

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2004 calendar year, or tax year beginning , 2004, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH
1455 NW LEARY WAY
SEATTLE, WA 98107

D Employer identification number

91-1157127

E Telephone number

2062853500

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. ▶

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ www.path.org

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 306,664,074.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	172,009,499.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	20,280,509.	
d	Total (add lines 1a through 1c) (cash \$ 192,287,740. noncash \$ 2,268.)	1d	192,290,008.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	300,840.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	61,588.	
5	Dividends and interest from securities	5	2,359,559.	
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	111,383,867.	8a
b	Less: cost or other basis and sales expenses	(B) Other	8,602.	8b
c	Gain or (loss) (attach schedule)	Statement 1	-204,716.	8c
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	259,610.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	195,075,491.	
13	Program services (from line 44, column (B))	13	74,884,142.	
14	Management and general (from line 44, column (C))	14	12,129,277.	
15	Fundraising (from line 44, column (D))	15	309,957.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	87,323,376.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	107,752,115.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	210,969,394.	
20	Other changes in net assets or fund balances (attach explanation)	20	-301,973.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	318,419,536.	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 28733678. non-cash \$)	28,733,678.	28,733,678.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	503,593.	98,389.	392,416.	12,788.
26	Other salaries and wages	21,976,071.	15,967,077.	5,868,633.	140,361.
27	Pension plan contributions	2,233,047.	1,647,972.	571,673.	13,402.
28	Other employee benefits	2,400,323.	1,659,387.	722,944.	17,992.
29	Payroll taxes	1,896,637.	1,378,033.	506,490.	12,114.
30	Professional fundraising fees				
31	Accounting fees	77,868.	14,332.	63,086.	450.
32	Legal fees	591,811.	539,083.	51,270.	1,458.
33	Supplies	454,204.	299,274.	153,995.	935.
34	Telephone	994,693.	712,697.	280,855.	1,141.
35	Postage and shipping	236,122.	155,719.	77,431.	2,972.
36	Occupancy	4,306,664.	3,336,639.	933,739.	36,286.
37	Equipment rental and maintenance	415,203.	188,434.	226,732.	37.
38	Printing and publications	709,950.	534,929.	168,851.	6,170.
39	Travel	6,115,555.	5,589,872.	524,481.	1,202.
40	Conferences, conventions, and meetings	1,179,426.	1,061,182.	107,158.	11,086.
41	Interest	80,289.	80,289.		
42	Depreciation, depletion, etc (attach schedule)	1,137,648.	299,727.	837,921.	
43	Other expenses not covered above (itemize):				
a	See Statement 3	13,280,594.	12,587,429.	641,602.	51,563.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	87,323,376.	74,884,142.	12,129,277.	309,957.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a Improving Children's Health

(See Attachment #3)

(Grants and allocations \$ 7,537,131.)

20,050,675.

b Preventing Communicable Disease

(See Attachment #3)

(Grants and allocations \$ 17,989,549.)

43,062,452.

c Improving Women's Health

(See Attachment #3)

(Grants and allocations \$ 3,206,998.)

11,771,015.

d

(Grants and allocations \$)

e Other program services

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

74,884,142.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	56,888.	45 199,562.
	46 Savings and temporary cash investments.....	17,763,607.	46 12,928,632.
	47a Accounts receivable.....	47a 605,637.	
	b Less: allowance for doubtful accounts.....	47b	47c 605,637.
	48a Pledges receivable.....	48a	
	b Less: allowance for doubtful accounts.....	48b	48c
	49 Grants receivable.....	80,731,768.	49 202,606,181.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50
	51a Other notes & loans receivable (attach sch.)... See St. 5	51a 1,824,384.	
	b Less: allowance for doubtful accounts.....	51b 725,610.	51c 1,098,774.
	52 Inventories for sale or use.....		52
	53 Prepaid expenses and deferred charges.....	712,218.	53 685,756.
	54 Investments — securities (attach schedule)... See St. 6 ☐ Cost ☒ FMV	113,054,810.	54 105,550,922.
	55a Investments — land, buildings, & equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule).....	55b	55c
56 Investments — other (attach schedule)..... See Stmt. 7	250,949.	56 259,377.	
57a Land, buildings, and equipment: basis.....	57a 11,280,469.		
b Less: accumulated depreciation (attach schedule)..... Statement 8	57b 7,624,120.	57c 3,656,349.	
58 Other assets (describe ☐ See Statement 9)	2,015,755.	58 1,836,576.	
59 Total assets (add lines 45 through 58) (must equal line 74).....	221,080,129.	59 329,427,766.	
LIABILITIES	60 Accounts payable and accrued expenses.....	4,770,395.	60 6,505,730.
	61 Grants payable.....		61
	62 Deferred revenue.....	7,840.	62
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63
	64a Tax-exempt bond liabilities (attach schedule).....		64a
	b Mortgages and other notes payable (attach schedule)..... See Statement 10	5,332,500.	64b 4,502,500.
	65 Other liabilities (describe ☐).....		65
66 Total liabilities (add lines 60 through 65).....	10,110,735.	66 11,008,230.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted.....	9,472,317.	67 9,971,795.
	68 Temporarily restricted.....	200,506,611.	68 307,007,494.
	69 Permanently restricted.....	990,466.	69 1,440,247.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds.....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71
	72 Retained earnings, endowment, accumulated income, or other funds.....		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....	210,969,394.	73 318,419,536.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73).....	221,080,129.	74 329,427,766.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a Total revenue, gains, and other support per audited financial statements.	a 194,776,158.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments. . . . \$ -310,400.	
(2) Donated services and use of facilities. . . . \$ 2,640.	
(3) Recoveries of prior year grants. \$	
(4) Other (specify):	
<u>See Stmt 11</u> \$ 8,427.	
Add amounts on lines (1) through (4)	b -299,333.
c Line a minus line b	c 195,075,491.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990. . . . \$	
(2) Other (specify):	
Add amounts on lines (1) and (2) . . .	d
e Total revenue per line 12, Form 990 (line c plus line d).	e 195,075,491.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total expenses and losses per audited financial statements	a	87,326,016.
b Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities \$		
(2) Prior year adjustments reported on line 20, Form 990 ... \$		
(3) Losses reported on line 20, Form 990 ... \$		
(4) Other (specify):		
<u>See Stmt 12</u> \$ 2,640.		
Add amounts on lines (1) through (4)	b	2,640.
c Line a minus line b	c	87,323,376.
d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2) ...	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	87,323,376.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 13		433,183.	47,599.	22,811.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

If 'Yes,' attach schedule → see instructions.

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
80b If 'Yes,' enter the name of the organization ▶ See Statement 14 and check whether it is ☒ exempt or ☒ nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b Did the organization file Form 1120-POL for this year?	N/A	
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	2,640.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c Dues, assessments, and similar amounts from members.	85c	N/A
85d Section 162(e) lobbying and political expenditures.	85d	N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a List the states with which a copy of this return is filed ▶ Washington		
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	427
91 The books are in care of ▶ Marlow B. Kee Telephone number ▶ 206-285-3500 Located at ▶ 1455 NW Leary Way; Seattle, WA ZIP + 4 ▶ 98107-5136		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a See Statement 15					300,840.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	61,588.	
96 Dividends & interest from securities			14	2,359,559.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-196,114.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Facilities Reimburse			1	9,010.	
c Gain On Foreign Excha			1	17,312.	
d Pension Administratio			3	19,656.	
e Travel Reimburse			1	213,632.	
104 Subtotal (add columns (B), (D), and (E))				2,484,643.	300,840.
105 Total (add line 104, columns (B), (D), and (E))					2,785,483.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93a See Attachment #4

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Date

Christopher J. Elias, President

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Self-Prepared	Date	Check if self-employed	Preparer's SSN or PTIN (See General instruction W)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	Program for Appropriate Technology in Health	91-1157127
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the return. See instructions.	1455 NW Leary Way	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Seattle, WA 98107	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-BL | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-EZ | ☐ Form 1041-A | ☐ Form 8870 |
| ☐ Form 990-PF | ☐ Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of
- Patricia M Pearce, Controller**

Telephone No. **(206) 285-3500** FAX No. **(206) 285-6619**

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **November 15, 2005**.
- 5 For calendar year **2004**, or other tax year beginning **20** and ending **20**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **All the information necessary for a complete and accurate return is not yet available.**

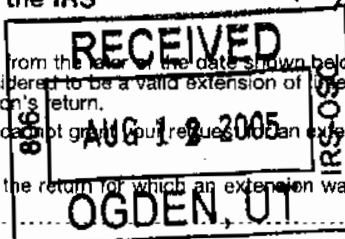
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Patricia M Pearce** Title **Controller** Date **8/9/05****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have **not** approved this application. However, we have granted a 10-day grace period from the date of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have **not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot** consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____



Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	EXTENSION APPROVED AUG 24 2005
	Number and street (include suite, room, or apt. no.) or a P.O. box number	
	City or town, province or state, and country (including postal or ZIP code)	

SUBMISSION PROCESSING FIELD DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2004

Name of the organization

**PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH**

Employer identification number

91-1157127

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Marc La Force</u> 13 Chemin du Levant, Ferney, France	Prgrm Director 40	170,696.	22,746.	58,606.
<u>Dr. Mark Kane</u> 1455 NW Leary Way, Seattle, WA	Prgrm Director 40	188,343.	22,945.	0.
<u>Melinda Moree</u> 1455 NW Leary Way, Seattle, WA	Prgrm Director 40	162,818.	21,963.	300.
<u>Michael Free</u> 1455 NW Leary Way, Seattle, Wa	VP/Sr Advisor 40	151,069.	19,393.	350.
<u>Dr. Filip Dubovsky</u> 7500 Old Georgetown Rd Bethesda, MD	Scientific Dir 40	154,043.	19,693.	225.
Total number of other employees paid over \$50,000	170			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>Lourens Zaneveld dba Reproductive Research Fu</u> Rua Japao 90 Apt 72, Sao Paulo, SP	Prog Consulting Svcs	92,700.
<u>Miguel Praca</u> 193 Miller Ave #1, Mill Valley, CA	Prog Consulting Svcs	60,970.
<u>Jeff Morgan dba JWM Associates</u> 13723 Dana Lane East, Puyallup, WA	Prog Consulting Svcs	57,150.
<u>Alison Sander</u> 71 Buckingham Street, Cambridge, MA	Prog Consulting Svcs	53,332.
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ 75,049.

