Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
PUBLIC DISCLOSURE COPY
FUBLIC DISCLOSURE COFF

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	PATH 2201 WESTLAKE AVENUE 200 SEATTLE, WA 98121
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PATH Name change 91-1157127 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 206-285-3500 2201 WESTLAKE AVENUE 200 termin-ated G Gross receipts \$ 398,901,838. City or town, state or province, country, and ZIP or foreign postal code Amended return SEATTLE, WA 98121 H(a) Is this a group return Applica-F Name and address of principal officer: KELLY PRIESTLEY JYes IX No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c)() ◀ (insert no.) If "No," attach a list. See instructions J Website: ➤ WWW.PATH.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1981 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 667 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 287,454,383 333,068,959. Revenue Program service revenue (Part VIII, line 2g) 0 12,502,251 9,205,357. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,030,112 843,270. 300,986,746 343,117,586. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 67,994,827 75,961,955. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 132,096,396 135,407,327. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 92,968,260 123,975,347. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 293,059,483 335,344,629. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,927,263. 7,772,957. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 283,556,203. 307,073,332. 20 Total assets (Part X, line 16) 234,982,056 253,115,813. 21 Total liabilities (Part X, line 26) Net/ 48,574,147, 53,957,519. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KELLY PRIESTLEY, CONTROLLER & PRIN. FIN. OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature RICHARD J. LOCASTRO, CPA 11/11/2022 P00288314 Paid self-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN > 52-1392008 Preparer Firm's address 🕨 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no.(301) 951-9090 BETHESDA, MD 20814-2930 May the IRS discuss this return with the preparer shown above? See instructions

91-1157127 Page 2 Form 990 (2021) Part III Statement of Program Service Accomplishments Х Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PATH'S MISSION IS TO ADVANCE HEALTH EQUITY THROUGH INNOVATION AND PARTNERSHIPS. (CONTINUED ON SCHEDULE O) Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 32,739,259.) (Revenue \$ 121,408,713. including grants of \$ 4a) (Expenses \$ THE PROGRAMS & INNOVATION DIVISION BRINGS DEEP TECHNICAL EXPERTISE AND A ROBUST, COLLABORATIVE, AND INTERDISCIPLINARY APPROACH TO SUPPORT PATH COUNTRY PROGRAMS AND PARTNERS IN ADVANCING HEALTH EQUITY. WE FOCUS ON GENERATING ANALYTICAL INSIGHTS. TRANSLATING THEM INTO ADVOCACY AND ACTION, ADVANCING INCLUSIVE AND SUSTAINABLE INNOVATION, AND STRENGTHENING WORKFORCE SKILLS AND RESOURCES THAT SUPPORT INTEGRATED AND RESILIENT HEALTH SYSTEMS. OUR WORK COVERS DIGITAL TRANSFORMATION, PRODUCT DEVELOPMENT. MARKET SHAPING. EPIDEMIC PREPAREDNESS AND RESPONSE, AND MORE. (CONTINUED ON SCHEDULE O) 100,080,790. including grants of \$ 33,744,940.) (Revenue\$ 4b (Code:) (Expenses \$ ESSENTIAL MEDICINES: PATH'S ESSENTIAL MEDICINES DIVISION DEVELOPS AND DELIVERS LIFESAVING VACCINES AND DRUGS FOR WOMEN, CHILDREN, AND COMMUNITIES AROUND THE GLOBE. (CONTINUED ON SCHEDULE O) 37,745,269. including grants of \$ 4,420,524.) (Revenue\$) (Expenses \$ AFRICA REGION: PATH'S WORK IN AFRICA INTERSECTS VIRTUALLY EVERY PATH GLOBAL PROGRAM, FROM ADVOCACY AND PUBLIC POLICY TO SEXUAL AND REPRODUCTIVE HEALTH. WE HAVE COUNTRY OFFICES IN SEVEN SUB-SAHARAN NATIONS SPANNING CENTRAL, EASTERN, SOUTHERN, AND WESTERN AFRICA: THE DRC, ETHIOPIA, KENYA, SENEGAL, TANZANIA, UGANDA, AND ZAMBIA - WITH PROJECT OFFICES IN SEVEN MORE. HIGHLIGHTS FROM OUR COUNTRY OFFICES INCLUDE:

4d Other program services (Describe on Schedule O.) (Expenses \$ 41,899,328. including grants of \$

(CONTINUED ON SCHEDULE O)

Total program service expenses ► 301,134,100.

5,057,232.) (Revenue \$

Form **990** (2021)

4e

Form 990 (2021) PATH Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	77	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		•
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

132003 12-09-21

	Charlet of Domised Cohodulos (11 11
Partiv	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		,,
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ ^
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ ^
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
34		34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			LX.

		_			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	219				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c	Х		

132004 12-09-21

.57127 Page **5**

91-1157127

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)
--

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 667								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х						
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE 0								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			17					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х					
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α					
		7e		х					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7f		X					
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
_	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 								
8									
	sponsoring organization have excess business holdings at any time during the year? N/A								
9	Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders N/A 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	44-		v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
i		15		х					
excess parachute payment(s) during the year?									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.	10							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17							
	If "Yes." complete Form 6069.	.,							

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
IUa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IUU		
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	able
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny,	, availe	2010
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	iul		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY PRIESTLEY, CONTROLLER & PRINCIPAL FINANCIAL OFFICER - 206-285-3500			
	·			

132006 12-09-21 Form **990** (2021)

2201 WESTLAKE AVE., SUITE 200, SEATTLE, WA 98121

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	nor any related organization compensat (B) (C)							(D)	(E)	(F)
Name and title	Average	١.		Pos	ition			Reportable	Reportable	Estimated
Hamo and the	hours per		to not check more than one ox, unless person is both an					compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	gy.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		g.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	st con	L	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NIKOLAJ JESTED GILBERT, MSC	39.00	_	_		_	-				
PRESIDENT AND CEO	1.00			х				591,896.	0.	43,730.
(2) DAVID C. KASLOW, MD	39.00									
CHIEF EXECUTIVE-ESSENTIAL MEDICINES	1.00				Х			408,184.	0.	67,963.
(3) TRAD M. HATTON, MA, MHS	40.00									
COUNTRY DIRECTOR	0.00					Х		345,991.	0.	52,997.
(4) ERICA JANE SESSLE, MPHIL, MPH	40.00									
CHIEF OF STAFF (UNTIL 10/1/21)	0.00				Х			355,383.	0.	40,626
(5) JOHN O. KONZ, PHD	40.00									
GLOBAL HEAD, INT. PTFL. & FIN. MGMT.	0.00					Х		330,414.	0.	64,894
(6) ASHLEY J. BIRKETT, PHD	40.00									
GLOBAL HEAD, MALARIA VACCINES	0.00					Х		330,205.	0.	59,071
(7) KIMBERLY GREEN, PHD	40.00									
DIRECTOR, PRIMARY HEALTH CARE	0.00					Х		322,267.	0.	60,231
(8) JEFFREY D. BERNSON, MPH, MPA	40.00								_	
CHIEF EXECUTIVE-PROGRAM & INNOVATION	0.00				Х			322,840.	0.	58,884
(9) BRUCE LAMONT INNIS, MD, FIDSA	40.00					l_		240.046		20.000
GLOBAL HEAD, RESPIRATORY INFECTIONS	0.00					Х		342,216.	0.	30,989
(10) PHILIPPE GUINOT, MBA	1.00			,,					21.6 221	25 025
CHIEF OF BUSINESS, FIN. & OPERATIONS	39.00			Х				0.	316,221.	25,825
(11) CARLA ANNE COSTA SANDINE	40.00							260 166	0	46 609
CHIEF OF EXTERNAL AFFAIRS (12) MOLLI M. BARNES	0.00 40.00				Х			268,166.	0.	46,608
CHIEF PEOPLE OFFICER	0.00				х			261,290.	0.	19 113
(13) SABRINA L. POWERS, JD	40.00							201,230.	0.	49,413
GENERAL COUNSEL	0.00				х			265,189.	0.	44,732
(14) NANTHALILE C. MUGALA, MD, MMED	40.00							203,103.	•••	11,732
CHIEF EXECUTIVE-AFRICA REGION	0.00	1			х			288,679.	0.	0
(15) DAVID W. FLEMING-SENIOR VP, MD	40.00									
OF PUBLIC HEALTH(UNTIL 2/11/21)	0.00	1			х			241,202.	0.	10,041
(16) ELAINE L. GIBBONS, CFA	40.00							, , , ,		,
FRMR VP-GLOBAL ENGMT. (LEFT 2020)	0.00	1					х	184,790.	0.	2,056
(17) JERRY KUO, MBA	39.00							,		•
CHIEF OF STRGC. FIN. (UNTIL 1/4/21)	1.00	1		x	1		1	134,055.	0.	4,302.

132007 12-09-21

Form 990 (2021) PATH									91-115/12/	Page o			
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)		(C)					(D)	(E)	(F)				
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box, unless person is				h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations			
(18) BETH GALETTI, MBA	2.00												
CHAIR	0.00	х		х				0.	0.	0.			
(19) DAVID KING, JD	2.00												
VICE CHAIR	0.00	х		х				0.	0.	0.			
(20) SANFORD MELZER	2.00												
SECRETARY	0.00	Х		Х				0.	0.	0.			
(21) BRUCE MCNAMER, JD, MBA	2.00												
TREASURER	0.00	Х		Х				0.	0.	0.			
(22) YEHONG ZHANG, PHD, MBA DIRECTOR	0.00	x						0.	0.	0 .			
(23) JO ADDY, MBA, MPA	2.00	^				\vdash		0.	0.	0			
DIRECTOR	0.00	x						0.	0.	0.			
(24) IREENA VITTAL	2.00					t				-			
DIRECTOR	0.00	х						0.	0.	0.			
(25) DEANNA OPPENHEIMER	2.00												
DIRECTOR	0.00	х						0.	0.	0.			
(26) JOHN-ARNE ROTTINGEN MD, PHD,	2.00												
MSC, MPADIRECTOR	0.00	х						0.	0.	0.			
1b Subtotal							<u> </u>	4,992,767.	316,221.	662,362			
c Total from continuation sheets to Part							>	0.	0.	0.			
d Total (add lines 1b and 1c)								4,992,767.	316,221.	662,362.			

