORMAL HEALTH SERVICES. UNDER THE USAID-FUNDED SERVING LIFE PROJECT, PATH COLLABORATES WITH THE MINISTRY OF JUSTICE, MOH, AND A BROAD RANGE OF HIV, TB, AND PENITENTIARY HEALTH STAKEHOLDERS TO STRENGTHEN HIV, TB, AND HEPATITIS C SCREENING, DIAGNOSIS, TREATMENT, AND LINKAGES TO CARE (POST-RELEASE), AS DESCRIBED IN THE HIV AND TUBERCULOSIS SECTION. THIS WORK BUILDS ON A PREVIOUS PROGRAM FUNDED THROUGH TB REACH THAT LED TO A TEN-FOLD INCREASE IN TB CASE DETECTION AMONG PRETRIAL DETAINEES AND PRISONERS OVER TWO YEARS. IN 2019, PATH CLOSED OUT CHALLENGE TB (CTB) AND BEGAN A NEW PROJECT: SUPPORT TB CONTROL EFFORTS IN UKRAINE (ST BCEU). CTB'S ACTIVITIES IMPROVED CASE DETECTION AND ADHERENCE TO TREATMENT AND CONTRIBUTED TOWARD NATIONWIDE CONTROL OF THE DRUG-RESISTANT TB EPIDEMIC. AMONG OTHER ACHIEVEMENTS, CTB HELPED UKRAINE INTRODUCE NEW DRUG REGIMENS THAT DRAMATICALLY IMPROVED CARE AND OUTCOMES FOR THESE PATIENTS. STBCEU PICKED UP WHERE CTB LEFT OFF AND WILL CONTINUE TO IMPROVE SERVICES AND INTRODUCE INNOVATIONS FOR TB CONTROL. THE USAID-FUNDED ADHERENCE SUPPORT COALITION TO END TB (ASCENT) PROJECT, FOR WHICH PATH IS A LEAD PARTNER IN UKRAINE, USES DIGITAL INNOVATIONS SUCH AS MOBILE COMM</p>



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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>UNIFICATION TECHNOLOGIES TO HELP PATIENTS SUCCEED IN TREATMENT. THE ASCENT PROJECT IS GENERATING CRUCIAL EVIDENCE FOR OPTIMAL USE AND SCALE. THE LONG-TERM VISION IS A WORLD WHERE THE SE DIGITAL TOOLS CAN BE AVAILABLE TO ALL TB PATIENTS, NO MATTER WHERE THEY LIVE. OVER THE LAST DECADE AND A HALF, PATH HAS ESTABLISHED ITSELF IN ZAMBIA AS A KEY AND ALL-WEATHER PARTNER FOR THE MOH. THROUGH MACEPA AND PAMO (SEE THE MALARIA AND NEGLECTED TROPICAL DISEASES SECTION), PATH SUPPORTS THE EXPANSION OF MALARIA SURVEILLANCE AND TREATMENT SERVICES. AMONG OTHER ACTIVITIES, THESE PROGRAMS STRENGTHEN IN-COUNTRY CAPACITY FOR EFFECTIVE ANALYSIS AND USE OF DATA FOR EVIDENCE-BASED DECISION-MAKING. PATH'S MALARIA WORK IN ZAMBIA SPANS SIX PROVINCES; IN 2019, EASTERN PROVINCE REACHED A NEW THRESHOLD OF LOW MALARIA PREVALENCE. IN RESPONSE, PATH, WITH ADDITIONAL FUNDING, TRAINED 1,401 COMMUNITY HEALTH WORKERS AND SET UP INTENSIFIED SURVEILLANCE SYSTEMS IN AN EFFORT TO REDUCE MALARIA INCIDENCE TO ITS LOWEST POSSIBLE LEVEL AND