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Form 990, Part V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) See Statement 16

b Do you have a section 403(b) annuity plan for your employees?

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	43,990,512.	26,438,499.	33,551,283.	24,373,305.	128,353,599.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	482,261.	1,889,674.	238,775.	288,215.	2,898,925.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,461,003.	3,856,790.	3,018,996.	3,600,987.	12,937,776.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 17	164,389.	209,358.			373,747.
23 Total of lines 15 through 22	47,098,165.	32,394,321.	36,809,054.	28,262,507.	144,564,047.
24 Line 23 minus line 17	46,615,904.	30,504,647.	36,570,279.	27,974,292.	141,665,122.
25 Enter 1% of line 23	470,982.	323,943.	368,091.	282,625.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	2,833,302.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	37,101,202.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	141665122.
d Add: Amounts from column (e) for lines: 18 12,937,776. 19			
22 373,747. 26b 37,101,202.		26d	50,412,725.
e Public support (line 26c minus line 26d total)		26e	91,252,397.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	64.41 %

27 Organizations described on line 12:	N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c _____
d Add: Line 27a total and line 27b total	27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	33,365.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	41,684.
38	Total lobbying expenditures (add lines 36 and 37)	38 0.	75,049.
39	Other exempt purpose expenditures	39	87,248,327.
40	Total exempt purpose expenditures (add lines 38 and 39)	40 0.	87,323,376.
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		The lobbying nontaxable amount is —
	Not over \$500,000		20% of the amount on line 40
	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
41		41	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43 0.	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44 0.	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures	75,049.	40,106.	42,997.	21,132.	179,284.
48 Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures	33,365.	131.	10,515.	13,604.	57,615.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Name of organization **PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH**

Employer identification number
91-1157121

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 504(c)(3) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 504(c)(3) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.)

General Rule —

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(4)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of their Form 990. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Part I Contributors *James Thompson, Jr. & Anthony T. Sison*[illegible]

Name of organization

PROGRAM FOR APPROPRIATE TECHNOLOGY

Employer identification number

91-1157127

Part II Noncash Property (See Special Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Federal Statements
PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH

91-1157127

10/21/05

01-53-47

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities _____

Gross Sales Price: 111,383,867.
 Cost or Other Basis: 111,588,583.

Total Gain (Loss) Publicly Traded Securities \$ -204,716.

Other Assets _____

Description:	Fixed Assets
Date Acquired:	Various
How Acquired:	Purchase
Date Sold:	Various
To Whom Sold:	Individuals
Gross Sales Price:	8,602.
Cost or Other Basis:	0.

Gain (Loss) 8,602.

Total Gain (Loss) Other Assets \$ 8,602.

Total Net Gain (Loss) From Noninventory Sales \$ -196,114.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Income from Affiliate - (PACTEC)	\$ 8,427.
Unrealized Loss on Investments	-310,400.
Total	\$ <u>-301,973.</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Consultants	2,381,548.	2,133,606.	199,654.	48,288.
Insurance	791,005.	620,054.	170,951.	
Loan Loss Reserve	454,609.	454,609.		
Non-cash Rent Amortization	125,254.	125,254.		
Other Expenses	311,388.	196,556.	111,557.	3,275.
Patent Amortization	179,178.	179,178.		
Professional Svcs - Other	65,090.	42,516.	22,574.	
Project Procurement	2,186,661.	2,186,661.		
Relocation	340,661.	277,857.	62,804.	
Subcontracts	6,445,200.	6,371,138.	74,062.	
Total	\$13,280,594.	\$12,587,429.	\$ 441,602.	\$ 51,563.

10/11/05

04:40 PM

Statement 4
Form 990, Part III
Organization's Primary Exempt Purpose

The primary exempt purpose of Program for Appropriate Technology in Health is to identify, develop, and apply appropriate and innovative solutions to public health problems, particularly in low-resource settings. To meet the health needs of developing countries, PATH invents or adapts technologies and provides technical assistance to improve health products, information, and programs. PATH's mission is to improve health, especially the health of women and children.

Statement 5
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

<u>Notes and Loans Reported Separately</u>	<u>Balance Due</u>	<u>Doubtful Accounts Allowance</u>
Borrower's Name: Dispositex Africa, Ltd.		
Borrower's Title:		
Date of Note: 2/15/2001		
Maturity Date: 4/30/2006		
Repayment Terms: Qtrly P & I		
Interest Rate: 11.75%		
Security Provided: 1st Lien on Equipmt		
Purpose of Loan: Equipment / Wkg Capital		
Borrower Relationship: None		
Consideration: Cash		
Consideration FMV:		
Original Amount: \$ 650,000.		
Balance Due: \$ 758,514.		
Doubtful Acct. Allow.: \$ 568,886.		
 Borrower's Name: Needleless Venture, Inc		
Borrower's Title:		
Date of Note: 8/24/2001		
Maturity Date: 4/01/2006		
Repayment Terms: Qtrly P & I		
Interest Rate: 7.25%		
Security Provided: Assets and stock		
Purpose of Loan: Technology transfer		
Borrower Relationship: None		
Consideration: Cash		
Consideration FMV:		
Original Amount: \$ 600,000.		
Balance Due: \$ 445,891.		
Doubtful Acct. Allow.: \$ 133,767.		
 Borrower's Name: Lifelines		
Borrower's Title:		
Date of Note: 12/07/2001		
Maturity Date: 7/01/2006		
Repayment Terms: Qtrly P & I		
Interest Rate: 7.25%		
Security Provided: 1st Lien on equipment		
Purpose of Loan: Technology transfer		
Borrower Relationship: None		
Consideration: Cash		
Consideration FMV:		
Original Amount: \$ 600,000.		

10/31/03

(01.00)P/V

Statement 5 (continued)
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

Balance Due: \$ 201,176.
 Doubtful Acct. Allow.: \$ 2,012.

Borrower's Name: FAMOSAL, S.A.
 Borrower's Title:
 Date of Note: 10/01/2003
 Maturity Date: 7/01/2007
 Repayment Terms: Qtrly P & I
 Interest Rate: 3.50%
 Security Provided: Assets of company
 Purpose of Loan: Iodized salt prod facil
 Borrower Relationship: None
 Consideration: Cash
 Consideration FMV:
 Original Amount: \$ 410,000.
 Balance Due: \$ 380,000.
 Doubtful Acct. Allow.: \$ 19,000.

Borrower's Name: Dannex
 Borrower's Title:
 Date of Note: 2/24/2003
 Maturity Date: 10/01/2005
 Repayment Terms: Qtrly P & I
 Interest Rate: 7.75%
 Security Provided: Durable equipment
 Purpose of Loan: Prod of rehydratn salts
 Borrower Relationship: None
 Consideration: Cash
 Consideration FMV:
 Original Amount: \$ 75,000.
 Balance Due: \$ 38,803.
 Doubtful Acct. Allow.: \$ 1,945.

Total Notes and Loans Reported Separately \$ 1,824,384. \$ 725,610.

Total Net Receivables \$ 1,098,774.

Statement 6
Form 990, Part IV, Line 54
Investments - Securities

Corporate Bonds	Valuation Method	Amount
Corporate Debt Securities	Market Value	\$ 46,573,332.
	Total	\$ 46,573,332.

Other Publicly Traded Securities	Valuation Method	Amount
Mutual Funds	Market Value	2,144,005.