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

354

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

Section B. Independent Contractors

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

	, ,	
(A) Name and business address	(B) Description of services	(C) Compensation
RANDSTAD INDIA PVT. LTD., SUITE NO 001 &		
002, COPIA, NEW DELHI, INDIA 110025	STAFFING SERVICES	1,796,178.
SAFEGUARD WORLD INT'L, MOSS LANE EDWIN		
FODEN BUS CENTRE, SANDBACH, UNITED KINGDOM	GENERAL CONTRACTOR	1,322,299.
UNIT4 BUSINESS SOFTWARE, INC.		
3 BURLINGTON WOODS, BURLINGTON, MA 01803	SYSTEMS CONTRACTOR	729,988.
PIVOTAL CONSULTING, LLC		
1631 15TH AVE W #118, SEATTLE, WA 98119	CONSULTING	600,556.
GLOBALIZATION PARTNERS, INC.		
175 FEDERAL ST 17TH FL, BOSTON, MA 02110	STAFFING SERVICES	464,096.
2 Total number of independent contractors (including but not limited to tho	se listed above) who received more than	
\$100,000 of compensation from the organization \$\rightarrow\$	1	
·	·	

SEE PART VII, SECTION A CONTINUATION SHEETS

91-1157127 Form 990 PATH

	PATH 91-1157127									
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	l		Reportable	Reportable	Estimated
	hours	(check all that apply)		compensation	compensation	amount of				
	per week (list any hours for related	Individual trustee or director	trustee		99	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest con	Former			organizations
(27) JOEL HOLSINGER	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(28) HELENA WAYTH, MSC	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(29) ABAYOMI SULE, MBBS, MBA	2.00									
DIRECTOR	0.00	х						0.	0.	0
(30) LISA ANDERSON	2.00									
DIRECTOR	0.00	х						0.	0.	0
(31) RACHEL SIBANDE, MSC	2.00									
DIRECTOR	0.00	х						0.	0.	0
(32) FREDERICK WERE	2.00									
DIRECTOR (BEGAN 3/2021)	0.00	х						0.	0.	0
(33) LUTZ HEGEMANN, MD, PHD	2.00									
DIRECTOR (BEGAN 6/2021)		х						0.	0.	0

		(2021) PATH				91-1157127	Page 9
Pa	rt VI						
		Check if Schedule O contains a response of	r note to any lin		(B)	(0)	
				(A) Total revenue	Related or exempt	(C) Unrelated	(D) Revenue excluded
				TotalTevenue		business revenue	from tax under
(0.10							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns1a					
Gra	b	Membership dues 1b					
ts,	c	Fundraising events1c					
Gif	c	d Related organizations 1d	2,279,943.				
ini	e	Government grants (contributions) 1e 1	13,800,820.				
rior S	f	All other contributions, gifts, grants, and					
ip i		similar amounts not included above 1f 2	16,988,196.				
함	ç	Noncash contributions included in lines 1a-1f	3,097,897.				
a C	h	Total. Add lines 1a-1f		333,068,959.			
		[1	Business Code				
စ္ပ	2 a	ı					
ه کِ	b	,					
Se	c	;					
am	c	1					
Program Service Revenue	e	,					
P.	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		8,920,472.			8,920,472.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 56,047,000.	22,137.				
	b	Less: cost or other basis	•				
e		and sales expenses	169,653.				
evenue	c	Gain or (loss) 7c 432,401.	-147,516.				
œ l		Net gain or (loss)		284,885.			284,885.
Other		Gross income from fundraising events (not	-				
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	.				
s			Business Code				
e jo	11 a	OTHER	900099	804,482.			804,482.
Miscellaneous Revenue	b	REIMBURSEMENTS	900099	38,788.			38,788.
e e	c	;					
Ais H	c	All other revenue					
_		Total. Add lines 11a-11d		843,270.			
	12	Total revenue See instructions		343 117 586.	0.	0.	10 048 627.

132009 12-09-21

91-1157127 Page **10**

PATH

Part IX Statement of Functional Expenses

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

Dα	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	24,971,209.	24,971,209.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	EO 000 746	EO 000 746		
	individuals. See Part IV, lines 15 and 16	50,990,746.	50,990,746.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	3,503,184.	304,810.	3,198,374.	
6	trustees, and key employees	3,303,104.	304,010.	3,170,374.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	186,846.		186,846.	
7		98,900,832.	84,542,681.	12,401,955.	1,956,196
7 8	Other salaries and wages Pension plan accruals and contributions (include	50,500,032.	54,542,001.	12, 101, 755.	1,550,150
o	section 401(k) and 403(b) employer contributions)	10,846,071.	9,740,836.	866,213.	239,022
9	Other employee benefits	15,530,594.	14,465,840.	968,297.	96,457
9 10	Payroll taxes	6,439,800.	5,787,905.	592,796.	59,099
11	Fees for services (nonemployees):	0,100,000.	3,707,303.	332,730.	33,033
'' a					
b		1,361,906.	689,129.	669,780.	2,997
C		941,141.	234,102.	707,039.	
	Lobbying	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	201,202.	, , , , , , ,	
e	D (' 1(1 ' ' ' O D ' N' I' 13				
f	Investment management fees	335,619.		335,619.	
g	// / L 100/ / L 05 F				
9	column (A), amount, list line 11g expenses on Sch O.)	21,356,638.	16,798,933.	4,206,724.	350,981
12	Advertising and promotion	259,645.	204,097.	5,771.	49,777
13	Office expenses	8,500,810.	8,062,238.	346,509.	92,063
14	Information technology	7,759,274.	6,314,353.	1,383,166.	61,755
 15	Royalties	40,100.	40,100.	, ,	, , , , , , , , , , , , , , , , , , ,
16	Occupancy	13,663,995.	254,156.	13,408,822.	1,017
.c 17	Travel	8,854,734.	8,756,823.	97,562.	349
 18	Payments of travel or entertainment expenses	, ,	, ,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,927,984.	8,672,961.	254,256.	767
20	Interest	14.	14.	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,442,094.	9,302.	2,432,792.	
23	Insurance	760,860.	460,013.	300,847.	
24	Other expenses. Itemize expenses not covered	,	·	·	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBCONTRACTORS	32,708,095.	32,708,095.		
b	EQUIP RENT & MAINT	11,123,049.	10,973,340.	149,709.	
c	DIRECT AID TO BENEF.	986,176.	986,176.	,	
d	FACILITIES ALLOC	0.	13,860,521.	-14,219,377.	358,856
e		3,953,213.	1,305,720.	249,627.	2,397,866
25	Total functional expenses. Add lines 1 through 24e	335,344,629.	301,134,100.	28,543,327.	5,667,202
<u></u> 26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Ра	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,194,550.	1	12,911,863.
	2	Savings and temporary cash investments	9,719,000.	2	10,006,728.		
	3	Pledges and grants receivable, net	39,742,632.	3	38,296,068.		
	4	Accounts receivable, net	258,036.	4	555,337		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			7,008,112.	9	7,454,031.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	37,891,859.			
	b	Less: accumulated depreciation	10b	30,772,154.	8,413,303.	10c	7,119,705.
	11	Investments - publicly traded securities			211,220,570.	11	230,729,600.
	12	Investments - other securities. See Part IV, li	ne 11			12	
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	33)	283,556,203.	16	307,073,332.
	17	Accounts payable and accrued expenses			234,982,056.	17	253,115,813.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or	former offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
iab		controlled entity or family member of any of	these pers	ons		22	
_	23	Secured mortgages and notes payable to ur		-		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24)). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			234,982,056.	26	253,115,813.
Ş		Organizations that follow FASB ASC 958,	check her	e 🕨 🗓			
nce.		and complete lines 27, 28, 32, and 33.			01 554 504		00 653 500
ala	27	Net assets without donor restrictions			21,554,594.	27	20,653,709.
D B	28	Net assets with donor restrictions			27,019,553.	28	33,303,810.
μ		Organizations that do not follow FASB AS	C 958, che	eck here 🕨 📖			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
\ss(30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		F	40 E74 147	31	E2 0E7 E10
Ž	32	Total net assets or fund balances			48,574,147.	32	53,957,519.
	33	Total liabilities and net assets/fund balances			283,556,203.	33	307,073,332.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		343	,117	,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2		335	,344	,629.
3	Revenue less expenses. Subtract line 2 from line 1	3		7	,772	,957.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		48	,574	,147.
5	Net unrealized gains (losses) on investments	5		-2	,389	,585.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		53	,957	,519.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Ī			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		- 1			
	Separate basis X Consolidated basis Both consolidated and separate basis		I			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-1157127 РАТН Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2021 PATH 91-1157127 Page **2**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	347,844,394.	305,316,107.	286,808,545.	287,454,383.	333,068,959.	1560492388.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	347,844,394.	305,316,107.	286,808,545.	287,454,383.	333,068,959.	1560492388.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						717,318,521.
6	Public support. Subtract line 5 from line 4.						843,173,867.
	ction B. Total Support	<u>, </u>	<u> </u>		T		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	347,844,394.	305,316,107.	286,808,545.	287,454,383.	333,068,959.	1560492388.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,050,888.	2,963,587.	6,310,221.	12,207,084.	8,920,472.	32,452,252.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	F 225 202	000 560	026 070	1 020 110	042 270	0 016 114
	assets (Explain in Part VI.)	5,225,302.	980,560.	836,870.	1,030,112.	843,270.	8,916,114. 1601860754.
	Total support. Add lines 7 through 10	-4- / !	\			40	
12	Gross receipts from related activities,					12	45,487.
13	First 5 years. If the Form 990 is for the	- 1					. □
500	organization, check this box and stop etion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2021 (acluma (f))		14	52.64 %
15	Public support percentage from 2020					15	52.64 %
	33 1/3% support test - 2021. If the o						,,,
104	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	•		•		•	
17 a	10% -facts-and-circumstances tes						
., a	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	-		viriow the organiz	
h	10% -facts-and-circumstances tes	-	•	* *	-		
	more, and if the organization meets the	-					.570 01
	organization meets the facts-and-circ		•				ightharpoonup
18	Private foundation. If the organization						s

Schedule A (Form 990) 2021 PATH 91-1157127 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	1					
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11							
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					Land	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						I / IS not
	more than 33 1/3%, check this box a						P
k	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

132023 01-04-22

Schedule A (Form 990) 2021 PATH 91–1157127 Page **4**

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Schedule A (Form 990) 2021 PATH 91–1157127 Page 5
Part IV Supporting Organizations (continued)

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1	The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization is the parent of each on its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
с 2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22

91-1157127

Schedule A (Form 990) 2021

PATH

Page 6

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see
	instructions).	-		

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (contin	ued)	
Secti	ion D	- Distributions				Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Quali	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.				6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	<u> </u>					
	(provide details in Part VI). See instructions.					
9	Distril	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1	Distril	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	butions for 2021 from Section D,				
	line 7	\$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than :	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4	-				
8	Break	kdown of line 7:				
a		ss from 2017				
		ss from 2018				
		ss from 2019				
		ss from 2020				
		ss from 2021				

132028 01-04-22

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number РАТН 91-1157127 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
	or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization described in section 501(c)(7) (8) or (10) filing Form 900 or 900 F7 that received from any one

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization	Employer identification number
PATH	91-1157127

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3	- Training dudirector, and En 1 1	\$ 9,049,765. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
4	Name, address, and ZiF + +	\$ 8,010,343. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

91–1157127

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		<u> </u>			
(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		
		 \$			

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

varile of or	ganization		Employer identification number
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	91-1157127 section 501(c)(7), (8), or (10) that total more than \$1,000 for the yntry. For organizations r less for the year. (Enter this info. once.)
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

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

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

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

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

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

• Section 501(c)(4) (5) or (6) organizations: Complete Part III

• Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III.		1= -	
Name of organization			Empl	oyer identification number
PATH				91-1157127
Part I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political campa 	itures		▶ \$	
Part I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	x incurred by the organization und	er section 4955	▶\$	
2 Enter the amount of any excise ta	x incurred by organization manage	rs under section 4955	▶\$	
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt unde	er section 501(c),	<u> </u>	* * *
1 Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt functi	on activities > \$	
2 Enter the amount of the filing orga		· ·		
exempt function activities			▶\$	
3 Total exempt function expenditure			. .	
line 17b			▶\$	
4 Did the filing organization file Form				
5 Enter the names, addresses and emade payments. For each organize contributions received that were political action committee (PAC). I	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organizations separate political orga	ation's funds. Also enter th inization, such as a separa	ne amount of political
	1			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (F	orm 990) 2021	PATH	91-1157127	Page 2
Part II-A	Complete i	f the organization i	is exempt under section 501(c)(3) and filed Form 5768 (election	under

		sec	tion 501(h)).		
Α	Check >		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
			expenses, and share of excess lobbying expenditures).		
В	Check -		if the filing organization checked box A and "limited control" provisions apply.		
			Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated group

S CI	Check if the filing organization checked box A and "limited control" provisions apply.					
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence pub	ic opinion (grassroots lobbying)	29,340.			
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	177,826.			
С	Total lobbying expenditures (add lines 1a and	d 1b)	207,166.			
d	Other exempt purpose expenditures		335,137,463.			
е	Total exempt purpose expenditures (add line	s 1c and 1d)	335,344,629.			
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	250,000.			
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.			
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.			

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.	
c Total lobbying expenditures	224,944.	163,912.	135,193.	207,166.	731,215.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures	7,856.		405.	29,340.	37,601.	