ACHIEVE PRE-ELIMINATION STATUS. MACEPA ALSO INTRODUCED THE CONCEPT OF COMMUNITY-BASED REACTIVE INDOOR RESIDUAL SPRAYING TO EXTEND VECTOR CONTROL COVERAGE THROUGHOUT THE YEAR IN PERENNIAL MALARIA TRANSMISSION AREAS OF SOUTHERN PROVINCE. VECTOR CONTROL IS A PROVEN AND PRIORITY INTERVENTION OF THE GOVERNMENT OF ZAMBIA TO REDUCE MALARIA. TO THIS END, PAMO SUPPORTED DEVELOPMENT OF GUIDELINES FOR EFFECTIVE AND CONTINUOUS DISTRIBUTION OF LONG-LASTING INSECTICIDE-TREATED NETS. IN 2019, PAMO DISTRIBUTED 115,416 OF THESE NETS ACROSS THE COUNTRY; 63% THROUGH A "MOP-UP" CAMPAIGN AND 37% THROUGH SCHOOLS. PATH'S EFFORTS TO ELIMINATE MALARIA EXPANDED IN 2019 TO INCLUDE RESEARCH ON A NOVEL TOOL: ATTRACTIVE TARGETED SUGAR BAITS, WHICH ARE DEPLOYED OUTSIDE OF HOMES TO ATTRACT MOSQUITOES AND PROVIDE THEM WITH A LETHAL DOSE OF INSECTICIDE. ACHIEVEMENTS IN ZAMBIA INCLUDED PRODUCT TESTING AND OPTIMIZATION BOTH IN THE LAB AND IN SEMI-FIELD SETTINGS. PATH ALSO SUPPORTED THE INTRODUCTION, TESTING, AND DOCUMENTATION OF DIGITAL TOOLS TO IMPROVE OPERATIONAL PERFORMANCE OF MASS DRUG ADMINISTRATION AND INDOOR RESIDUAL SPRAYING CAMPAIGNS IN SOUTHERN AND WESTERN PROVINCES. TB IS ANOTHER MAJOR CHALLENGE IN ZAMBIA. FOR THE PAST THREE YEARS, PATH HAS BEEN IMPLEMENTING USAID'S FLAGSHIP TB PROJECT, ERADICATE TB. OVER THE LIFE OF THE PROJECT, THE TB CURE RATE IN ZAMBIA HAS IMPROVED FROM 65% TO 70%, AND THE PROPORTION OF TB/HIV PATIENTS ON ANTIRETROVIRAL TREATMENT HAS INCREASED FROM 84% TO 93%. ALSO IN ZAMBIA, PATH CONTINUED TO ADVANCE THE AVAILABILITY OF DMPA-SC, AN INJECTABLE CONTRACEPTIVE. (SEE THE SEXUAL AND REPRODUCTIVE HEALTH SECTION.) IN 2019, PATH ROLLED OUT TRAININGS ON SELF-INJECTION TO SEVEN OUT OF TEN PROVINCES. THE TRAININGS REACHED 1,790 HEALTH CARE PROVIDERS FROM 625 HEALTH FACILITIES IN 62 DISTRICTS WHO ARE NOW ABLE TO OFFER SELF-INJECTION AS PART OF THE FAMILY PLANNING PACKAGE.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	PATH ALSO BUILT UPON THE BETTER IMMUNIZATION DATA PROJECT BY BRINGING TOGETHER A CONSORTIUM OF TECHNICAL EXPERTS AND PARTNERS WORKING WITH THE GOVERNMENT OF ZAMBIA TOWARD A COMMON GOAL: ACCURATE, IMPROVED, AND EQUITABLE VACCINE COVERAGE RATES. THIS WORK IS FUNDED BY GAVI. KEY ACHIEVEMENTS IN 2019 INCLUDED REFRESHER TRAININGS FOR 562 HEALTH CARE WORKERS IN 320 HEALTH FACILITIES.