10/21/05

04 30PM

Statement 6 (continued)
Form 990, Part IV, Line 54
Investments - Securities

<u>Other Publicly Traded Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
	Total	\$ 2,144,005.
<u>Other Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Money Market Funds	Market Value	\$ 4,077,892.
	Total	\$ 4,077,892.
<u>U.S. Government Obligations</u>	<u>Valuation Method</u>	<u>Amount</u>
US Government Securities	Market Value	52,755,693.
	Total	\$ 52,755,693.
Total Investments - Securities		<u>\$ 105550922.</u>

Statement 7
Form 990, Part IV, Line 56
Investments - Other

<u>Description of Investment</u>	<u>Valuation Method</u>	<u>Book Value</u>
Investment in Affiliate	Cost	\$ 259,377.
	Total	<u>\$ 259,377.</u>

Statement 8
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 685,168.	\$ 635,132.	\$ 50,036.
Machinery and Equipment	6,441,379.	5,711,543.	729,836.
Improvements	4,153,922.	1,277,445.	2,876,477.
Total	<u>\$ 11,280,469.</u>	<u>\$ 7,624,120.</u>	<u>\$ 3,656,349.</u>

10/31/05

04:40PM

Statement 9
Form 990, Part IV, Line 58
Other Assets

Ultra Rice Patent

\$ 1,836,576.
Total \$ 1,836,576.

Statement 10
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Bank of America	
Date of Note:	10/15/2001	
Repayment Terms:	5 yrs @ \$330,000 Bal due 7/07	
Interest Rate:	3.11%	
Security Provided:	General recourse to assets	
Purpose of Loan:	Leasehold improvement	
Desc. of Consideration:	Cash	
Original Amount:	3,300,000.	
Balance Due:		\$ 2,502,500.

Lender's Name:	MacArthur Foundation	
Date of Note:	8/13/1993	
Maturity Date:	1/01/2006	
Repayment Terms:	Principal due 1/1/06	
Interest Rate:	2.00%	
Security Provided:	General recourse to assets	
Purpose of Loan:	PATH Loan Fund	
Desc. of Consideration:	Cash	
Original Amount:	1,000,000.	
Balance Due:		\$ 1,000,000.

Lender's Name:	Calvert Social Investment Fund	
Date of Note:	10/01/2003	
Maturity Date:	9/30/2006	
Repayment Terms:	Principal Due 9/30/2006	
Interest Rate:	4.00%	
Security Provided:	General recourse to assets	
Purpose of Loan:	PATH Loan Fund	
Desc. of Consideration:	Cash	
Original Amount:	1,000,000.	
Balance Due:		\$ 1,000,000.

Total \$ 4,502,500.

Statement 11
Form 990, Part IV-A, Line b(4)
Other Amounts

Revenue Report for PACTEC

\$ 8,427.
Total \$ 8,427.

10/31/05

01-43753

Statement 12
Form 990, Part IV-B, Line b(4)
Other Amounts

Donated Services

Total \$ 2,640.
2,640.

Statement 13
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Christopher J. Elias 1455 NW Leary Way Seattle, WA 98107	President 40 Hrs/Week	\$ 267,857.	\$ 26,837.	\$ 183.
Eric G. Walker 1455 NW Leary Way Seattle, WA 98107	Vice President 40 Hrs/Week	165,326.	20,762.	317.
Halida Ilanum Akhter, M.D. 1455 NW Leary Way Seattle, WA 98107	Chairman < 2 Hrs/Week	0.	0.	6,684.
Supamit Chunsuttiwat 1455 NW Leary Way Seattle, WA 98107	Director None	0.	0.	0.
Christopher Hedrick 1455 NW Leary Way Seattle, WA 98107	Treasurer < 2 Hrs/Week	0.	0.	800.
Awa Marie Coll-Seck, M.D. 1455 NW Leary Way Seattle, WA 98107	Director < 2 Hrs/Week	0.	0.	2,076.
Molly Joel Coye, M.D., M.P.H. 1455 NW Leary Way Seattle, WA 98107	Director < 2 Hrs/Week	0.	0.	1,322.
Steve Davis 1455 NW Leary Way Seattle, WA 98107	Director < 2 Hrs/Week	0.	0.	0.
Mahmoud F. Fathalla 1455 NW Leary Way Seattle, WA 98107	Director < 2 Hrs/Week	0.	0.	6,086.
Vincent McGee 1455 NW Leary Way Seattle, WA 98107	Vice Chair < 2 Hrs/Week	0.	0.	3,020.

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01-0001

Statement 13 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to ERP & DC	Expense Account/Other
Khama Odera Rogo, M.D., PhD 1455 NW Leary Way Seattle, WA 98107	Secretary < 2 Hrs/Week	\$ 0.	\$ 0.	\$ 875.
Ajarie Visessiri, M.B.A. 1455 NW Leary Way Seattle, WA 98107	Director < 2 Hrs/Week	0.	0.	1,448.
Total		\$ 433,183.	\$ 47,599.	\$ 22,811.

Statement 14
Form 990, Part VI, Line 80b
Related Organizations

Name of Organization	Exempt	Nonexempt
PACTEC, Inc.		X
PIACT (Prgrm for Intr/Adpt. Cntreptv Tchn)	X	

Statement 15
Form 990, Part VII, Line 93
Program Service Revenue

Program Service Revenue	(A) Business Code	(B) Unrelated Business Amount	(C) Exclusion Code	(D) Excluded Amount	(E) Related or Exempt Function
Intrst Prgrm-Reltd Loans				\$	85,109.
Licns & Tech Trsfr Actvty					85,359.
Prod Design & Testing					8,890.
Product Sales					20,552.
Tech Assinc / Capcty Bldg					84,910.
Training					16,020.
Total		\$ 0.		\$ 0.	\$ 300,840.

Statement 16
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

PATH furthers its charitable programs by awarding subagreements under grants that it receives from other organizations. Potential recipients submit proposals to PATH which are reviewed by program staff and approved by a PATH contracting officer. If specified in the grant to PATH, the donor or an independent advisory committee may also play a role in the approval process. Once the approval is granted, the recipient and PATH sign a subagreement and a disbursement schedule, linked to completion of milestones or submission of deliverables, is established.

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04-40761

Statement 16 (continued)
 Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

If the recipient does not comply with requirements stipulated in the subagreement, disbursements are delayed until requirements are met.

Statement 17
 Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
Key Employee Loan Interest	\$ 0.	\$ 5,745.	\$ 0.	\$ 0.	\$ 5,745.
Pension Admin Revenue	37,017.	33,480.	0.	0.	70,497.
Gain on Foreign Exchange	19.	3,374.	0.	0.	3,393.
Facilities Reimbursements	26,144.	45,213.	0.	0.	71,357.
Travel Reimbursements	101,209.	121,546.	0.	0.	222,755.
Total	\$ 164,389.	\$ 209,358.	\$ 0.	\$ 0.	\$ 373,747.

10/31/05

04 WPV

Note to Schedule A, Part IV-A:

Beginning with 2002 data, PATH reformatted its reporting to include line item detail for Other Income (line 22), which now shows for 2002. Not including this level of detail for prior years did not affect the outcome of the Public Support test and has not been reclassified for those periods.

Note to Attachment 1:

All amounts include any refunds from grantees of previously paid grants. In some cases, the net 2004 result is a negative balance.

Attachment 1

9/11/2005

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

ABT ASSOCIATES INC.	29,790
HAMPDEN SQUARE, SUITE 600 4800 MONTGOMERY LANE PUEBLO CO MD 20614 UNITED STATES	
ACADEMY FOR NURSING STUDIES	2,206
FL SHIRIDI APARTMENTS RAJULAVAN ROAD, SOMAIGUDA HYDERABAD-500082 INDIA	
ACTION IEC	100,661
101 ST. 568 BOEUNG KENG KAM 13 PHNOM PENH CAMBODIA	
BIHARAT BIOTECH INTERNATIONAL LIMITED	187,117
POST BOX 16, ROAD 299 BANJARA HILLS BANJARA HILLS HYDERABAD-500034 AP INDIA	
CAMBODIAN WOMEN FOR PEACE AND DEVELOPMENT	2,240
823, ST. 47, SANKA VIVAN CHAK KHAN DAMN PENH PHNOM PENH CAMBODIA	
CDC FOUNDATION	697,192
90 HORT PLAZA, SUITE 705 ATLANTA GA 30303 UNITED STATES	
CENTER FOR PUBLIC NUTRITION & DEVELOPMENT (PNDC)	30,154
GU CHONG FU HILLING, ROOM H2001 7007 ATT MUXIN HILL HONGKONG CHINA	
CHINESE CENTER FOR DISEASE CONTROL AND PREV.	66,895
INSTITUTE FOR VIRAL DISEASE CONTROL 100 YIM-XIN ST, NIAN WH DISTRICT BEIJING 100052 CHINA	
CHRISTIAN MEDICAL COLLEGE AND HOSPITAL (CMC)	122
NORTH ARCOT DISTRICT, VELLORE TAMILNADU 632004 INDIA	

Attachment 1

9/15/12

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

CINCINNATI CHILDREN'S RESEARCH FOUNDATION	19,150
333 BURNETT AVENUE CINCINNATI OH 45229 UNITED STATES	
COUNTERPART INTERNATIONAL	5,775
1200 BELLE SAUVAGE NEW, SUITE 1100 WASHINGTON DC 20036 UNITED STATES	
DEPARTMENT OF MEDICAL RESEARCH (LOWER MYANMAR)	5,000
VIROLOGY RESEARCH DIVISION NO. 3 ZWAKA ROAD YANGON 11191 MYANMAR	
DEPT OF STATE SANITARY AND EPIDEMIOLOGICAL	23,240
55, KRUNZ SARILOT BISHKEK 720033 KYRGYZSTAN	
GADJAH MADA UNIVERSITY	11,013
JL. FARMAKOT GEDUNG BME ANTARI YOGYAKARTA 55281 INDONESIA	
GENERAL WELFARE PRATISTHAN	9,000
P.O. BOX 1248 KATHMANDU NEPAL	
GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION (GAVI)	7,834
C/O UNICEF, PALAIS DES NATIONS CH 1211 GENEVA 10 SWITZERLAND	
IKATAN DOKTOR ANAK INDONESIA (IDAI)	5,876
INDONESIAN SOCIETY OF PEDIATRICIANS R. SATUMBA 100 6 JAKARTA INDONESIA	
INDIAN MEDICAL ASSOCIATION/HYDERABAD	8,561
ANDHRA PRADESH 201, 16A-10101, LAXMI NAGAR HYDERABAD 500027 INDIA	