Schedule C (Form 990) 2021

Yes

☐ No

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ection	
· ui	501(c)(6).	311 00 1(0)(0), 01 00	otion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2	expenses for which the section 527(f) tax was paid).	Jai			
9	• • • • • • • • • • • • • • • • • • • •		2a		
	Current year Carryover from last year				
C					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		-		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A lines 1 :	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	.,	aa = (000	
	,,, 				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

91-1157127

Inspection

Name of the organization

PATH

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) Bollet davised failes	(b) i unuo uno omor accounto				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
_	for charitable purposes and not for the benefit of the donor of						
	• •						
Pai							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education)	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
_	listed in the National Register						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		Yes No				
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,						
U	Starr and volunteer riours devoted to monitoring, inspecting,	Thanding of violations, and emorcing con-	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year				
•	S	aming of violations, and officially conscient	and reasonness during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
	balance sheet, and include, if applicable, the text of the foot						
	organization's accounting for conservation easements.	•					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public				
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	ıl gain, provide				
	the following amounts required to be reported under FASB A						
	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X		> \$				

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

PATH 91-1157127 Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): ☐ Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back 10,930,723. 10,287,113. 9,095,917 10,056,545 9,339,249. **1a** Beginning of year balance 2,745. 2,500. 2,100. 1,240 3,410. **b** Contributions 1,323,367. 1,095,576. 1,691,617. -494,491. 1,159,282. c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities 514,376. 454,711. 502,521. 467,377. 445,396. and programs f Administrative expenses 11,742,214. 10,930,723. 10,287,113. g End of year balance 9,095,917. 10,056,545. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 36.0000 a Board designated or quasi-endowment **b** Permanent endowment ► 29.0000 35.0000 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: Х (i) Unrelated organizations 3a(i) Х (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

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

			<u> </u>				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements		22,543,573.	17,259,728.	5,283,845.			
d Equipment		9,534,680.	8,349,319.	1,185,361.			
e Other		5,813,606.	5,163,107.	650,499.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Concado D (Form CCC) 2021	ATH			91-1157127	Page 3
Part VII Investments - Other					
			11b. See Form 990, Part X, line 12.		
(a) Description of security or category (inc		(b) Book value	(c) Method of valuation: Cost of	or end-of-year marke	t value
(1) Financial derivatives					
(2) Closely held equity interests	L				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part					
Part VIII Investments - Prog	ram Related.				
		n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of invest	tment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part	X, col. (B) line 13.)				
Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·				
Complete if the organizat	ion answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a) Do	escription		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 99	00, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities.				•	
Complete if the organizat	ion answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lii	ne 25.	
1. (a) Descrip	tion of liability			(b) Book	value
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 99	00. Part X. col (R) line	25.)			
2. Liability for uncertain tax positions				ents that reports the	 e
•	· ·		ere if the text of the footnote has be		
gara.r. o nability for alloortain	p 555116 arraor 1			p. o uit	

132053 10-28-21

PATH 91-1157127 Page 4

Sche	dule D (Form 990) 2021 PATH		91-1157127	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Par	t XII Reconciliation of Expenses per Audited Financial S		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li		<u> </u>	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	· ·	Part V, line 4; Part X, line 2; Pa	rt XI,
111163	zu and 45, and Fart Air, lines zu and 45. Also complete this part to provide a	arry additional information.		
PART	V, LINE 4:			
	.,			
PATH	UTILIZES THE INVESTED INTEREST EARNINGS FROM THE ENDOWME	ENT AS AN		
IMPO	RTANT FUNDING SOURCE TO FUND NEW OPPORTUNITIES TO EXPAND	ITS REACH AND		
IMPA	CT AS AN ORGANIZATION IN THE FIELD OF GLOBAL HEALTH, IN A	ACCORDANCE		
	•			
WITH	PATH'S ENDOWMENT SPENDING POLICY.			
-				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

United States.	ha fallowing Dad	t L line 2 teble e	an he duplicated if additional appear in	acadad)	
3 Activities per Region. (T (a) Region	(b) Number of		an be duplicated if additional space is a (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(a) Negion	offices	`employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		for and
		contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region		.,	In the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	AFRICA	217,383.
CENTRAL AMERICA AND					
THE CARIBBEAN		0	PROGRAM SERVICES	AMEE	165,240.
THE CARIBBEAN			I ROGRAM DERVICED	AMBB	103,240.
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	BID & PROPOSAL	BID & PROPOSAL	33,612.
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	SSENTIAL MEDICINE	1,261,725.
					
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	FUNDRAISING	FUNDRAISING	109,157.
CENTRAL AMERICA AND					
THE CARIBBEAN	l 0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	1,777,579.
					2,777,673.
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	OTHER	62,676.
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	920,872.
3 a Subtotal	0	0			4,548,244.
b Total from continuation					
sheets to Part I	54	1049			206,754,017.
c Totals (add lines 3a					
and 3b)	54	1049			211,302,261.

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

Schedule F (Form 990)	PATH			91-115712	7 Page 1
			n. (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTMAKING		929,969.
EAST ASIA AND THE					
PACIFIC	5	118	PROGRAM SERVICES	AMEE	6,547,799.
EAST ASIA AND THE					
PACIFIC	0	0	BID & PROPOSAL	BID & PROPOSAL	82,678.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	7,846,097.
EAST ASIA AND THE			TUNDON TOTAL	TANDRA I GING	2 700
PACIFIC	0	0	FUNDRAISING	FUNDRAISING	2,700.
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	1,576,557.
EAST ASIA AND THE	0	0	PROGRAM SERVICES	OTHER	54,699.
EAST ASIA AND THE	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	2,386,560.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		9,766,636.
EUROPE	1	5	PROGRAM SERVICES	AFRICA	132,045.
Totals					

	PATH			91-115712	7 Page 1
	i		n. (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	AMEE	682,847.
EUROPE	0	0	BID & PROPOSAL	BID & PROPOSAL	10,044.
EUROPE	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	17,261,790.
EUROPE	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	2,419,101.
EUROPE	0	0	PROGRAM SERVICES	OTHER	51,211.
					7
EUROPE	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	11,174,147.
EUROPE	0	0	GRANTMAKING		20,410,132.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	18,176.
MIDDLE FACE AND					
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	AFRICA	9,600.
Totals					

	chedule F (Form 990) PATH 91–1157127 Page 1 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)										
	i		n. (Schedule F (Form 990), Part I, line 3	i							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region						
					515 110						
NORTH AMERICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	616,112.						
NORTH AMERICA	0	0	FUNDRAISING	FUNDRAISING	4,995.						
NORTH AMERICA	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	88,345.						
NORTH AMERICA	0	0	PROGRAM SERVICES	OTHER	23,285.						
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	699,541.						
NORTH AMERICA	0	0	GRANTMAKING		706,919.						
RUSSIA AND											
NEIGHBORING STATES	1	25	PROGRAM SERVICES	AMEE	3,464,908.						
					, , ,						
RUSSIA AND NEIGHBORING STATES	0	0	BID & PROPOSAL	BID & PROPOSAL	19,196.						
HIIGHDORING BINIBB		, ,	DID & TROTODIAL	DID & TROTODIE	15,150.						
RUSSIA AND					200						
NEIGHBORING STATES	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	399.						
RUSSIA AND											
NEIGHBORING STATES	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	653,450.						
Totals											

91-1157127 Schedule F (Form 990) PATH

PATH			91-115712	27 Page 1
(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
0	0	PROGRAM SERVICES	PROGRAM INNOVATION	128,590.
0	0	GRANTMAKING		1,829,202.
1	5	BID & PROPOSAL	BID & PROPOSAL	610.
0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	593,454.
0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	33,701.
0	0	PROGRAM SERVICES	OTHER	1,080.
0	0	PROGRAM SERVICES	PROGRAM INNOVATION	847,838.
0	0	GRANTMAKING		1,068,327.
5	173	PROGRAM SERVICES	AFRICA	14,620.
0	0	PROGRAM SERVICES	AMEE	14,176,008.
	on of Activitie (b) Number of offices in the region 0 0 0 0 0	(b) Number of offices in the region 0 0 0 1 5 0 0 0 0 0 1 5 0 0 0 0 0 0 0 0	(b) Number of offices in the region (c) Number of offices in the region (b) Number of offices in the region (c) Number of employees or agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) 0 0 0 PROGRAM SERVICES 0 0 0 PROGRAM SERVICES	(a) Number of office of control of control of control offices in the region of in the region of in the region of in the region of control offices on the region of in the region of control offices or agents in region of control of control offices or agents in region of control of contro

Part I Continuation	n of Activitie	s per Regio	n. (Schedule F (Form 990), Part I, line 3	3)							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region						
SOUTH ASIA	0	0	BID & PROPOSAL	BID & PROPOSAL	48,403.						
					,						
SOUTH ASIA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	3,906,531.						
SOUTH ASIA	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	2,581,026.						
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	14,339.						
SOUTH ASIA	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	1,444,393.						
SOUTH ASIA	0	0	GRANTMAKING		2,589,327.						
SUB-SAHARAN AFRICA	41	723	PROGRAM SERVICES	AFRICA	26,446,647.						
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	AMEE	13,792.						
SUB-SAHARAN AFRICA	0	0	BID & PROPOSAL	BID & PROPOSAL	196,707.						
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	9,523,251.						
Totals											

	hedule F (Form 990) PATH Page 1 art I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)										
Part I Continuatio	n of Activitie	s per Regio	n. (Schedule F (Form 990), Part I, line 3	3)							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region						
SUB-SAHARAN AFRICA	0	0	FUNDRAISING	FUNDRAISING	815.						
SUB-SAHARAN AFRICA	0	0	MANAGEMENT & GENERAL	MANAGEMENT & GENERAL	10,904,369.						
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	2,666,469.						
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROGRAM INNOVATION	26,394,347.						
SUB-SAHARAN AFRICA	0	0	grantmaking		13,680,233.						
Totals	54	1049			206,754,017.						

Schedule F (Form 990) 2021

PATH

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	ESSENTIAL MEDICINE	227,985.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
			ESSENTIAL MEDICINE	15 000	CHECK/WIRE	0.		
		IND THE CHILDREN		13,000.	onden, with	••		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM INNOVATION	10,524.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
			ESSENTIAL MEDICINE	215,408,	CHECK/WIRE	0.		
				, ,				
		CENTRAL AMERICA						
		AND THE CARIBBEAN	ESSENTIAL MEDICINE	361,052.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM INNOVATION	30,000.	CHECK/WIRE	0.		
		CENTRAL AMERICA	DDOGDAY TANGGARDAY		C			
		AND THE CARIBBEAN	PROGRAM INNOVATION	70,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	AMEE	71,479.	CHECK/WIRE	0.		

Schedule F (Form 990) 2021

166

50

Scriedule	F (Form 990)	PATH				91-115/1	. 4 /		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	o of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
				PROGRAM INNOVATION	79,069.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				PROGRAM INNOVATION	25,000.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				PROGRAM INNOVATION	24,100.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				AMEE	31,654.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				ESSENTIAL MEDICINE	1,059,500.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				AMEE	71,326.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				PROGRAM INNOVATION	57,821.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				AMEE	166,913.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				AMEE	24,313.	CHECK/WIRE	0.		

	(F01111 990)								Page Z
Part II	Continuation of	Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	AMEE	91 383	CHECK/WIRE	0.		
			Mellic		31,303.	CILDER/ WIRD	· ·		
			EAST ASIA AND THE						
			PACIFIC	AMEE	42,330.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				PROGRAM INNOVATION	126,213.	CHECK/WIRE	0.		
			EAST ASIA AND THE PACIFIC	AMEE	10 524	CHECK/WIRE	0.		
			Mellic		10,324.	CILDER/ WIRD	· ·		
			EAST ASIA AND THE						
			PACIFIC	AMEE	72,828.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	AMEE	49,919.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				AMEE	7 010.	CHECK/WIRE	0.		
				_	.,				
			EAST ASIA AND THE		0.74 .7.13				
			PACIFIC	ESSENTIAL MEDICINE	271,548.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	AMEE	129,349.	CHECK/WIRE	0.		