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Return Reference	Explanation
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	<p>DRUG DEVELOPMENT: THROUGH OUR WORK ON DRUG DEVELOPMENT AND INTRODUCTION, PATH HELPS ENSURE THAT PEOPLE AROUND THE WORLD, ESPECIALLY CHILDREN IN LOW-RESOURCE SETTINGS, HAVE RELIABLE ACCESS TO LIFESAVING MEDICINES. OVER THE YEARS, OUR WORK HAS ADVANCED SOLUTIONS FOR A RANGE OF URGENT GLOBAL HEALTH CHALLENGES, INCLUDING ENTERIC AND DIARRHEAL DISEASES, NEGLECTED TROPICAL DISEASES, HIV/AIDS, AND MALARIA. DRAWING ON AN ENDURING COMMITMENT TO HEALTH EQUITY AND A UNIQUE PARTNERSHIP APPROACH THAT SPANS THE ACADEMIC, PRIVATE, NONPROFIT, AND GOVERNMENT SECTORS, OUR WORK OVERTURNS BARRIERS TO HEALTH AT EVERY STAGE OF DRUG DEVELOPMENT AND USE-FROM EARLY RESEARCH TO POLICY INTRODUCTION. IN 2019, THE DIARRHEA INNOVATIONS GROUP, AN INTERNATIONAL NETWORK OF CHILD HEALTH STAKEHOLDERS HOUSED WITHIN AND CO-CHAIR BY PATH, MOVED FORWARD A CRITICAL GUIDANCE FOR DIARRHEA MANAGEMENT AMONG CHILDREN: THE ADDITION OF CO-PACKAGED ORS AND ZINC TO THE WHO ESSENTIAL MEDICINES LISTS. CO-PACKAGED ADMINISTRATION, NOW RECOGNIZED AS ESSENTIAL, COULD INCREASE ACCESS TO THIS LIFESAVING TREATMENT AND ACCELERATE PROGRESS TOWARD CHILD HEALTH GOALS. ALSO IN 2019, WE CONTINUED OUR WORK ON DEVELOPING NEW THERAPEUTICS FOR CRYPTOSPORIDIUM, A DEADLY DIARRHEA-CAUSING PARASITE FOR WHICH NO HIGHLY EFFECTIVE TREATMENT IS AVAILABLE. ADDITIONALLY, WE BEGAN ENROLLMENT IN A PHASE 2 PROOF-OF-CONCEPT CLINICAL TRIAL OF IOWH032, A NOVEL ANTISECRETORY DRUG FOR THE TREATMENT OF CHOLERA. WE ALSO CONTINUED TO ADVANCE OUR WORK ON A NEW ASSESSMENT TOOL FOR ENVIRONMENTAL ENTERIC DYSFUNCTION (EED)-AN INTESTINAL DISORDER RESPONSIBLE FOR A SIGNIFICANT PORTION OF THE GROWTH STUNTING OF APPROXIMATELY 140 MILLION CHILDREN WORLDWIDE. KNOWN AS THE "MICRONUTRIENT AND ENVIRONMENTAL ENTERIC DYSFUNCTION ASSESSMENT TOOL" (MEEDAT), THE TOOL IS DESIGNED TO MEASURE MULTIPLE BIOMARKERS, INCLUDING THOSE OF EED, SYSTEMIC INFLAMMATION, GROWTH HORMONE RESISTANCE, AND MICRONUTRIENTS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	<p>MARKET DYNAMICS: PATH'S MARKET DYNAMICS PROGRAM ENCOMPASSES EFFORTS TO EVALUATE MARKETS, ASSESS SHORTCOMINGS, AND DESIGN MARKET-BASED INTERVENTIONS TO IMPROVE HEALTH OUTCOMES. THIS WORK COMPLEMENTS PATH'S OTHER EFFORTS, SUCH AS PRODUCT DEVELOPMENT AND INTRODUCTION. IT BUILDS UPON OUR EXISTING STRENGTH IN COMMERCIALIZATION, ALIGNS EXPERTISE ACROSS TEAMS, AND EXPANDS OUR CAPACITY TO ADDRESS MARKET-BASED ISSUES. IN 2019, OUR WORK FOCUSED ON ASSESSING MARKETS AND IMPROVING MARKET FUNCTIONING FOR MALARIA DRUGS AND DRUG INTERMEDIATES, MALARIA DIAGNOSTICS, AND OXYGEN THERAPY DEVICES. CENTER OF DIGITAL AND DATA EXCELLENCE: PATH USES DIGITAL TECHNOLOGIES AND DATA-LED ACTION TO IMPROVE HEALTH AND SAVE LIVES. IN 2019, THE CENTER OF DIGITAL AND DATA EXCELLENCE APPLIED ITS EXPERTISE TO SEVERAL PROJECTS. KEY ACCOMPLISHMENTS INCLUDED THE