Attachment 1

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Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

INDIAN MEDICAL ASSOCIATION/NEW DELHI	19,732
15-A HOUSING SOCIETY	
NEW DELHI 110002	
INDIA	
INTERNATIONAL VACCINE INSTITUTE (IVI)	104,741
35-48 BONGGIL-RO 7-DONG	
KWANAK-GU	
SEOUL 151-818	
KOREA	
INTL CTR FOR DIARRHOEAL DISEASE RESEARCH (ICDDR)	15,913
GPO 128 MOHAKHALI	
DHAKA 1000	
BANGLADESH	
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH	228,187
SCHOOL OF HYGIENE AND PUBLIC HEALTH	
615 N. WOLFE STREET	
BALTIMORE MD 21205	
UNITED STATES	
LELAND STANFORD JUNIOR UNIVERSITY	75,000
251 CAMPUS DRIVE, MSCH-N226	
PALO ALTO CA 94305	
UNITED STATES	
MAHIDOL UNIVERSITY, INSTITUTE OF NUTRITION	21,170
PHUTHAMNONGHOM-4 ROAD, SALAYA	
PHUTHAMNONGHOM	
NAKHON PATHOM 73170	
THAILAND	
MEDICAL RESEARCH COUNCIL	300,000
20 PARK CRESCHILL	
LONDON	
UNITED KINGDOM	
MEDICAL UNIVERSITY OF SOUTHERN AFRICA TRUST	80,750
P.O. BOX 1837	
PARKLANDS 2171	
SOUTH AFRICA	
MINISTRY OF HEALTH AND FAMILY WELFARE, GOAP	443,673
GOVERNMENT OF ANDHRA PRADESH, INDIA	
ANDHRA PRADESH	
INDIA	
MINISTRY OF HEALTH SENEGAL	10,005
MINISTERE ADMINISTRATIF	
DAKAR	
SENEGAL	

Attachment 1

96,325,277

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

MINISTRY OF HEALTH, REPUBLIC OF INDONESIA	96,428
JL. PIKETTAKAN SUGARA 29 P.O. BOX 223 JAKARTA PLN-11 10360 INDONESIA	
MINISTRY OF HEALTH, SOCIALIST REPUBLIC OF VIETNAM	153,000
B.C. 10 200, HUEI 4PM HANOI VIETNAM	
MINISTRY OF PUBLIC HEALTH, THAILAND	20,132
DEPT. OF COMMUNICABLE DISEASE CONTROL IVANON ROAD NONTABURI 10140 THAILAND	
MURDOCH CHILDREN'S RESEARCH INSTITUTE	78,320
ROYAL CHILDREN'S HOSPITAL FLEMINGTON ROAD, PARKVILLE VIC 3010 AUSTRALIA	
NATIONAL IMMUNIZATION PROGRAM (NIP), MINISTRY OF	5,402
NO. 125-129 STREET 131 NANGKAI VI-AL VONG KHAN 7 MAKARA PHNOM PENH CAMBODIA	
NATIONAL INSTITUTE FOR MEDICAL RESEARCH	163
P.O. BOX 11936 MWANZA TANZANIA	
NATIONAL PUBLIC HEALTH INSTITUTE (KTL)	350,449
ALANTIEPHEIMINTI, 166 HELSINKI FIN-00100 FINLAND	
NATIONAL REFERENCE LABORATORY OF REPUBLIC OF	22,160
2 KESHLOVA STREET TASHKENT 700133 UZBEKISTAN	
NILOUFER HOSPITAL INSTITUTE OF CHILD HEALTH	6,573
RED HILLS HYDRAHAD INDIA	

Attachment 1

98-2151-100

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH	28,000
UNIVERSITY OF GHANA P.O. BOX 14754 ACCRA GHANA	
PAN AMERICAN HEALTH ORGANIZATION (PAHO)	341,984
525 TWENTY-THIRD STREET, N.W. WASHINGTON DC 20037 UNITED STATES	
PANBIO, INC.	50,000
9075 GUTHRIE ROAD COLUMBIA MD 21046 UNITED STATES	
PATH CANADA	51,232
1 NICHOLAS STREET, SUITE 1105 OTTAWA ONTARIO K1N 7H7 CANADA	
PLANNED PARENTHOOD MAR MONTE	15,950
1691 THE ALAMOSA SAN JOSE CA 95126 UNITED STATES	
PROFAMILIA/DOMINICAN REPUBLIC	14,605
NICOLAS DE OVANDO ENQUINACALLE 16 ENSADE THE TUPPERON SANTO DOMINGO DOMINICAN REP	
PROVINCIAL HEALTH OFFICE OF RAYONG	1,179
SUKHUMVIT ROAD MUANG DISTRICT RAYONG 21000 THAILAND	
PUSLITBANG PELAYANAN & TEKNOLOGI KESEHATAN (P4TK)	25,023
NIHRD, MINISTRY OF HEALTH JL. PERCETAKAN NEGARA 23A JAKARTA INDONESIA	
RESEARCH INSTITUTE FOR TROPICAL MEDICINE (RITM)	20,000
DEPARTMENT OF HEALTH FILINVEST CORPORATION CITY, ALABAMA MONTGOMERY CITY ALABAMA	

Attachment 1

90-115-1127

Form 990, Part 2 Line 422

Schedule of Grants and Allocations

Program Category: Children's Health

RESEARCH PACIFIC INDIA PVT LTD	11,123
756 PPADGATE TOWER 26 R VANDERBILT PLAZA NEW DELHI INDIA	
RESEAU COMMUNICATION POUR LE DEVELOPPEMENT	31,489
ENTREE DU VILLAGE DE DIAKAM BP 16592 DAKAR-FANN DAKAR SENEGAL	
SABIN VACCINE INSTITUTE	76,785
1118 CONNCHUIT AVENUE NW SUITE 700 WASHINGTON DC 20009 UNITED STATES	
SOCIETY OF JYOTSNA CHAUHAN	1,698
201 NMR MAJESTIC APARTMENTS JUPITER COLONY, NIKH ROAD N-C UNDI RAHAU 501009 INDIA	
THE UNIVERSITY OF LIVERPOOL	-1,043
SENATE HOUSE, ALFRED TOMBY SQUARE LIVERPOOL L69 3BX UNITED KINGDOM	
UNISCIENCE NEWS NET, INC.	5,500
907 SE SECOND AVENUE CAPE CORAL FL 33904 UNITED STATES	
UNITED NATIONS CHILDRENS FUND (UNICEF)	450,223
3 UNITED NATIONS PLAZA NEW YORK NY 10017 UNITED STATES	
UNIVERSITY OF MALAWI COLLEGE OF MEDICINE	29,138
PRIVATE BAG 360 CHITHERE, BLANTYRE 4 MALAWI	
UNIVERSITY OF MELBOURNE	387,435
DEPARTMENT OF MICROBIOLOGY LEVEL 5, 207 BOURKE STREET CARLTON, VICTORIA 3010 AUSTRALIA	

Attachment 1

9/11/2015

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Children's Health

UNIVERSITY OF WITWATERSRAND	3,740
RE-PRODUCIBILITY OF MEDICAL RESEARCH	
5711 101 MARITIME DRIVE	
JORDAN 4001	
SOUTH AFRICA	
VILLAGEREACH	-237
601 NORTH 34TH STREET	
SEATTLE WA 98103	
UNITED STATES	
VOXIVA LLC	561,375
1725 K STREET NW, SUITE 900	
WASHINGTON DC 20006	
UNITED STATES	
WORLD HEALTH ORGANIZATION (WHO)	2,170,310
29 AVENUE APPIA	
1211 GENEVA 27	
SWITZERLAND	
WORLD HEALTH ORGANIZATION (WHO)/EMRO	18,000
EASTERN MEDITERRANEAN REGIONAL OFFICE	
ABDULRAZZAK AL SANABH STREET POB 7608	
BASK CITY, CAIRO	
EGYPT	
Total for category: Children's Health	7,537,131