2182 01-21 43

scriedule F (Form 990)	IAIII				JI 1137.			Page
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	PROGRAM INNOVATION	94,424.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	ESSENTIAL MEDICINE	218,743.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM INNOVATION	33,437.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM INNOVATION	13,508.	CHECK/WIRE	0.		
		FAST ASTA AND THE	ESSENTIAL MEDICINE &					
		PACIFIC	PROGRAM INNOVATION	1,721,642.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	AMEE	66,193.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC PACIFIC	AMEE	243,955.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	AMEE	17,769.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	ESSENTIAL MEDICINE	3,664,864.	CHECK/WIRE	0.		

Schedule	F (Form 990)	PATH				91-1157.	LZ /		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
			PACIFIC	AMEE	18,921.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	ESSENTIAL MEDICINE	150,000.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	PROGRAM INNOVATION	49,988.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	ESSENTIAL MEDICINE	222,394.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	AMEE	117,367.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	AMEE	288,175.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	PROGRAM INNOVATION	67,463.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	ESSENTIAL MEDICINE	23,575.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	PROGRAM INNOVATION	49,441.	CHECK/WIRE	0.		

Scriedul	e F (Form 990)	PATH				91-115/1			Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nar	me of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
			PACIFIC	ESSENTIAL MEDICINE	29,242.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	AMEE	83,315.	CHECK/WIRE	0.		
			EAST ASIA AND THE PACIFIC	AMEE	11 074	CHECK/WIRE	0.		
			PACIFIC	WILE	11,074.	CHECK/ WIRE	0.		
			EAST ASIA AND THE PACIFIC	AMEE	34,649.	CHECK/WIRE	0.		
			EAST ASIA AND THE						
				PROGRAM INNOVATION	130,168.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	464,778.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	38,183.	CHECK/WIRE	0.		+
			EUROPE	ESSENTIAL MEDICINE	224 974	CHECK/WIRE	0.		
			101011	SSSMIIII MEDICINE	227,5/4.	CHICK/ HIRE	0.		1
			EUROPE	AFRICA	102,374.	CHECK/WIRE	0.		

²¹⁸² -01-21 46

Scriedule	F (F0IIII 990)	IAIII				JI 1137.			Page Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	AMEE	212,829.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	1,743,618.	CHECK/WIRE	0.		
				ESSENTIAL MEDICINE &					
			EUROPE	PROGRAM INNOVATION	92,712.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	29,960.	CHECK/WIRE	0.		
			FITDODE	DDOGDAM TNNOVACION	6 000	CHECK (WIDE			
			EUROPE	PROGRAM INNOVATION	6,000.	CHECK/WIRE	0.		1
			EUROPE	ESSENTIAL MEDICINE	600,613.	CHECK/WIRE	0.		
				ESSENTIAL MEDICINE &					
			EUROPE	PROGRAM INNOVATION	2,712,511.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	49,500.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	10,296.	CHECK/WIRE	0.		

ochedule	F (F01111 990)	IAIII				JI 1137.			Page Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	PROGRAM INNOVATION	1,026,135.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	28 400	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	279,243.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	507,807.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	853 N35	CHECK/WIRE	0.		
			DONOT D	BOOMNIND ADDICINE	033,033.	CHECK, WIKE	<u> </u>		
			EUROPE	PROGRAM INNOVATION	45,185.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	124,000.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	50 000	CHECK/WIRE	0.		
			BONOFE	ESSENTIAL MEDICINE	30,000.	CHECK/ WIRE	0.		
			EUROPE	PROGRAM INNOVATION	88,970.	CHECK/WIRE	0.		

Schedule F (Form	1990)	PATH			91-115/12/ Page:				
Part II Cont	inuation of	Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of org	ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			EUROPE	PROGRAM INNOVATION	1,279,135.	CHECK/WIRE	0.		
			EUROPE	AMEE	164,921.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	231,168.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	881,326.	CHECK/WIRE	0.		
			EUROPE	ESSENTIAL MEDICINE	225,000.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	1,767,625.	CHECK/WIRE	0.		
				ESSENTIAL MEDICINE &					
			EUROPE	PROGRAM INNOVATION	607,577.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	40,000.	CHECK/WIRE	0.		
			EUROPE	PROGRAM INNOVATION	45,000.	CHECK/WIRE	0.		

Schedule F (Form 990)	PATH			31-112/17/					
Part II Continuati	on of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Name of organizat	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)	
		EUROPE	PROGRAM INNOVATION	12,461.	CHECK/WIRE	0.			
		EUROPE	PROGRAM INNOVATION	75,000.	CHECK/WIRE	0.			
			AFRICA, AMEE, ESSENTIAL MEDICINE, &						
		EUROPE	PROGRAM INNOVATION	5,789,794.	CHECK/WIRE	0.			
		MIDDLE EAST &							
		NORTH AFRICA	PROGRAM INNOVATION	10,000.	CHECK/WIRE	0.			
		NORTH AMERICA	ESSENTIAL MEDICINE	124,774.	CHECK/WIRE	0.			
		NORTH AMERICA	PROGRAM INNOVATION	100,000.	CHECK/WIRE	0.			
		NORTH AMERICA	PROGRAM INNOVATION	422,975.	CHECK/WIRE	0.			
		NORTH AMERICA	ESSENTIAL MEDICINE	59,170.	CHECK/WIRE	0.			
		RUSSIA AND NEIGHBORING							
		STATES	AMEE	13,366.	CHECK/WIRE	0.			

scriedule F (Form 990)	IAIII				JI 1157.			Page A
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	85,308.	CHECK/WIRE	0.		
		Duggia and						
		RUSSIA AND NEIGHBORING						
		STATES	AMEE	45 891	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	45,746.	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	17,675.	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING STATES	AMEE	82 462	CHECK/WIRE	0.		
		J I I I I I	I I I I I I I I I I I I I I I I I I I	02,402.	Cildent, WIRD	Ů.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	29,707.	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	25,138.	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	AMEE	14 255	CHECK/MIDE	0.		
		STATES	AMEE	14,255.	CHECK/WIRE	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES	AMEE	176,629.	CHECK/WIRE	0.		

Schedule	F (Form 990)	PATH				91-115/.	. 2 /		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA AND NEIGHBORING STATES	амее	18,457.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	Амее	449,620.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	амее	39,901.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	амее	17,227.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	AMEE	32,985.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	Амее	67,892.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	Амее	17,698.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	Амее	19,542.	CHECK/WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	amee	41,708.	CHECK/WIRE	0.		

Schedule F (Form 9					Page 2			
Part II Contin	nuation of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of orga	nization (b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		RUSSIA AND NEIGHBORING STATES	PROGRAM INNOVATION	209,012.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	37,400.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	47,434.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	38,192.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	amee	62,796.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	84,569.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	30,998.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	36,033.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	AMEE	41,560.	CHECK/WIRE	0.		

scriedule F (Form 990)	IAIII				JI 1137.			Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH AMERICA	PROGRAM INNOVATION	168,199.	CHECK/WIRE	0.		
		SOUTH AMERICA	PROGRAM INNOVATION	20,007.	CHECK/WIRE	0.		
		SOUTH AMERICA	ESSENTIAL MEDICINE	362,750.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	ESSENTIAL MEDICINE	74,798.	CHECK/WIRE	0.		
		SOUTH AMERICA	PROGRAM INNOVATION	15,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	PROGRAM INNOVATION	176,616.	CHECK/WIRE	0.		
		SOUTH AMERICA	ESSENTIAL MEDICINE	56,253.	CHECK/WIRE	0.		
		SOUTH AMERICA	ESSENTIAL MEDICINE	87,883.	CHECK/WIRE	0.		
		SOUTH AMERICA	PROGRAM INNOVATION	106,821.	CHECK/WIRE	0.		

Schedule F	· (Form 990)	PATH			91-115/12/ Page						
Part II	Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)			
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)		
				AMEE & PROGRAM							
			SOUTH ASIA	INNOVATION	46,814.	CHECK/WIRE	0.				
				ESSENTIAL MEDICINE &							
			SOUTH ASIA	PROGRAM INNOVATION	30,872.	CHECK/WIRE	0.				
			SOUTH ASIA	AMEE	142,895.	CHECK/WIRE	0.				
			SOUTH ASIA	AMEE	11,937.	CHECK/WIRE	0.				
			GOVERN AGEN	EGGENWIN MEDICINE	35 630	GUIDAW (MIDD	0				
			SOUTH ASIA	ESSENTIAL MEDICINE	35,629.	CHECK/WIRE	0.		+		
			SOUTH ASIA	ESSENTIAL MEDICINE	633 973	CHECK/WIRE	0.				
					,						
			SOUTH ASIA	PROGRAM INNOVATION	150,000.	CHECK/WIRE	0.				
					,						
			SOUTH ASIA	PROGRAM INNOVATION	268,084.	CHECK/WIRE	0.				
			SOUTH ASIA	AMEE	10,192.	CHECK/WIRE	0.				

scriedule F (Form 990)	IAIII				JI 1137.	147		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SOUTH ASIA	AMEE	69,757.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE	8,375.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE	55,000.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE	35,613.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE	684,743.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE	22,878.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE	11,754.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE	7,440.	CHECK/WIRE	0.		
		SOUTH ASIA	AMEE & PROGRAM INNOVATION	187 263	CHECK/WIRE	0.		
		P 2 2 1 11 11 11 11 11 11 11 11 11 11 11	T11110 1111 1011	107,203.	P / WIKE	٠.		

	F (FOITH 990)	IAIII				<u> </u>			Page Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	ESSENTIAL MEDICINE	20,970.	CHECK/WIRE	0.		
			SOUTH ASIA	ESSENTIAL MEDICINE	33,198.	CHECK/WIRE	0.		
				AMEE & PROGRAM					
			SOUTH ASIA	INNOVATION	118,896.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	AFRICA	13,424.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	15,000.	CHECK/WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM INNOVATION	21,000.	CHECK/WIRE	0.		
			SUB-SAHARAN AFRICA	AFRICA	6,270.	CHECK/WIRE	0.		
			sub-saharan Africa	AFRICA	62,011.	CHECK/WIRE	0.		
			SUB-SAHARAN AFRICA	AFRICA		CHECK/WIRE	0.		

	F (Form 990)	PATH				91-1157.			Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	. (Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	41 055.	CHECK/WIRE	0.		
			SUB-SAHARAN	DDOGDAM TANAGUARITON	227 642	QUECK/MIDE	0		
			AFRICA	PROGRAM INNOVATION	227,642.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	12,129.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	AFRICA	12,152.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	35,635.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	157 401.	CHECK/WIRE	0.		
					, , , , , , , , , , , , , , , , , , , ,				
			SUB-SAHARAN AFRICA	AFRICA	160 005	CHECK/WIRE			
			AFRICA	AFRICA	102,005.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	AFRICA	6,515.	CHECK/WIRE	0.		
			SUB-SAHARAN						
			AFRICA	ESSENTIAL MEDICINE	1,000,000.	CHECK/WIRE	0.		

Schedule F (Form 990)	PATH				91-1157.			Page :
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	•
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	428 863	CHECK/WIRE	0.		
		SUB-SAHARAN	DDOGDAM TANASZAMION	245 042	QUECK/MIDE			
		AFRICA	PROGRAM INNOVATION	245,842.	CHECK/WIRE	0.		+
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	527,263.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	28,851.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	8.509.	CHECK/WIRE	0.		
				,				
		SUB-SAHARAN AFRICA	AFRICA	106 620	CHECK/WIRE	0.		
		AFRICA	AFRICA	100,030.	CHECK/WIKE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	37,800.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	44,460.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	10 846	CHECK/WIRE	0.		
		MEKICA	ALKICA	10,846.	CUECY/MIKE	U .		