WHO-PATH STRATEGIC COLLABORATION ON INNOVATION AND GLOBAL DIGITAL HEALTH. THIS COLLABORATION BRINGS TOGETHER A CROSS-SECTOR NETWORK OF DIGITAL HEALTH EXPERTS AND INVESTORS TO SUPPORT WHO IN DEVELOPING A GLOBAL DIGITAL HEALTH DEPARTMENT AND PORTFOLIO. WORK CONTINUED UNDER DIGITAL SQUARE, A PATH-LED INITIATIVE. THIS INITIATIVE BRINGS DONORS AND PARTNERS TOGETHER TO IMPROVE HOW THE GLOBAL COMMUNITY DESIGNS, USES, AND PAYS FOR DIGITAL HEALTH TOOLS AND APPROACHES. PATH ALSO CONTINUED IMPLEMENTATION OF THE TANZANIA DATA USE PARTNERSHIP, WHICH SUPPORTS THE GOVERNMENT OF TANZANIA TO IMPROVE COUNTRYWIDE HEALTH INFORMATION SYSTEMS AND IMPLEMENT THE TANZANIA DIGITAL HEALTH INVESTMENT ROAD MAP. IN 2019, THE PARTNERSHIP SUPPORTED LAUNCH OF THE COUNTRY'S 2019-2024 NATIONAL DIGITAL HEALTH STRATEGY. THE BID INITIATIVE, A COLLABORATION BETWEEN PATH AND THE GOVERNMENTS OF TANZANIA AND ZAMBIA, HAS EMPOWERED THESE COUNTRY GOVERNMENTS TO ENHANCE IMMUNIZATION THROUGH IMPROVED DATA COLLECTION, QUALITY, AND USE. PATH CONTINUED TO SUPPORT THE SCALE-UP AND SUSTAINABILITY OF ELECTRONIC IMMUNIZATION REGISTRIES IN BOTH COUNTRIES WHILE PROVIDING MENTORSHIP AND PEER LEARNING OPPORTUNITIES TO OTHER COUNTRIES PURSUING SIMILAR DIGITAL HEALTH SOLUTIONS. IN ADDITION, PATH COLLABORATED WITH THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE TO CONTINUE A PEER LEARNING MODEL THAT INCLUDES PROFESSIONALS FROM MINISTRIES OF HEALTH AND NATIONAL HEALTH INSURANCE AGENCIES IN TEN COUNTRIES. PATH ALSO INCREASED PARTICIPATION IN HIGH-LEVEL COALITIONS, INCLUDING THE DIGITAL TRANSFORMATION FOR UHC 2030 COALITION, THE LANCET/FINANCIAL TIMES JOINT COMMISSION ON GOVERNING HEALTH FUTURES 2030, AND THE DIGITAL CONNECTED CARE COALITION.</p>

## 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 OF ACCOUNTING SIGNED THE FORM.

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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 MOST RECENT MAJOR REVIEW WAS COMPLETED BY THE BOARD COMPENSATION COMMITTEE IN 2017. AT THE REQUEST OF THE BOARD, 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. 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.



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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)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	
(3)PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH -KENYA ACS PLAZA 4TH FL LENANA RD PO BOX NAIROBI KE	EDUCATIONAL AND SCIENTIFIC PROMOTION OF HEALTH	KE	501(C)(3)		PATH	Yes	
(4)ORGANIZATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH-NIGERIA 9TH FL ST NICHOLAS HOUSE CATHOLI LAGOS NI	EDUCATIONAL AND SCIENTIFIC PROMOTION OF HEALTH	NI	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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PATH VACCINE SOLUTIONS	C	4,265,711	FMV
(2) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	4,069,578	FMV
(3) PATH VACCINE SOLUTIONS	B	92,478	

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