Attachment 1

91-1157123

Form 990, Part 2 Line 422

Schedule of Grants and Allocations

Program Category: Communicable Disease

ACTION IFC	37,933
10541 TACHONGKRI STREET PHNOM PENH CAMBODIA	
AIDS ACCESS FOUNDATION	53,931
18/282 CHINER PLACE, RAMKAMHAENG ROAD BANGKOK 10240 THAILAND	
AIDS FOUNDATION OF CHICAGO	5,000
411 SOUTH WELLS STREET, SUITE 400 CHICAGO IL 60607 UNITED STATES	
AMERICAN JOURNAL OF TROPICAL MEDICINE & HYGIENE	2,000
CWRU MEDICAL SCHOOL, ROOM W137 10900 LUCYD AVENUE CLEVELAND OH 44106 UNITED STATES	
APOVIA INC.	280,000
11125 ENTERPRISE AVENUE, SUITE A SAN DIEGO CA 92121 UNITED STATES	
BIOJECT, INC.	150,000
20245 NW 95TH AVENUE HUALAHLIN OR 97067 UNITED STATES	
BIOMEDICAL PRIMATE RESEARCH CENTER (BPRC)	58,462
LANGKLEWEG 139 RIJSWIJK 2280 GH NETHERLANDS	
BOTSWANA YOUNG WOMEN'S CHRISTIAN ASSOCIATION	46,437
P.O. BOX 359 101 SAMOCHIRCHER ROAD GABORONE BOTSWANA	
BUNDIT CENTER	24,027
1405 SOMPAHONYOTIN RD, PAHONYOTIN ROAD BANGKOK 10900 THAILAND	
CAMBRIDGE BIOSTABILITY LTD.	227,973
NEWMILLHURST ROAD CAMBRIDGE CB3 0EL UNITED KINGDOM	

Attachment 1

01/15/17

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

CANADIAN AIDS SOCIETY	3,000
509 RHE-COOPER, 11TH FLOOR OTTAWA K2P 0G4 CANADA	
CENTERS FOR DISEASE CONTROL AND PREVENTION	220,902
1600 CLIFTON ROAD NE ATLANTA GA 30334 UNITED STATES	
CENTRE FOR THE DEVELOPMENT OF PEOPLE (CEDEP)	89,790
P.O. BOX 5601 KUMAM GHANA	
CHAMA CHA UZAZI NA MALEZI BORA TANZANIA (UMATI)	27,720
SAMORA ZANAKINDELELE P.O. BOX 1372 DARES SALAM TANZANIA	
CHAWAKUA: CHAMA CHA WANAWAKE KUPAMBANA NA	63,087
SOKONE ROAD, MTI BUILDING 2ND FL, RM 206 P.O. BOX 17845 ARUSHA TANZANIA	
CHILDREN'S HOSPITAL OAKLAND RESEARCH INSTITUTE	128,820
3700 MARTIN LUTHER KING JR. WAY OAKLAND CA 94609 UNITED STATES	
COMMONWEALTH SCIENTIFIC & INDUSTRIAL RESEARCH	417,245
CSIRO MOLECULAR SCIENCE, LAN WARE LAH BAYVIEW AVENUE CLAYTON VIC 3168 AUSTRALIA	
CSL LIMITED	1,291,733
15 PORT ARTHUR ROAD PARKVILLE 3052 AUSTRALIA	
DEPT OF EDUCATION, DISTRICT COUNCIL OF TARIME	25,728
P.O. BOX 51 TARIME TANZANIA	

Attachment 1

SI 1157127

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

Dr. Hayati Mohd Radzi	500
Ministry of Health Pondang District Health Office 06/00 Pondang, Kuching MALAYSIA	
Dr. Eng Veng Eang	500
Reproductive Health Association of Cambodia (RHAC) 96 Street 150, Sangkat Veal Vong Khan 7 Makara Phnom Penh CAMBODIA	
Dr. Irene Alido Grafil	500
Quezon City Health Department Elliptical Road, Ortigas Quezon City PHILIPPINES	
Dr. Ko Ko Kyaing	500
UNDP-UNOPS HIV/AIDS Project 38 Pya Htaung Nu Lane - Saya San Road, Bham Yangon MYANMAR	
Dr. Phonepaseuth Ounaphom	500
Public Health Department of Vientiane Capital Sayhorn Road, Ban Sraaket Vientiane LAOS	
Dr. Ratsamy Syphanh	500
Department of Public Health Champasak Province Ban Kok am Nou, KM 3 Lao PDR LAOS	
Dr. Riby Mohammad	500
Provincial Health Service B. Kesehatan Blok 2 No. 2 Jayapura 99111 INDONESIA	
Dr. Sumathi Govindasamy	500
Malaysian AIDS Council No.12, The Beside van Shop Office Jalan 13/48 A, 51000 Kuala Lumpur MALAYSIA	

Attachment 1

02/11/2013

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

FAMILY PLANNING ASSOCIATION OF UGANDA (FPAU)	109,117
PO BOX 2 KAMPALA ROAD	
PO BOX 20746	
KAMPALA	
UGANDA	
FILMS OF RECORD LTD.	25,000
2 ELGIN AVENUE	
LONDON W9 3QP	
UNITED KINGDOM	
GENDER AIDS FORUM (GAF)	6,375
417 SMITH STREET	
108 SANGRO HOUSE	
DERHAM 4000	
SOUTH AFRICA	
GENVEC, INC.	1,635,401
65 WEST WATKINS MILL ROAD	
GAITHERSBURG MD 20878	
UNITED STATES	
GHETTO ARTISTS	10,571
PO BOX 20063	
MONROVIA, PEACETOWN	
LIBERIA	
GLAXOSMITHKLINE BIOLOGICALS S.A.	1,094,409
49, RUE DE L'INDEPENDANCE	
1130 RIXENSART	
BELGIUM	
GRAPHIC COMMUNICATIONS GROUP LIMITED	46,793
PO BOX 742	
ACCRA	
GHANA	
GRUPO DE TRABAJO SOBRE TRATAMIENTOS DEL VIH (GTT)	5,588
SARIBENYA, 25000013	
BARCELONA	
SPAIN	
HEALTH & DEVELOPMENT NETWORKS	40,128
PO BOX 20024	
ARICA 10002	
SOUTH AMERICA	

Attachment 1

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Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

HEALTH COUNTERPARTS CONSULTING	19,586
5 PATTANAKARN SO PHAD MAHACHULANGK BANGKOK 10250 THAILAND	
IGATE CLINICAL RESEARCH INTERNATIONAL, LTD., INDIA	3,500,000
102 ALPHA, HIRANANDANI GARDENS POWAI, MUMBAI 400 076 INDIA	
IMPERIAL COLLEGE OF SCIENCE, TECHNOLOGY, AND	60,000
SIR ALEXANDER HENNING BUILDG IMPERIAL COL RD S. KENSINGTON, LONDON SW7 2AZ UNITED KINGDOM	
INNOVATIVE VISION UGANDA LTD.	40,825
4TH FLOOR MAIN P.O. BUILDG, KAMPALA ROAD P.O. BOX 21391 KAMPALA UGANDA	
INSTITUTO NACIONAL DE SALUD PUBLICA	4,116
DIRECCION DE EPIDEMIOLOGIA AV. UNIVERSIDAD 655 MEXICALTIAN CUERNAVACA, MORELOS CP 62500 MEXICO	
IT POWER INDIA PVT. LTD.	355,882
NO. 6 DOMAIN ROILAND POODUKHERRY 605 001 INDIA	
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH	13,500
SCHOOL OF HYGIENE AND PUBLIC HEALTH 615 N. WOLFE STREET BALTIMORE MD 21205 UNITED STATES	
JOURNALISTS AGAINST AIDS NIGERIA	13,209
44B HAYE ROAD OGBA LAGOS NIGERIA	
KARAGWE DISTRICT COUNCIL, MINISTRY OF EDUCATION	16,683
P.O. BOX 50 MINISTRY OF EDUCATION OFFICE KARAGWE TANZANIA	

Attachment 1

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Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

KASUU DISTRICT COUNSEL	11,397
P.O. BOX 92820039	
KASUU	
TANZANIA	
KHON KAEN UNIVERSITY	16,626
FACULTY OF NURSING-PHARMACEUTICAL	
123 FRIENDSHIP HIGHWAY	
KHON KAEN 40002	
THAILAND	
Lai Lai Win Hlaing	500
World Vision Foundation	
16, Shon Saw Pa Road	
Ahlong TS, Yangon	
MYANMAR	
LAMPANG RAJABHAT UNIVERSITY	42,104
LAMPANG-MAE FA ROAD, MIANG DISTRICT	
LAMPANG 52100	
THAILAND	
MAKING POSITIVE LIVING ATTRACTIVE TO YOUTH (MALI)	9,400
PLOT 2 KAFU ROAD	
P.O. BOX 11096	
KAMPALA	
UGANDA	
MEDICAL UNIVERSITY OF SOUTHERN AFRICA TRUST	20,000
P.O. BOX 1857	
PARKLANDS 2121	
SOUTH AFRICA	
MICRONICS, INC.	100,000
8461 154TH AVE NW	
REDMOND WA 98052	
UNITED STATES	
MINISTRY OF EDUCATION, GHANA	108,993
GHANA EDUCATION SERVICE	
P.O. BOX GP2739	
ACTRA	
GHANA	
MONASH UNIVERSITY	809,515
DEPARTMENT OF MICROBIOLOGY	
P.O. BOX 52	
VICTORIA 3000	
AUSTRALIA	