Scriedule	F (F0ffff 990)	IAIII				JI 1137.			Page Z	
Part II	Continuation of	of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			GUD GAUADAN	DESCRIPTION OF PROGRAM						
			SUB-SAHARAN AFRICA	OTHER & PROGRAM INNOVATION	115 300	CHECK/WIRE	0.			
			AFRICA	INNOVATION	113,300.	CHECK/ WIKE	<u> </u>			
			SUB-SAHARAN							
			AFRICA	AFRICA	60,018.	CHECK/WIRE	0.			
			SUB-SAHARAN							
			AFRICA	ESSENTIAL MEDICINE	104,684.	CHECK/WIRE	0.			
					,					
			SUB-SAHARAN				_			
			AFRICA	ESSENTIAL MEDICINE	7,683.	CHECK/WIRE	0.			
			SUB-SAHARAN							
			AFRICA	PROGRAM INNOVATION	12,611.	CHECK/WIRE	0.			
			SUB-SAHARAN AFRICA	AFRICA	10 682	CHECK/WIRE	0.			
			AFRICA	AFRICA	10,002.	CHECK/ WIKE	0.		+	
			SUB-SAHARAN							
			AFRICA	OTHER	8,669.	CHECK/WIRE	0.			
			SUB-SAHARAN							
				PROGRAM INNOVATION	537 043.	CHECK/WIRE	0.			
									<u> </u>	
			SUB-SAHARAN							
			AFRICA	ESSENTIAL MEDICINE	539,937.	CHECK/WIRE	0.			

132182 04-01-21 6 0

Schedule F (Form 990)	PATH				91-1157.			Page
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizatio	n (b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	399,962,	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	246 615.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM INNOVATION	2/17 713	CHECK/WIRE	0.		
		AFRICA	I ROGRAM INNOVATION	241,113,	CHECK/ WIKE	0.		
		SUB-SAHARAN	1777	401 500				
		AFRICA	AFRICA	491,789.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	58,630.	CHECK/WIRE	0.		_
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	475,324.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	26,950.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	124,276.	CHECK/WIRE	0.		
		SUB-SAHARAN	OTHER & PROGRAM					
		AFRICA	INNOVATION	38,832.	CHECK/WIRE	0.		

scriedule F (Form 990)	IAIII				JI 1157.	12,		Page
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
.,	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	167,358.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	456 000	CHECK/WIRE	0.		
		iii Ki chi	EGGENTIME MEDICINE	430,000.	ender, wird	· ·		
		SUB-SAHARAN	OTHER & PROGRAM					
		AFRICA	INNOVATION	24,589.	CHECK/WIRE	0.		
		SUB-SAHARAN	DDOGDAM TANOMARION	14 076	OUTCE /UTDE			
		AFRICA	PROGRAM INNOVATION	14,876.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	115,516.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	5,385.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	12,299.	CHECK/WIRE	0.		
				,				
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	1,242,616.	CHECK/WIRE	0.		
		GUD GAUADAN						
		SUB-SAHARAN AFRICA	ECCENTIAL MEDICINE	7 600	CHECK/WIRE	0.		
		MINICH.	ESSENTIAL MEDICINE	1,090.	CUECY/ MIKE	U.		

scriedule F (Form 990)	IAIII				JI 1157.	127		Page
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	AFRICA	87 022	CHECK/WIRE	0.		
				07,022.	0112011, 11212			
		SUB-SAHARAN	DDOGDAM TANAGUARITON	600 202	CHECK/WIRE			
		AFRICA	PROGRAM INNOVATION	000,202.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	7,828.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	275,719.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM INNOVATION	439,041.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	AFRICA	7,372.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM INNOVATION	15 000	CHECK/WIRE	0.		
				20,000.				
		SUB-SAHARAN	DDOGDAM THNOUS TON	110 443	OHEOR /HEDE			
		AFRICA	PROGRAM INNOVATION	110,443.	CHECK/WIRE	0.		+
		SUB-SAHARAN						
		AFRICA	ESSENTIAL MEDICINE	65,000.	CHECK/WIRE	0.		

Schedule	F (Form 990)									
Part II	Continuation o	nuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SUB-SAHARAN							
				PROGRAM INNOVATION	200,000.	CHECK/WIRE	0.			
				AFRICA, ESSENTIAL						
			SUB-SAHARAN AFRICA	MEDICINE, & PROGRAM INNOVATION	599 874	CHECK/WIRE	0.			
			in Kiron		333,071.	onden, with	٠.			
			SUB-SAHARAN		0.41 600		0			
			AFRICA	PROGRAM INNOVATION	241,692.	CHECK/WIRE	0.		_	
			SUB-SAHARAN							
			AFRICA	AFRICA	1,167,548.	CHECK/WIRE	0.			
			SUB-SAHARAN							
			AFRICA	ESSENTIAL MEDICINE	701,521.	CHECK/WIRE	0.			
			SUB-SAHARAN							
				AFRICA	73,356.	CHECK/WIRE	0.			
					,					
			SUB-SAHARAN AFRICA	AFRICA	14 504	CHECK/WIRE	0.			
			AFRICA	AFRICA	14,564.	CHECK/WIRE	0.			
			SUB-SAHARAN							
			AFRICA	AFRICA	75,234.	CHECK/WIRE	0.			
			SUB-SAHARAN							
				AFRICA	7,831.	CHECK/WIRE	0.			

	Continuation o	f Grants and Other	Assistance to Organiza	ntions or Entities Outside the	United States	(Schedule E (Form 0	100) Part II line	1\	r age Z
1		(b) IRS code section and EIN (if applicable)	()5	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
			AFRICA	PROGRAM INNOVATION	12,000.	CHECK/WIRE	0.		

PATH Schedule F (Form 990) 2021 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2021 PATH 91-1157127 Page 4
| Part IV | Foreign Forms

ıaıı	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE TO GUIDE THE WAY
OUR PROJECT TEAMS MONITOR SUBRECIPIENTS. THIS INCLUDES BOTH FINANCIAL AND
TECHNICAL MONITORING.
PATH USES RISK ASSESSMENTS, REPORTING, SITE VISITS, REGULAR CONTACT, AND
OTHER MEANS TO PROVIDE THE MONITORING REQUIRED BY FUNDERS AND TO ENSURE
GOOD PROJECT STEWARDSHIP. THESE ACTIVITIES ALSO PROVIDE RESPONSIBLE
ASSURANCE THAT THE SUBRECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH
LAWS, REGULATIONS, AND PRIME AWARD TERMS, AND THAT THE SUBRECIPIENT
ACHIEVES PERFORMANCE GOALS. PATH HAS ESTABLISHED COMPREHENSIVE POLICIES
AND PROCEDURES TO PROMOTE BEST BUSINESS PRACTICES AND ENSURE EFFICIENT
AND EFFECTIVE INTERNAL CONTROL. THESE ARE COMBINED WITH AN INTERNAL AUDIT
FUNCTION THROUGH WHICH PATH CONDUCTS AUDITS ON GRANT-FUNDED PROGRAMS TO
ENSURE COMPLIANCE WITH REGULATORY REQUIREMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PATH							Employer identification number 91–1157127
Part I General Information on Grants a	ınd Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABT ASSOCIATES INC. 6130 EXECUTIVE BLVD							
ROCKVILLE, MD 20852	04-2347643	OTHER	9,708.	0.			PROGRAM INNOVATION
ADARA DEVELOPMENT (USA) 300 ADMIRAL WY, SUITE 106 EDMONDS, WA 98020	98-0634789	501(C)(3)	93,108.	0.			PROGRAM INNOVATION
AJINOMOTO ALTHEA, INC. (DBA AJINOMOTO BIO-PHARMA SERVICES) - 11040 ROSELLE STREET - SAN DIEGO,							
CA 92121	33-0788907	OTHER	11,430.	0.			ESSENTIAL MEDICINES
AKROS, INC. PO BOX 457 LARAMIE, WY 82073		OTHER	75,197.	0.			PROGRAM INNOVATION
BAGAMIAN SCIENTIFIC CONSULTING 222 NW 3RD AVE GAINESVILLE, FL 32601	82-1347380	501(C)(3)	149,150.	0.			ESSENTIAL MEDICINES
BENEVOLENT HEALTHCARE FOUNDATION	82-134/380	501(C)(3)	149,150.	0.			ESSENTIAL MEDICINES
D.B.A. PROJECT C.U.R.E - 10377 E. GEDDES AVENUE, SUITE 200 -							
CENTENNIAL, CO 80112		501(C)(3)	25,153.	0.			AFRICA
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							58

Schedule I (Form 990) PATH 91-1157127

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD -ATLANTA, GA 30333 58-6051157 GOV 71,634 0 ESSENTIAL MEDICINES CHILDREN'S HOSPITAL BOSTON RESEARCH FINANCE, PO BOX 414413 BOSTON, MA 02241-4413 04-2774441 501(C)(3) 377,756 0 ESSENTIAL MEDICINES CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVE, ML 6014 - CINCINNATI, OH 45229-3039 31-0833936 501(C)(3) 230,000 0 ESSENTIAL MEDICINES CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE., SUITE 400 BOSTON, MA 02127 27-1414646 501(C)(3) 1,821,638 0 PROGRAM INNOVATION COOPER/SMITH 4206 RIVER RD NW WASHINGTON, DC 20016 47-2387850 OTHER 188,947 0 PROGRAM INNOVATION DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DR LEBANON, NH 03756 22-2715483 501(C)(3) 199,968 ESSENTIAL MEDICINES 0 DIMAGI, INC. 585 MASSACHUSETTS AVE. SUITE 4 CAMBRIDGE, MA 02139 83-0343298 501(C)(3) 287,935 0 PROGRAM INNOVATION FOOD AND DRUG ADMINISTRATION 5600 FISHERS LN HFA-140 RM 11-40 ROCKVILLE, MD 20857 53-0196965 GOV 75,000 0 ESSENTIAL MEDICINES G&L SCIENTIFIC INC 25 INDEPENDENCE BLVD SUITE 404 WARREN, NJ 07059 81-1114075 OTHER 12,360 0 PROGRAM INNOVATION

Page 1

Schedule I (Form 990) PATH 91-1157127

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) GLOBAL CONNECT DEVELOPMENT GROUP LLC - 480 BEACH ST - BOSTON, MA 02131 82-3433604 OTHER 398,175 0 PROGRAM INNOVATION GLOBAL HEALTH STRATEGIES LLC 27 WEST 24TH STREET, SUITE 900 NEW YORK, NY 10010 27-2494697 501(C)(3) 264,021 0 PROGRAM INNOVATION GUARALDI SYSTEMS, LLC 97 ALGER BROOK RD SOUTH STAFFORD, VT 05070 85-1148274 OTHER 276,640 0 PROGRAM INNOVATION HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02215 04-2103580 501(C)(3) 1,415,739 0 ESSENTIAL MEDICINES HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE. 2ND FLOOR ESSENTIAL MEDICINES & CAMBRIDGE, MA 02115 0 PROGRAM INNOVATION 04-2103580 501(C)(3) 157,819 HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC. - 6720-A ROCKLEDGE 52-1317896 DRIVE, STE. 100 - BETHESDA, MD 501(C)(3) ESSENTIAL MEDICINES 10,663 0 HISP US LLC 31 ANCONA AVE OCEAN PARK, ME 04063 85-0894858 OTHER 310,352 0 PROGRAM INNOVATION HJF MEDICAL RESEARCH INTERNATIONAL INC. - 6720A ROCKLEDGE DRIVE. SUITE 100 - BETHESDA, MD 20817 52-2322791 501(C)(3) 63,260 0 ESSENTIAL MEDICINES ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L. LEVY PLACE -NEW YORK, NY 10029 13-6171197 501(C)(3) 535 000 ESSENTIAL MEDICINES 0