Attachment 1

9/11/17

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

Mr. Ferdinand Buenviaje	500
The Library Foundation 3602 Mercedes St. Malina Manila 1004 PHILIPPINES	
Mr. Pongthorn Chanlearn	500
Rainbow Sky Association of Thailand Northern Regional Center of Lanna 133 Mahadol Mueang, Chiang Mai 50100 THAILAND	
Mr. Theerawut Worachut	500
World Vision Foundation 391/12 Soi Anakulthi Moo 4, Tambon Paknam Mueang, Chongchon 36120 THAILAND	
Mrs. Chou Bun Lean	500
Cambodian Women for Peace and Development 518, 4th Village, Kamponea Teou Commune Prey Veng Province CAMBODIA	
Ms. Nguyen Thi Dieu	500
Vietnam's Community Mobilization Center for AIDS 16/1 Phuong Mai, Long Da District Hanoi VIETNAM	
Ms. Ph. Hou Nirmita	500
Ministry of Women's Veterans' Affairs 83, Preah Norodun Blvd. Sangkat Wat Phnom Phnom Penh CAMBODIA	
NAT. INST. FOR BIOLOGICAL STANDARDS & CONTROL	20,341
BLANCHE LANE SOUTH MIMMS, POTTERS BAR HERTS. EN6 3QC UNITED KINGDOM	
NATIONAL CURRICULUM DEVELOPMENT CENTRE (NCDC)	65,734
KYAMHOGO P.O. BOX 7002 KAMPALA UGANDA	

Attachment 1

9/1/2012

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

NATIONAL INSTITUTES OF HEALTH (NIH)	1,394,437
6701 ROCKHILL DRIVE, ROOM 300 MSC 7/10	
BETHESDA MD 20892	
UNITED STATES	
NDFRE TROUPE LIMITED	135,668
UGANDA INFLUENZA CENTRE-SITE	
PLOT 32 NILE AVENUE, P.O. BOX 1133	
KAMPALA	
UGANDA	
NTANIRA NA MUGAMBO THA RAKA	479
WOMEN'S WEARE PROJECT	
P.O. BOX 255	
MERU	
KENYA	
OFFICE OF BASIC EDUCATION COMMISSION	57,894
MINISTRY OF EDUCATION	
1111 DINGLI, SRI AYUTHAIY ROAD, PATAHAI	
RAJEWI, BANGKOK 10400	
THAILAND	
OFFICE OF VOCATIONAL EDUCATION COMMISSION (OVEC)	44,499
MINISTRY OF EDUCATION	
BANGKOK 10200	
THAILAND	
PARENT'S CONCERN FOR YOUNG PEOPLE	48,266
DOMA, FORPORTAL	
P.O. BOX 535	
FORPORTAL	
UGANDA	
PLANNED PARENTHOOD ASSOCIATION OF GHANA (PPAG)	93,647
ASHANTI REGIONAL OFFICE	
P.O. BOX 3672	
KUMASI	
GHANA	
PLANNED PARENTHOOD OF CONNECTICUT	3,000
145 WHITNEY AVE	
NEW HAVEN CT 06510	
UNITED STATES	
POPULATION SERVICES INTERNATIONAL (PSI)BOTSWANA	48,581
PLOT 115 DINGLI KGALE MEWS	
PRIVATE BAG 50465	
GABORONE	
BOTSWANA	

Attachment 1

90-0157127

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

PORTASCIENCE INC.	70,334
337 TOM BROWN ROAD MORRISTOWN NJ 08057 UNITED STATES	
PRINCE OF SONGKLA UNIVERSITY	68,531
15 KANDAVANDETH ROAD HAD-YAI SONGKLA 90112 THAILAND	
PROVINCIAL HEALTH OFFICE OF CHIANG MAI	56,739
10 SUTHEP ROAD, MUANG DISTRICT CHIANG MAI THAILAND	
QUEENSLAND INSTITUTE OF MEDICAL RESEARCH (QIMR)	476,999
THE BANCROFT CENTRE 800 HURSTON ROAD HERNTON QLD 4006 AUSTRALIA	
RADIO TANZANIA DAR ES SALAAM (RTD)	44,577
NYERERE ROAD P.O. BOX 9191 DAR ES SALAAM TANZANIA	
Ruthy Dionisio Libatique	500
Philippine NGO Council for Population Health and Rm. 804, Diplomat Condominium Hotel Pasey City 1100 BPPHUS	
SEXUALLY TRANSMITTED INFECTION (STI) CENTER	7,335
OFFICE OF DISEASE CONTROL, REGION 10 10 SUTHEP ROAD, MUANG DISTRICT CHIANG MAI 50200 THAILAND	
SOCIEDADE CIVIL BEM-ESTAR FAMILIAR NO BRASIL	-500
AV REPUBLICA DO CHILE, 230 17 ANDAR, CEP 20071 RIO DE JANEIRO, RJ BRAZIL	
STRAIGHT TALK FOUNDATION LIMITED	106,047
45 BUKOTO NRIFFE, KAMUKUYA P.O. BOX 22666 KAMPALA UGANDA	

Attachment I

99-1115712

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

SWISS TROPICAL INSTITUTE	198,786
UNIVERSITY OF BASEL	
SOLOTHURSTRASSE 57 P.O. BOX	
BASEL CH-4002	
SWITZERLAND	
TANZANIA YOUTH AWARE TRUST FUND (TAYOA)	90,418
P.O. BOX 77874	
DAR ES SALAAM	
TANZANIA	
UGANDA RED CROSS SOCIETY (URCS)	105,366
Plot 178/20 LUMUMBA AVENUE	
P.O. BOX 494	
KAMPALA	
UGANDA	
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	5,920
685 WEST BALTIMORE STREET	
FISF 480	
BALTIMORE MD 21201	
UNITED STATES	
UNIVERSITY OF MELBOURNE	463,864
DEPARTMENT OF MICROBIOLOGY	
LEVEL 5, 297 Bouverie Street	
CARTON, VICTORIA 3010	
AUSTRALIA	
UNIVERSITY OF OXFORD	359,000
UNIVERSITY COLLEGE	
WELINGTON SQUARE	
OXFORD OX1 2JD	
UNITED KINGDOM	
UNIVERSITY OF WASHINGTON	8,929
1100 NE 45TH STREET, SUITE 300	
SEATTLE WA 98105	
UNITED STATES	
UNIVERSITY OF WASHINGTON, OFFICE OF SPONSORED	20,000
1100 NE 45TH STREET, SUITE 300	
SEATTLE WA 98105	
UNITED STATES	
UNIVERSITY OF WITWATERSRAND	21,506
REPRODUCTIVE HEALTH RESEARCH UNIT	
SITE 1301 MARICAMP HOUSE	
DURBAN 4001	
SOUTH AFRICA	

Attachment 1

91-1157172

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

UNIVERSITY OF WITWATERSRAND	20,631
20 PROGRESSIVE DRIVE SUITE 200-0001 SHELFORD BLVD DURBAN 6001 SOUTH AFRICA	
VOCATIONAL EDUCATION AND TRAINING AUTHORITY (VETA)	20,000
P.O. BOX 2849 DAR ES SALAAM TANZANIA	
VOLUNTARY SERVICE OVERSEAS (VSO)	40,851
WAWA ROAD (OFF KUSIA STREET) P.O. BOX 6536 ACCRA NORTH GHANA	
VOXIVA INC	202,500
1110 VERMONT AVE NW SUITE 740 WASHINGTON DC 20005 UNITED STATES	
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR)	1,066,240
503 ROBERT GRANT DRIVE SILVER SPRING MD 20910 UNITED STATES	
WANXING BIO-PHARMACEUTICALS CO., LTD.	200,000
LANE 4705, NO. 58, NORTH YANGGANG ROAD PUDONG NEW AREA SHANGHAI 201300 CHINA	
WASHINGTON UNIVERSITY	20,000
ONE BROOKINGS DRIVE, CAMPUS BOX 1054 ST. LOUIS MO 63103 UNITED STATES	
WORLD HEALTH ORGANIZATION (WHO)	1,056,299
20 AVENUE APPY 1211 GENEVA 27 SWITZERLAND	
YUNNAN REPRODUCTIVE HEALTH RESEARCH ASSOCIATION	6,870
P.O. BOX 33 YUNNAN MEDICAL COLLEGE 194 WEST RENMIN ROAD KUNMING 650031 CHINA	

Attachment 1

9/13/2017

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Communicable Disease

ZANZIBAR ASSOCIATION FOR CHILDREN'S ADVANCEMENT

65,751

PO BOX 200

ZANZIBAR

TANZANIA

Total for category: Communicable Disease

17,989,549

Attachment 1

99-1117127

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Women's Health

AFRICAN ORGANIZATION FOR RH AND SOCIAL DEV.	25,000
DEPT OF OB/GYN SCHOOL OF MEDICINE	
UNIVERSITY OF KORDOFAN	
KHARTOUM	
SUDAN	
AGAINST INFECTIOUS DISEASES IN OB/GYN* (AIDOGIM)	1,548
GILASCHIST 9/AP12	
CHISINAU	
MOLDOVA	
AIDS FOUNDATION OF SOUTH AFRICA	63,485
P.O. BOX 90581	
MILGRAVE	
DURHAM 3062	
SOUTH AFRICA	
ALBANIAN FAMILY PLANNING ASSOCIATION (AFPA)	2,000
P.O. BOX 1726	
TIKANA	
ALBANIA	
AMERICAN ARMENIAN WELLNESS CENTER	1,195
HERATSE STREET 1, 25025	
YERIVAN	
ARMENIA	
ARBOR VITA CORPORATION	1,142,000
772 LUCERNE DRIVE	
SUNNYVALE CA 94085	
UNITED STATES	
ASOCIACION CDRO	9,755
APARTADO POSTAL 24	
PARAJE TERRA BLANCA	
TOTONICAPAN	
GUATEMALA	
BIG SISTERS CLUB	10,068
NO. 58 DARTINGTON STREET	
MOROCCO	
BAHAGGY STATE	
LIBERIA	
BRIGHT MORNING STAR (WOMEN WING)	3,960
ST. JAMES ANGLICAN CHURCH, OIL COME	
AYTADDE LOCAL GOVERNMENT AREA	
OGUN STATE	
NIGERIA	