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV. appraisal, other) ICF MACRO, INC. 9300 LEE HIGHWAY FAIRFAX, VA 22031 22-3661438 OTHER 2,049,999 0 PROGRAM INNOVATION INDIANA UNIVERSITY 107 S INDIAN AVE BLOOMINGTON, IN 47405 35-6001673 148,623 0 PROGRAM THNOVATION INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE (IFPRI) - 1201 EYE STREET NW - WASHINGTON, DC 20005 52-1041632 501(C)(3) 16,666 0 PROGRAM INNOVATION INTRAHEALTH INTERNATIONAL, INC 6340 QUADRANGLE DRIVE, SUITE 200 AFRICA & PROGRAM CHAPEL HILL, NC 27517 55-0825466 501(C)(3) 824,333 0 TNNOVATION IPAS 300 MARKET ST #200 CHAPEL HILL, NC 27516 56-1071085 0 PROGRAM INNOVATION 501(C)(3) 63,941 JHPIEGO 1615 THAMES STREET, SUITE 200 BALTIMORE, MD 21231-3447 23-7424444 501(C)(3) 437,778 AFRICA & AMEE 0 JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHL OF PUB. HLTH, 615 N. WOLFE STREET - BALTIMORE, MD 21205 52-0595110 501(C)(3) 10 566 0 ESSENTIAL MEDICINES JSI RESEARCH AND TRAINING INSTITUTE, INC. - 1616 NORTH FORT MYER DR 16TH FLOOR - ARLINGTON, VA 04-2679824 22209-3100 501(C)(3) 1,138,899 0 PROGRAM INNOVATION KINDEVA DRUG DELIVERY L.P. 11200 HUDSON RD WOODBURY, MN 55129 OTHER 146,960 0 PROGRAM INNOVATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) LEIDOS BIOMEDICAL RESEARCH INC. 1050 BOYLES ST FREDERICK, MD 21702 33-0653185 OTHER 148,511 0 ESSENTIAL MEDICINES LINKSBRIDGE SPC 101 TAYLOR AVE N. #105 SEATTLE, WA 98109 26-3067893 OTHER 27,849 0 ESSENTIAL MEDICINES MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION (MWRI) - 3339 WARD ST - PITTSBURGH, PA 15213 25-1462312 501(C)(3) 35,761 0 PROGRAM INNOVATION MANAGEMENT SCIENCES FOR HEALTH, INC. - 200 RIVERS EDGE DRIVE SUITE 320 - MEDFORD, MA 02155 04-2482188 501(C)(3) 111,280 0 PROGRAM INNOVATION MASSACHUSETTS GENERAL HOSPITAL DEPT. OF EMERGENCY MEDICINE, ZERO ESSENTIAL MEDICINES BOSTON, MA 02114 04-1564655 501(C)(3) 22,298 0 MEDIC MOBILE, INC. 3254 19TH STREET FLOOR 2 SAN FRANCISCO, CA 94110 27-5104203 501(C)(3) PROGRAM INNOVATION 100,439 0 MICHIGAN STATE UNIVERSITY 3900 COLLINS RD SUITE 1044 LANSING, MI 48910 38-6005984 501(C)(3) 148 595 0 PROGRAM INNOVATION NATIONAL FOUNDATION FOR THE CDC 55 PARK PLACE SUITE 400 ATLANTA, GA 30303 58-2106707 501(C)(3) 51,394 0 ESSENTIAL MEDICINES NAT'L INST. OF ALLERGY & INFECTIOUS DISEASES (NIAID) - 6610 ROCKLEDGE DR. ROOM 2800 -BETHESDA, MD 20892-6606 52-0858115 260,000 ESSENTIAL MEDICINES 0

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) NICHOLAS INST. FOR ENVIRONMENTAL POLICY SOLUTIONS AT DUKE UNIVERSITY - 2117 CAMPUS DR P.O. BOX 90335 - DURHAM, NC 27708 56-0532129 501(C)(3) 15,333 0 PROGRAM INNOVATION ONA SYSTEMS INC. 126 E 12TH ST, SUITE 4A NEW YORK, NY 10003-5320 38-3940780 OTHER 256,923 0 PROGRAM THNOVATION OPEN FUNCTION GROUP LLC 66 EUCLID AVE HASTINGS ON HUDSON, NY 10706 OTHER 62,200 0 PROGRAM INNOVATION OPENMRS INC. 10425 COMMERCE DR, STE 110 CARMEL, IN 46032-7643 45-5316647 501(C)(3) 129,443 0 PROGRAM INNOVATION PARTNERS IN HEALTH A NONPROFIT CORPORATION - 800 BOYLSTON ST SUITE 300 - BOSTON, MA 02199 04-3567502 0 PROGRAM INNOVATION 501(C)(3) 24,608 PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472 53-0235320 501(C)(3) PROGRAM INNOVATION 104,629 0 PHARMARON CPC, INC. 800 W. BALTIMORE STREET, 5TH FLOOR 20-8419781 BALTIMORE MD 21201 OTHER 76 832 0 ESSENTIAL MEDICINES POPULATION COUNCIL ONE DAG HAMMERKJOLD PLAZA NEW YORK, NY 10017 13-1687001 501(C)(3) 113,568 0 PROGRAM INNOVATION POPULATION SERVICES INTERNATIONAL INC. - 1120 19TH ST NW, STE 600 -WASHINGTON, DC 20036 56-0942853 501(C)(3) 640,025 0 AMEE & PROGRAM INNOVATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) REGENSTRIEF INSTITUTE, INC. 1101 W 10TH ST INDIANAPOLIS, IN 46202 30-0007730 501(C)(3) 1,245,318 0 PROGRAM INNOVATION ROSTROPOVICH-VISHNEVSKAYA FOUNDATION - 1776 K STREET NW. SUITE 700 - WASHINGTON, DC 20006 52-1752473 501(C)(3) 69,530 0 ESSENTIAL MEDICINES RTI INTERNATIONAL P.O. BOX 12106 DURHAM, NC 27709-2106 56-0686338 501(C)(3) 167,169 0 PROGRAM INNOVATION SOLAR ELECTRIC LIGHT FUND 1612 K STREET, NW, SUITE 300 WASHINGTON, DC 20006 52-1701564 501(C)(3) 32,052 0 PROGRAM INNOVATION SYSTEMONE, LLC 5 BRIDGE STREET OTHER 0 AMEE SHELBURNE FALLS, MA 01370 46-1066795 178,199 TECHCHANGE, INC. 2001 13TH ST. NW 2ND FLOOR WASHINGTON, DC 20009 27-3358772 OTHER PROGRAM INNOVATION 401,650 0 TECHNICAL RESOURCES INTERNATIONAL INC. (TRI) - 6500 ROCK SPRING DR SUITE 650 - BETHESDA, MD 20817 52-1122901 OTHER 14 582 0 ESSENTIAL MEDICINES THE NATURE CONSERVANCY 4245 FAIRFAX DRIVE ARLINGTON, VA 22203 53-0242652 501(C)(3) 28,818 0 PROGRAM INNOVATION THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA (UVA) -1001 N EMMET ST - CHARLOTTESVILLE VA 22903 54-6001796 501(C)(3) 66,037 0 ESSENTIAL MEDICINES

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (h) Purpose of grant (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THE REGENTS OF THE UNIVERSITY OF CA, SF - UCSF OFFICE OF SPONSORED RES., 3333 CALIFORNIA ST, STE 315 - SAN FRANCISCO, CA 94118 94-6036493 501(C)(3) 199,937 0 PROGRAM INNOVATION THE STATE UNIVERSITY OF NEW YORK 35 STATE STREET ALBANY, NY 12207-2826 14-1368361 501(C)(3) 41,040 0 ESSENTIAL MEDICINES TULANE UNIVERSITY 6823 ST. CHARLES AVE ESSENTIAL MEDICINES & NEW ORLEANS, LA 70112 72-0423889 501(C)(3) 535,028 0 PROGRAM INNOVATION UNITED NATIONS FOUNDATION, INC. 1750 PENNSYLVANIA AVE, NW STE 300 WASHINGTON, DC 20006 58-2368165 501(C)(3) 178,680 0 PROGRAM INNOVATION UNIVERSITY OF CALIFORNIA LOS ANGELES (UCLA) - 10889 WILSHIRE BLVD SUITE 700 - LOS ANGELES, CA 90095 276,086 AFRICA 95-6006143 GOV 0 UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. - 310 E CAMPUS RD - ATHENS, GA 30602 501(C)(3) ESSENTIAL MEDICINES 58-1353149 71,437 0 UNIVERSITY OF MARYLAND BALTIMORE BALTIMORE, PO BOX 41428 52-6002033 BALTIMORE, MD 21203-6428 GOV 91 228 0 ESSENTIAL MEDICINES UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, 55 LAKE AVE NORTH WORCESTER, MA 01655 04-3167352 GOV 198,235 0 PROGRAM INNOVATION UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CENTER FOR INFECTIOUS DISEASES - CHAPEL HILL ESSENTIAL MEDICINES & NC 27599-3368 56-6001393 501(C)(3) 618 814 0 PROGRAM INNOVATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (c) IRC section (f) Method of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV. appraisal, other) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405 03-0179440 501(C)(3) 313,359 0 ESSENTIAL MEDICINES UNIVERSITY OF WASHINGTON (UW) GRANT & CONTRACT ACCOUNTING, 12455 COLLECTIONS DRIVE - CHICAGO, IL ESSENTIAL MEDICINES & 60693 91-6001537 501(C)(3) 1,500,176 0 PROGRAM INNOVATION VILLAGEREACH 2900 EASTLAKE AVE E, SUITE 230 AFRICA & PROGRAM SEATTLE, WA 98102-3012 91-2088484 501(C)(3) 283,330 0 INNOVATION VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 300 TURNER ST NW SUITE 4200 - BLACKSBURG, VA 24061 54-6001805 GOV 76,922 0 ESSENTIAL MEDICINES VITAL STRATEGIES, INC 100 BROADWAY, 4TH FLOOR NEW YORK, NY 10005 22-3419667 501(C)(3) 0 PROGRAM INNOVATION 218,104 VITAL WAVE, INC. 555 BRYANT STREET, #226 PALO ALTO, CA 94301 20-3208079 OTHER 813,825 PROGRAM INNOVATION 0 WALTER REED ARMY INSTITUTE OF RESEARCH - US TREASURY, 503 ROBERT GRANT AVE. - SILVER SPRING, MD 20910 52-0664528 GOV 2 812 443 0 ESSENTIAL MEDICINES WASHINGTON STATE UNIVERSITY 901 5TH AVE SUITE 2900 SEATTLE, WA 98164 91-6001108 GOV 310,104 0 AFRICA

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Tt IV Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
r I, LINE 2:					
H HAS A SUBRECIPIENT POLICY AND PROCEDURES	IN PLACE TO GUIDE	THE WAY OUR			
JECT TEAMS MONITOR SUBRECIPIENTS. THIS INCL	UDES BOTH FINANCI	AL AND			
HNICAL MONITORING.					
•					
H USES RISK ASSESSMENTS, REPORTING, SITE VI	SITS REGULAR CON	TACT, AND			
ER MEANS TO PROVIDE THE MONITORING REQUIRED					
D PROJECT STEWARDSHIP. THESE ACTIVITIES ALS					

Schedule I	(Form 990) PATH	91-1157127	Page 2
Part IV	Supplemental Information		
REGULATI	ONS, AND PRIME AWARD TERMS, AND THAT THE SUBRECIPIENT ACHIEVES		
PERFORMA	NCE GOALS. PATH HAS ESTABLISHED COMPREHENSIVE POLICIES AND		
PROCEDUR	ES TO PROMOTE BEST BUSINESS PRACTICES AND ENSURE EFFICIENT AND		
EFFECTIV	E INTERNAL CONTROL. THESE ARE COMBINED WITH AN INTERNAL AUDIT		
FUNCTION	THROUGH WHICH PATH CONDUCTS AUDITS ON GRANT-FUNDED PROGRAMS TO		
ENSURE C	OMPLIANCE WITH REGULATORY REQUIREMENTS.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number PATH 91-1157127

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any person listed on Form 900. Part VII. Section A. line 1s, with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment of orlange or control payment. Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		**	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

PATH

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) NIKOLAJ JESTED GILBERT, MSC	(i)	455,096.	135,000.	1,800.	34,200.	9,530.	635,626.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID C. KASLOW, MD	(i)	406,234.	0.	1,950.	34,200.	33,763.	476,147.	0.	
CHIEF EXECUTIVE-ESSENTIAL MEDICINES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TRAD M. HATTON, MA, MHS	(i)	145,889.	0.	200,102.	17,613.	35,384.	398,988.	0.	
COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ERICA JANE SESSLE, MPHIL, MPH	(i)	166,386.	0.	188,997.	21,156.	19,470.	396,009.	0.	
CHIEF OF STAFF (UNTIL 10/1/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JOHN O. KONZ, PHD	(i)	329,574.	0.	840.	32,831.	32,063.	395,308.	0.	
GLOBAL HEAD, INT. PTFL. & FIN. MGMT.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ASHLEY J. BIRKETT, PHD	(i)	329,140.	0.	1,065.	29,551.	29,520.	389,276.	0.	
GLOBAL HEAD, MALARIA VACCINES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) KIMBERLY GREEN, PHD	(i)	270,667.	0.	51,600.	24,087.	36,144.	382,498.	0.	
DIRECTOR, PRIMARY HEALTH CARE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JEFFREY D. BERNSON, MPH, MPA	(i)	322,840.	0.	0.	32,628.	26,256.	381,724.	0.	
CHIEF EXECUTIVE-PROGRAM & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) BRUCE LAMONT INNIS, MD, FIDSA	(i)	341,376.	0.	840.	32,831.	-1,842.	373,205.	0.	
GLOBAL HEAD, RESPIRATORY INFECTIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) PHILIPPE GUINOT, MBA	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF OF BUSINESS, FIN. & OPERATIONS	(ii)	309,985.	0.	6,236.	24,840.	985.	342,046.	0.	
(11) CARLA ANNE COSTA SANDINE	(i)	267,566.	0.	600.	29,684.	16,924.	314,774.	0.	
CHIEF OF EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) MOLLI M. BARNES	(i)	261,290.	0.	0.	26,317.	23,096.	310,703.	0.	
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) SABRINA L. POWERS, JD	(i)	263,164.	0.	2,025.	31,728.	13,004.	309,921.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) NANTHALILE C. MUGALA, MD, MMED	(i)	208,499.	0.	80,180.	0.	0.	288,679.	0.	
CHIEF EXECUTIVE-AFRICA REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) DAVID W. FLEMINGSENIOR VP, MD	(i)	42,434.	0.	198,768.	8,176.	1,865.	251,243.	0.	
OF PUBLIC HEALTH(UNTIL 2/11/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) ELAINE L. GIBBONS, CFA	(i)	0.	0.	184,790.	2,056.	0.	186,846.	0.	
FRMR VP-GLOBAL ENGMT. (LEFT 2020)	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2021 PATH 91-1157127 Page **3**

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCES & TAX INDEMNIFICATIONS ARE ONLY PROVIDED TO THOSE

INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES. ALL BENEFIT PAYMENTS ARE MADE

ACCORDING TO OUR EXPATRIATE POLICY.

PART I, LINE 3: PATH ENGAGES WITH A CONSULTING FIRM TO REVIEW THE

COMPENSATION FOR EACH OF THE SENIOR MANAGEMENT POSITIONS. PATH PROVIDES AN

ANNUAL SALARY ADJUSTMENT EACH JANUARY BASED ON THE OVERALL LABOR MARKET

MOVEMENT.

PART I, LINE 4A:

LIST OF PERSONS IN FORM 990. PART VII. SECTION A WHO RECEIVED SEVERANCE

PAYMENTS IN 2021:

- DAVID W. FLEMING \$172,266

- ELAINE L. GIBBONS \$143,508

- JERRY KUO \$99,570

- ERICA JANE SESSLE \$170,055

82

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number Name of the organization PATH 91-1157127

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nount	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	14	9,567.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SOFTWARE/SUPP)	X	5	3,088,330.	COST			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	jement 29			0	
					,		Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date		•	•				
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II S	upplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete is part for any additional information.
SCHEDULE M,	PART I, COLUMN (B):
THIS COLUMN	REFLECTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization **Employer identification number** 91-1157127 PATH FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PATH IS A GLOBAL NONPROFIT DEDICATED TO ACHIEVING HEALTH EQUITY. WITH MORE THAN 40 YEARS OF EXPERIENCE FORGING MULTISECTOR PARTNERSHIPS. AND WITH EXPERTISE IN SCIENCE, ECONOMICS, TECHNOLOGY, ADVOCACY, AND DOZENS OF OTHER SPECIALTIES, PATH DEVELOPS AND SCALES UP INNOVATIVE SOLUTIONS TO THE WORLD'S MOST PRESSING HEALTH CHALLENGES, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER OF DIGITAL AND DATA EXCELLENCE PATH USES DIGITAL TECHNOLOGIES AND DATA-LED ACTION TO ADVANCE HEALTH EQUITY. IN 2021 PATH'S CENTER OF DIGITAL AND DATA EXCELLENCE CATALYZED COUNTRY-LED DIGITAL HEALTH TRANSFORMATION. FOR EXAMPLE, WORK CONTINUED ON THE DATA USE PARTNERSHIP, A BILL & MELINDA GATES FOUNDATION-FUNDED PROJECT WHERE PATH SUPPORTS THE GOVERNMENT OF TANZANIA TO IMPROVE ITS HEALTH INFORMATION SYSTEMS. THROUGH THIS PROJECT, THE GOVERNMENT ENDORSED A NEW HEALTH ENTERPRISE ARCHITECTURE, AN IMPORTANT STEP TO ENSURE ALIGNMENT OF THE COUNTRY'S DIGITAL SYSTEMS. IN ADDITION, THE PROJECT LAUNCHED AN IMPROVED E-LEARNING PLATFORM THAT STREAMLINES AND STANDARDIZES E-LEARNING MODULES TO MAKE IT EASIER TO TRACK HEALTH WORKER CREDENTIALS AND SCHOOL RECORDS. THE DATA USE ACCELERATION AND LEARNING PROJECT. ALSO FUNDED BY THE GATES FOUNDATION, CAPTURED LEARNINGS FROM FIVE COUNTRIES - BURKINA ETHIOPIA MALAWI SOUTH AFRICA AND TANZANIA - TO DEVELOP A MODEL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization **Employer identification number** PATH 91-1157127 FOR DIGITAL TRANSFORMATION FOR DATA USE THAT BUILDS ON EXISTING FRAMEWORKS. THE INFORMATION WILL SUPPORT GOVERNMENTS, IMPLEMENTERS, POLICYMAKERS, AND FUNDERS AS THEY SHIFT THEIR FINANCING, GUIDANCE, AND PROGRAMMATIC APPROACHES TO IMPROVE THE USE OF DATA. BACKED BY A U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) INVESTMENT OF UP TO \$120 MILLION, DIGITAL SQUARE, A PATH-LED INITIATIVE, CONTINUED TO BRING DONORS AND PARTNERS TOGETHER TO IMPROVE HOW THE GLOBAL COMMUNITY DESIGNS. USES. AND PAYS FOR DIGITAL HEALTH TOOLS AND APPROACHES. WITH AN EMPHASIS ON COUNTRY-DRIVEN PRIORITIES. PATH, WITH U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDING, IS LEADING THE OVERALL HEALTH INFORMATION SYSTEM SUPPORT COMPONENT OF THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) TECHNICAL ASSISTANCE PLATFORM THAT PARTNERS WITH COUNTRIES TO SUPPORT THEM IN BUILDING LASTING DIGITAL HEALTH CAPACITY. IN 2021, THE TEAM RECEIVED APPROVAL FOR OUR SECOND-YEAR WORK PLAN AND BUDGET. ENABLING WORK TO BEGIN ON STRENGTHENING HEALTH SYSTEMS FOR HIV AND/OR COVID-19 IN COTE D'IVOIRE, ETHIOPIA, HAITI, KENYA, NAMIBIA, NIGERIA, RWANDA, VIETNAM, AND ZAMBIA. IN 2021, PATH SUPPORTED THE LAUNCH OF THE DIGITAL HEALTH APPLIED LEADERSHIP PROGRAM, A YEAR-LONG TRAINING THAT ENHANCES PARTICIPANTS' CAPACITY TO SUCCESSFULLY LEAD AND EXECUTE DIGITAL HEALTH PROGRAMS. DESIGNED WITH A COMPREHENSIVE LEADERSHIP CURRICULUM FOR A DIVERSE COHORT OF LEARNERS, THE PROGRAM CONSISTS OF CORE ONLINE COURSES, WORKSHOPS, INSTRUCTION FROM TUTORS, AND GUIDANCE FOR PLANNING AND DELIVERING A PROJECT TO BUILD DIGITAL HEALTH CAPACITY ACROSS

Name of the organization **Employer identification number** PATH 91-1157127 PARTICIPATING COUNTRIES. PATH CONTINUED TO PARTICIPATE IN HIGH-LEVEL GLOBAL COALITIONS INCLUDING TRANSFORM HEALTH, WHICH SUPPORTS THE DEVELOPMENT OF HEALTH DATA GOVERNANCE PRINCIPLES; THE LANCET/FINANCIAL TIMES JOINT COMMISSION, WHICH RELEASED ITS REPORT ON GOVERNING HEALTH FUTURES 2030; AND THE DIGITAL CONNECTED CARE COALITION. DIAGNOSTICS PATH'S DIAGNOSTICS PROGRAM AIMS TO ADVANCE AND INCREASE ACCESS TO HIGH-QUALITY AND APPROPRIATE DIAGNOSTICS THAT IMPROVE THE HEALTH OUTCOMES OF PEOPLE AND COMMUNITIES IN LOW-RESOURCE SETTINGS. IN 2021, OUR PIONEERING WORK SUPPORTED THE ADVANCEMENT OF AFFORDABLE, RELIABLE DIAGNOSTICS, PROTEINS, ANTIBODIES, AND TOOLS BY AIDING THE DEVELOPMENT, COMMERCIALIZATION, AND PROCUREMENT OF NEW TECHNOLOGIES; SECURING REGULATORY APPROVAL; CONDUCTING PERFORMANCE EVALUATIONS AND CLINICAL STUDIES TO INFORM PATIENT CARE; AND PUBLISHING 18 PEER-REVIEWED ARTICLES. IN RESPONSE TO THE GLOBAL COVID-19 PANDEMIC, WE SUPPORTED THE DEVELOPMENT AND VALIDATION OF DIAGNOSTIC TOOLS, TECHNOLOGIES, AND SOLUTIONS SUITABLE FOR USE IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS). THIS INCLUDED DEVELOPING MULTIPLE PUBLICLY AVAILABLE INTERACTIVE COVID-19 DIAGNOSTIC DASHBOARDS TO SUPPORT DATA-DRIVEN PRODUCT SELECTION AND PROCUREMENT DECISIONS; CREATING A COVID-19 SAMPLE REPOSITORY TO SUPPORT DEVELOPERS IN ACCESSING CLINICAL SAMPLES FOR RESEARCH AND DEVELOPMENT; ENSURING THE QUALITY OF COVID-19 RAPID DIAGNOSTIC TESTS