Attachment 1

96-1137132

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Women's Health

CANCER INSTITUTE, CHINESE ACADEMY OF MED. SCI.	315,551
17 SOUTH PAIHAYUANG LAO	
PO BOX 228	
VIETNAM 100021	
VIETNAM	
CENTER FOR FAMILY, MOTHERHOOD AND CHILDHOOD	3,866
29 NOVEMIRI 27 1000 SKOPJE	
1000 SKOPJE	
MACEDONIA	
CENTER FOR THE STUDY OF STATE & SOCIETY (CESES)	1,800
SANCTO Z DE BUSTAMANTE 27	
BUEENOS AIRES 1173	
ARGENTINA	
CENTRO DE ESTUDIOS Y PROMOCION SOCIAL (CEPS)	17,859
EDIFICIO EL CARMEN CANAL 4 DE TV	
APARTAMENTO 2667	
MANAGUA	
NICARAGUA	
CENTRO DE INVESTIGACION SOCIAL TECNOLOGIA (CISTAC)	3,063
CALLE LA M CARDON NO 16 (SOPRACAMBI)	
LA PAZ	
BOLIVIA	
CHINA FAMILY PLANNING ASSOCIATION (CFPA)	220,000
NO. 35 SHAOYAOJI 121111 F1000R	
CHAOYANG DISTRICT	
BEIJING 100029	
CHINA	
CIDHAL, A.C.	2,000
CALLE LAS FLORES NO. 11	
CD. ACAPULCO DE GU.	
GUERRERERO	
MEXICO	
CTR FOR POP. ACTIVITIES AND EDUC. FOR DVLPMENT	4,388
1 NIGHER ROAD, UNIVERSITY OF BORDAN	
PO BOX 9783, ULEPO	
BORDAN	
NIGERIA	
CTR FOR RESEARCH ON ENVIRO. HEALTH AND POP. (CREHPA)	11,944
PO BOX 9626	
KATHMANDU	
NEPAL	

Attachment 1

91415 157

Form 990, Part 2 Line 622

Schedule of Grants and Allocations

Program Category: Women's Health

DIGFNE CORPORATION	730,996
1201 CHAPPEL ROAD	
GAITHERSBURG, MD 20878	
UNITED STATES	
DIRECCION REGIONAL DE SALUD SAN MARTIN (DIRES)	2,942
IR CAHUPE 146 - TARAPOTO	
SAN MARTIN	
PERU	
DR. A. S. JEGEDE	2,925
DEPARTMENT OF SOCIOLOGY	
UNIVERSITY OF IBADAN	
IBADAN	
NGERIA	
ECOLE DE SANTE PUBLIQUE DE KINSHASA	4,837
UNIVERSITE DE KINSHASA	
B.P. 13550 KIN 1	
KINSHASA	
CONGO	
ELSEVIER BV	14,844
SARA BURGERHARLSTRAAT 25	
1055 XV	
AMSTERDAM	
NETHERLANDS	
FAITH, HOPE, LOVE	3,011
18 CHERNOMORSKOYE KAZACHESKAYA ST	
ODESSA	
UKRAINE	
FAMILY AND HEALTHY GENERATION	1,742
720075 DAVYDOVATYRA STR 1/4	
BISHKEK	
KYRGYZSTAN	
FAMILY PLANNING AND SEXUAL HEALTH ASSOC. (FPSHA)	8,104
SALTOWSKIU 38-109	
VILNIUS	
LITHUANIA	
FAMPLAN JAMAICA	2,000
P.O. BOX 92	
ELKING STREET	
ST. ANDREW'S	
JAMAICA	

Attachment 1

92-105-127

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Women's Health

FEDERATION OF WOMEN'S GROUPS	3,674
P.O. BOX 51079	
NAIROBI	
KENYA	
FINCA DOS MARIAS CORPORATION	3,946
1510 HACKLEY AVENUE	
LONG BEACH CA 90814	
UNITED STATES	
FOUNDATION FOR DEV. OF FAMILY MED. AND PRIMARY	1,500
J.D. PEROG 4272	
CP 1199 CABA	
ARGENTINA	
GENDER AIDS FORUM (GAF)	8,925
417 SMITH STREET	
108 SANGRO HOUSE	
DURHAM 4000	
SOUTH AFRICA	
HUMAN EMPOWERMENT AND DEVELOPMENT PROJECT	4,095
DEPT. OF EDUCATION, FACULTY OF ARTS	
UNIVERSITY OF IYO	
AKWA IBOM STATE	
NIGERIA	
INSTITUTE FOR SUSTAINABLE DEVELOPMENT OF LA PAMPA	2,000
PASTEUR 219	
SANTA ROSA	
ARGENTINA	
INSTITUTE OF OBSTETRICS & GYNECOLOGY	3,748
CLINICAL CENTER OF SERBIA	
VISOKA ROSTKA 76	
11000 BELGRADE	
SERBIA	
INSTITUTO CHILENO DE MEDICINA REPRODUCTIVA (ICMER)	53,654
DEPTO. 3, CORREO 22	
CASILLAS 96	
SANTIAGO	
CHILE	
INTERNATIONAL CENTER FOR REPRODUCTIVE HEALTH	287
P.O. BOX 91 199	
SHU-LI PLAZA	
MOMBASA	
KENYA	

Attachment 1

9/11/95 127

Form 990, Part 2 Line 422

Schedule of Grants and Allocations

Program Category: Women's Health

INTERNATIONAL PROJECTS ASSISTANCE SERVICE (IPAS)	9,000
300 MARKET STREET, SUITE 200 CHAPEL HILL NC 27516 UNITED STATES	
JANET KIMBWARATA	4,751
P.O. BOX 26905 NAIROBI KENYA	
KHON KAEN UNIVERSITY	4,698
FACTORY OF NURSING/PHARMACEUTICAL 173 FRIENDSHIP HIGHWAY KHON KAEN 40002 THAILAND	
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE	106,065
KEMPFL STREET LONDON WC1E 7HT UNITED KINGDOM	
MAENDELEO YA WANAWAKE ORGANIZATION (MYWO)	11,714
PO BOX 44412 MAENDELEO HOUSE MONROVIA STREET NAIROBI KENYA	
MAMA NA DADA MANAGEMENT PROJECT	806
P.O. BOX 40901 NAIROBI KENYA	
MARIE STOPES BOLIVIA	1,982
CALLE JOSE SAUVA TIERRA NO. 18 ZONA LA RAMADA SANTACRUZ DE LA SIERRA BOLIVIA	
MEDTEKNOLOGIA	8,200
NOVOYE OZHANAYA ST - 3-19 MOSCOW 125087 RUSSIA	
MINISTRY OF HEALTH, SOCIALIST REPUBLIC OF VIETNAM	22,870
Box 10 300, 111 THIE HANOI VIETNAM	

Attachment 1

09-25-2005

Form 990, Part 2 Line 522

Schedule of Grants and Allocations

Program Category: Women's Health

NATIONAL AIDS RESEARCH INST. (NARI)	911
4172, AIDN	
POST BOX 1998	
BIJESAHU PLUMFIELD	
INDIA	
NATIONAL CANCER CENTER OF MONGOLIA	2,000
BAYAN/URKHUB-48	
ULAANBAATAR	
MONGOLIA	
NATIONAL UNIVERSITY OF LEON	2,924
DEPT OF PREVENTATIVE MEDICINE	
EDUCATION CENTER, UNAN-LEON APPROX	
LEON	
NICARAGUA	
OKON WIDOWS NETWORK	5,002
IKOT IGWE, OKON, ESSI-EHOBU LGA	
P.O. BOX 507, IKOT EKPENE	
AKWA IBOM STATE	
NIGERIA	
PAN AMERICAN HEALTH ORGANIZATION (PAHO)	4,416
525 TWENTY-THIRD STREET NW	
WASHINGTON DC 20017	
UNITED STATES	
PATH FOUNDATION PHILIPPINES	149,940
40 THOMAS JEFFERSON CULTURAL CENTER	
SEN. GIL PUYAT AVENUE	
MAZAT CITY	
PHILIPPINES	
PLANNED PARENTHOOD AFFILIATES OF	2,700
3601 EAST MADISON	
SEATTLE WA 98122	
UNITED STATES	
PROJECT HOPE/PERU	28,920
JR. CAHIDE NO. 146 - TAPACHICO	
SAN MARTIN	
PERU	
PROMOCION DE LA MUJER RURAL (PRODEMUR)	2,144
LIMA 90 - BARRIO PANAMERICANO	
LA RIOJA 5300	
PERU	

Attachment 1

9/11/12

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Women's Health

PROMOCION Y MEJORAMIENTO DE LA SALUD (PROMESA)	3,032
ASOCIACION DE MUJERES DE LA COMUNIDAD DE LA SALUD	
ASOCIACION	
PARAGUAY	
PROYECTO PARA EL MEJORAMIENTO DE LA SALUD	7,000
ZAMORANO COLLEGE	
DESARROLLO Y AMBIENTE, APTD 93	
TEGUIGALPA	
HONDURAS	
PUNTOS DE ENCUENTRO	59,500
DE LA ROTUNDA DE PLAZA ESPANA	
IC. AILAO, IC. AL CALO	
MANAGUA RP-39	
NICARAGUA	
REGIONAL SALUS FOUNDATION	1,990
P.O. BOX 320	
79080 LIV	
UKRAINE	
REPRO. HEALTH TRAINING AND RESEARCH ACADEMY	25,000
IRAWATI, KUTUMBI	
EL DIFER	
NETAL	
REPRODUCTIVE HEALTH MATTERS/ICMA	3,000
444 HIGHGATE STATION	
53-79 HIGHGATE ROAD	
LONDON NW5 1TL	
UNITED KINGDOM	
SAKA ALIYU	302
194/272 BIRAHIM TAIWEL ROAD	
ROBIN, EWARA STATE	
NGERIA	
SAMBURI AID IN AFRICA (SAIDIA)	7,520
P.O. BOX 741	
NANYUKI	
KENYA	
SAMMY OLE OINYIAKU	5,035
P.O. BOX 213	
YARADO	
KENYA	
SHEIKH AHMED NABAHANY	4,360
P.O. BOX 906/07	
MOMBASA	
KENYA	

Attachment 1

901157127

Form 990, Part 2 Line #22

Schedule of Grants and Allocations

Program Category: Women's Health

SOCIEDADE CIVIL BEM-ESTAR FAMILIAR NO BRASIL	5,500
AV REPUBLICA FACHINI, 250	
17 ANDAR, CEP 20031	
RIO DE JANEIRO, RJ	
BRAZIL	
STEPWISE ORGANIZATION	-270
22, ABLOKUTA ROAD, ADEWOLE ESTATE	
P.O. BOX 5565	
ILOIN	
NIGERIA	
THE HEALTH FEDERATION OF PHILADELPHIA	3,568
1211 CHINQUET STREET, SUITE 108	
PHILADELPHIA PA 19107	
UNITED STATES	
UNIVERSITY OF WASHINGTON	2,000
1100 NE 45TH STREET, SUITE 300	
SEATTLE WA 98105	
UNITED STATES	
UNIVERSITY OF WITWATERSRAND	9,738
REPRODUCTIVE HEALTH RESEARCH UNIT	
SITE 1301 MARITIME HOUSE	
DURBAN 4001	
SOUTH AFRICA	
WOMEN WELLNESS CARE ALLIANCE	1,440
11 JAVAKHISHVILI STREET	
KUTAISSI 384 000	
GEORGIA	
YUSUF ISHAKU GARBA	4,095
Q. IBRAHIM DASUKI STREET	
BOS, PLATAAU STATE	
NIGERIA	
ZION WOMEN MULTIPURPOSE COOPERATIVE SOCIETY	2,524
KM 5, MAKURDI - OTUKPO ROAD	
RESIDENCE FOR Y FAMILIY PROBLEMS SECTION	
BENUE STATE	
NIGERIA	

Total for category: Women's Health

3,206,998

Total for all categories:

28,733,678

12/31/04

2004 Federal Book Depreciation Schedule
PROGRAM FOR APPROPRIATE TECHNOLOGY
IN HEALTH

Page 1

91-1157127

10/31/05

04:40PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Improvements																
3	Leasehold Improvements	Various		4,153,922							4,153,922	1,088,173	S/L	10		197,299
	Total Improvements			4,153,922		0	0	0	0	0	4,153,922	1,088,173				197,299
Machinery and Equipment																
2	Machinery & Equipment	Various		6,441,379							6,441,379	4,865,297	S/L	5		846,246
	Total Machinery and Equipment			6,441,379		0	0	0	0	0	6,441,379	4,865,297				846,246
	Total Depreciation			10,595,301		0	0	0	0	0	10,595,301	5,953,470				1,043,545
Depr. Schedule Only																
Furniture and Fixtures																
1	Furniture & Fixtures	Various		685,168							685,168	541,029	S/L	10		94,103
	Total Furniture and Fixtures			685,168		0	0	0	0	0	685,168	541,029				94,103
	Total Depreciation			685,168		0	0	0	0	0	685,168	541,029				94,103
	Grand Total Depreciation			11,280,469		0	0	0	0	0	11,280,469	6,494,499				1,137,648

Attachment 3

Form 990, PART III

Statement of Program Service Accomplishments

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act. Our mission is to improve the health of people around the world by advancing technologies, strengthening systems, and encouraging healthy behaviors.

Our comprehensive approach

We **advance technologies** for low-resource settings. Technologies must be effective, culturally acceptable, available, and affordable to the people who need them most.

We **strengthen health systems**, because only stable systems can make use of technologies, and because all people—no matter where they live—need and deserve reliable health information and services.

We **encourage healthy behaviors**, working with communities to help people examine—and challenge—assumptions and traditions that may contribute to poor health.

To make sure we have the highest impact possible, we assemble dynamic teams with complementary skills. PATH's partners range from government ministries to local theater troupes to some of the largest commercial manufacturers in the world. We recognize that effective health solutions must be more than scientifically sound; they must also be culturally relevant. That's why nearly half of our employees are from the regions where we work—and why we always test our technologies and strategies in the populations we serve.

Our areas of focus

Each year, millions of people die because they were born in poor countries. PATH works to alleviate the disproportionate health burden carried by developing countries—to close the gap between what exists and what is possible. To meet its goals PATH has structured its programmatic efforts around the following Strategic Programs:

- Children's health
- Infectious Disease/ Vaccines & Immunization
- Women's Health

Our global presence

Headquartered in Seattle, Washington, PATH has offices in 14 countries and projects in more than 100 countries.

Africa – PATH's work in Africa supports local communities, governments, and organizations and helps them accomplish their goals. From our first project in the region, collaboration and cooperation have been essential. The strength of these relationships can be seen today in projects that expand beyond our involvement and live on their own—like the AMKENI project, where the new strategies taken up by participating communities have been adopted by their neighbors. The answers to Africa's health needs come from the potential already present—we are proud to help build accessible, effective tools that bring that potential to life.

Attachment 3
Form 990, PART III
Statement of Program Service Accomplishments
Page 2

91-1157127

Asia – In the late 1970s, PATH began work on our very first project—helping manufacturers in China set up facilities for making high-quality condoms and other contraceptives. We played an important part in helping millions of Chinese couples gain access to the reliable contraception that was already available in industrialized countries.

Over the past three decades we have expanded our efforts to include other health issues and communities throughout Asia. Today we have field offices in Cambodia, China, India, Indonesia, Thailand, and Vietnam. We are improving health throughout the region.

Eastern Europe – Since the mid-1990s, PATH has been helping both systems and citizens in Eastern Europe rebound. We tackle pressing health issues in countries such as Belarus, Georgia, Moldova, and Ukraine. Our office in Kyiv, Ukraine, serves as the hub of our activities in the region. The health topics we address include HIV and AIDS, tuberculosis, women's health, and vaccines and immunization.

Latin America – For more than a decade, PATH has worked to meet the needs of diverse communities in Latin America and the Caribbean. In many areas of this region, infrastructure is fairly reliable. Urban areas have ready access to health services and supplies, and one important indicator of health—knowledge of contraception—is nearly 100 percent. But approximately ten percent of the world's developing-country population lives in Latin America and the Caribbean—and pockets of extreme poverty do exist.

PATH offers solutions that are appropriate to the level of development and individual context of Latin America's communities. In 2003, we established an office in Managua, Nicaragua.

For more information about PATH and its programs, please visit www.path.org, or contact info@path.org.

Attachment 4

Form 990, Part VIII

Statement of Relationship of Activities to the Accomplishments of Exempt Purposes

Interest on Program-Related Loans: PATH provides financing to organizations in developing countries for activities related to improving health in those countries.

Licensing and Technology Transfer Activities: PATH licenses certain health technologies to manufacturers pursuant to terms that ensure product production capability and availability at low cost for public sector use by developing country programs. In connection with its licensing activity, PATH provides training to manufacturers in the use of its licensed technologies in furtherance of PATH's charitable mission.

Product Design/Testing: PATH assists other organizations in designing equipment which ultimately improves health technologies in resource-poor countries.

Product Sales: PATH sells health technologies and health brochures to other public health agencies.

Technical Assistance/Capacity Building: PATH periodically provides technical assistance to other entities in areas such as product development, marketing, and good manufacturing practices.

Training: PATH designs training curricula, produces training materials, and delivers training as needed to help improve healthcare practices in resource-poor countries.