Name of the organization PATH	Employer identification number 91-1157127
WITH A BENCHMARKING PANEL THAT ENABLES UNBIASED, COMPARATIVE	
EVALUATIONS BETWEEN COVID-19 TESTS; SUPPORTING THE NATIONAL RESPONSE IN	
BRAZIL, INDONESIA, MALAWI, NEPAL, AND PAKISTAN TO DETECT AND QUANTIFY	
THE PRESENCE OF SARS-COV-2 IN WASTEWATER; AND CONDUCTING CLINICAL AND	
OPERATIONAL STUDIES TO ENSURE THAT COVID-19 POINT-OF-CARE TESTS ARE AN	
EFFECTIVE MEANS OF COMBATTING COVID-19 IN SETTINGS WHERE LABORATORY	
RESULTS ARE DELAYED OR UNAVAILABLE.	
IN MAY 2021, THE SD BIOSENSOR STANDARD G6PD TEST RECEIVED REGULATORY	
APPROVAL FROM THE AUSTRALIAN THERAPEUTIC GOODS ADMINISTRATION (TGA).	
PATH HELPED GUIDE THE TEST THROUGH PRODUCT DEVELOPMENT AND CLINICAL	
EVIDENCE GENERATION FOR SUBMISSION TO THE TGA. THIS IS THE FIRST	
POINT-OF-CARE TEST FOR GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	
DEFICIENCY THAT CAN SUPPORT SAFE ACCESS TO THE CURRENTLY AVAILABLE	
DRUGS FOR PLASMODIUM VIVAX MALARIA.	
IN COLLABORATION WITH THE UNIVERSITY OF QUEENSLAND'S PROTEIN EXPRESSION	
FACILITY, PATH ADVANCED THE COMMERCIALIZATION OF HIGHLY SPECIFIC AND	
SENSITIVE MALARIA ANTIGEN REAGENTS FOR IMMUNOLOGICAL TESTS. THESE NEWLY	
AVAILABLE CUSTOM PROTEINS WILL FACILITATE DEVELOPMENT AND PERFORMANCE	
BENCHMARKING OF RAPID, ACCURATE, SPECIES-SPECIFIC MALARIA DIAGNOSTICS.	
THE DIAGNOSTICS TEAM CONTINUED TO MANAGE A COMMUNITY OF PRACTICE FOR	
G6PD OPERATIONAL RESEARCH AND HOSTED SIX INFORMATION-SHARING WEBINARS.	
IN COLLABORATION WITH THE U.K. NATIONAL INSTITUTE FOR BIOLOGICAL	
STANDARDS AND CONTROLS, PATH WORKED TO DEVELOP AND RELEASE 14	
HIGH-QUALITY AND AFFORDABLE MONOCLONAL ANTIBODIES TO SUPPORT	
DEVELOPMENT OF PNEUMOCOCCAL VACCINES THAT ARE LOW-COST,	

Name of the organization **Employer identification number** PATH 91-1157127 SEROTYPE-SPECIFIC, AND TAILORED FOR USE BY VACCINE DEVELOPERS AND RESEARCHERS IN LMICS. MEDICAL DEVICES AND HEALTH TECHNOLOGIES THE MEDICAL DEVICES AND HEALTH TECHNOLOGIES PROGRAM IS PATH'S PRODUCT DEVELOPMENT ARM. THE PROGRAM WORKS WITH PUBLIC- AND PRIVATE-SECTOR PARTNERS AROUND THE WORLD TO DEVELOP, TEST, INTRODUCE, AND SCALE UP AFFORDABLE INNOVATIONS TO IMPROVE THE HEALTH OF PEOPLE IN LMICS. FOR EXAMPLE IN COLLABORATION WITH LOCAL STAKEHOLDERS AND RESEARCHERS. WE DEVELOP FIT-FOR-PURPOSE HEALTH TECHNOLOGIES SUCH AS THE ELLAVI UTERINE BALLOON TAMPONADE (UBT), A LIFESAVING INTERVENTION FOR POSTPARTUM HEMORRHAGE. IN 2021, THE ELLAVI UBT'S AVAILABILITY GREW TO 16 COUNTRIES. THE CAYA DIAPHRAGM, ANOTHER PATH-DEVELOPED MEDICAL DEVICE ACHIEVED REGULATORY APPROVAL IN 7 LATIN AMERICAN COUNTRIES, BRINGING THE GLOBAL TOTAL TO 39 COUNTRIES WHERE THE DEVICE IS NOW AVAILABLE. PATH CONTINUED TO SUPPORT INCLUSIVE INNOVATION, HIRING ADDITIONAL DESIGN AND INNOVATION SPECIALISTS IN AFRICA, WHICH ALLOWED THE LIVING LABS INITIATIVE TO CO-CREATE WITH APPROXIMATELY 1,000 FRONTLINE HEALTH WORKERS AND COMMUNITY MEMBERS. THE PATH MICROARRAY PATCH CENTER OF EXCELLENCE CONTINUED OUR CROSS-SECTOR WORK TO ADVANCE THIS NEEDLE-FREE DELIVERY TECHNOLOGY PLATFORM FOR MEASLES, RUBELLA, AND COVID-19 VACCINES. FINALLY, WE CONVENED A GLOBAL SYRINGE MANUFACTURER WORKSHOP AND PRODUCED AN AUTODISABLE SYRINGE GAP ANALYSIS MODEL TO INFORM GLOBAL STAKEHOLDERS AND U.S. DECISION-MAKERS. WE ALSO PRODUCED AND SHARED GLOBAL COLD CHAIN MODELING DATA FOR COVID-19 VACCINES ACROSS 92

Name of the organization PATH	Employer identification number 91-1157127
ADVANCED MARKET COMMITMENT COUNTRIES. TO ADDRESS THE URGENT NEED FOR A	
COVID-19 VACCINE THAT IS THERMOSTABLE AND NEEDLE-FREE, THE FORMULATION	
TEAM SUBMITTED A PATENT APPLICATION FOR A FREEZE-DRIED FORMULATION OF	
AN MRNA VACCINE SUITABLE FOR ORAL AND PARENTERAL ADMINISTRATION.	
MARKET DYNAMICS	
PATH'S MARKET DYNAMICS PROGRAM WORKS TO INCREASE EQUITABLE ACCESS TO	
HEALTH PRODUCTS AND SERVICES BY DIAGNOSING THE ROOT CAUSES OF MARKET	
FAILURES, DESIGNING APPROPRIATE SOLUTIONS, AND DEVELOPING SUSTAINABLE	
AND INCLUSIVE HEALTH MARKETS. THIS WORK COMPLEMENTS PATH'S OTHER	
EFFORTS, SUCH AS PRODUCT DEVELOPMENT/INTRODUCTION AND HEALTH SYSTEMS	
STRENGTHENING, AND IS DONE IN CLOSE COLLABORATION WITH NATIONAL	
MINISTRIES OF HEALTH, GLOBAL AGENCIES, COMMERCIAL PARTNERS, AND PATH'S	
COUNTRY PROGRAMS. IN 2021, OUR LARGEST AREAS OF WORK WERE:	
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
(1) IMPROVING ACCESS TO MEDICAL OXYGEN AND RELATED RESPIRATORY CARE	
PRODUCTS IN LMICS. AS PART OF THAT WORK, WE SUPPORTED OUR GOVERNMENT	
PARTNERS IN THE DEVELOPMENT AND EXECUTION OF COMPREHENSIVE RESPIRATORY	
CARE PLANS TO MEET THE DEMANDS OF COVID-19. BEYOND THE PANDEMIC	
RESPONSE, WE ALSO HELPED PRIORITIZE AND IMPROVE ACCESS TO OXYGEN	
THERAPY AND OTHER ESSENTIAL RESPIRATORY CARE EQUIPMENT AS AN INTEGRAL	
PART OF NATIONAL AND GLOBAL HEALTH SYSTEMS STRENGTHENING. IN INDIA,	
KENYA, SENEGAL, AND TANZANIA, WE ADVANCED ACCESS TO AFFORDABLE AND	
APPROPRIATE TOOLS SUCH AS PULSE OXIMETRY AND ELECTRONIC CLINICAL	
DECISION-SUPPORT ALGORITHMS TO HELP HEALTH CARE WORKERS IDENTIFY	
CRITICALLY ILL CHILDREN AND REFER THEM FOR TREATMENT WITHOUT DELAY.	

Name of the organization **Employer identification number** PATH 91-1157127 (2) SUPPORTING INTRODUCTION AND SCALE-UP OF MALARIA HEALTH PRODUCTS. THROUGH OUR ROLE IN THE PARTNERSHIP FOR VIVAX ELIMINATION. WE CONTINUED TO FOSTER ACCESS TO CRITICAL MALARIA DRUGS AND DIAGNOSTICS FOR ADULTS AND CHILDREN ACROSS 15 MALARIA-ENDEMIC COUNTRIES. EPIDEMIC PREPAREDNESS AND RESPONSE PATH'S EPIDEMIC PREPAREDNESS AND RESPONSE TEAM CONTINUED TO INNOVATE FOR THE PREVENTION, DETECTION, AND CONTROL OF INFECTIOUS DISEASE OUTBREAKS. UNDER THE USAID DISCOVERY & EXPLORATION OF EMERGING PATHOGENS - VIRAL ZOONOSES PROJECT, THE TEAM SUPPORTED GLOBAL DATA MANAGEMENT AND SHARING AND LED PROJECT START-UP IN SENEGAL AND VIETNAM. THE TEAM WORKED AS A MAJOR SUBGRANTEE ON THE USAID INFECTIOUS DISEASE DETECTION AND SURVEILLANCE (IDDS) PROJECT AND LED IN SENEGAL, TANZANIA, UGANDA, AND VIETNAM. IN THESE COUNTRIES, OUR CROSS-ORGANIZATIONAL IMPACT TEAM ALSO SUPPORTED COVID-19 OUTBREAK RESPONSE ACTIVITIES, WHILE REMAINING AT THE FOREFRONT OF ANTIMICROBIAL RESISTANCE AND GENOMIC SURVEILLANCE IN VIETNAM, IN PARTICULAR. WITH SUPPORT FROM THE U.S. CDC, PATH WORKED WITH NATIONAL LEADERS IN MYANMAR, SENEGAL, TANZANIA, AND VIETNAM TO BUILD CAPACITY FOR EPIDEMIC PREPAREDNESS AND RESPONSE. OTHER EFFORTS INCLUDED STRENGTHENING ELECTRONIC HEALTH INFORMATION SYSTEMS ADVANCING DIAGNOSTIC NETWORK CAPABILITIES. AND LINKING THIS WORK WITH THE DEVELOPMENT OF NEW DIAGNOSTICS, VACCINES, AND DATA TOOLS. MALARIA AND NEGLECTED TROPICAL DISEASES PATH PARTNERS WITH GOVERNMENTS, THE PRIVATE SECTOR, AND FUNDERS AROUND THE GLOBE TO BRING THE WORLD CLOSER TO MALARIA ERADICATION. OUR MALARIA AND NEGLECTED TROPICAL DISEASES PROGRAM INCLUDES MORE THAN 100 PATH STAFF MEMBERS IN TEN COUNTRIES. OUR STRATEGY INCLUDES OPTIMIZING THE

Name of the organization PATH	Employer identification number 91-1157127
DELIVERY OF CURRENT TOOLS AND APPROACHES TO ENSURE THEY REACH THE	·
PEOPLE WHO NEED THEM, DESIGNING NEW STRATEGIES AND DEVELOPING	
NEXT-GENERATION TOOLS TO OVERCOME EMERGING CHALLENGES, AND CREATING	
INNOVATIVE PARTNERSHIPS AND FUNDING MODELS TO ENSURE OUR PROGRAMS ARE	
SUSTAINABLE AND EFFECTIVE.	
IN 2021, OUR MALARIA CONTROL AND ELIMINATION PARTNERSHIP IN AFRICA	
(MACEPA) PROGRAM CONTINUED TO SUPPORT THE GOVERNMENTS OF ETHIOPIA,	
SENEGAL, AND ZAMBIA TOWARD THEIR MALARIA ELIMINATION GOALS. FOR	
INSTANCE, MACEPA PROVIDED MATHEMATICAL MODELING AND DATA ANALYTICS	
SUPPORT, INCLUDING ESTIMATING THE CATCHMENT POPULATION OF EACH HEALTH	
FACILITY IN ZAMBIA AND USING HUMAN MIGRATION DATA TO CAPTURE POPULATION	
FLOW AT THE DISTRICT LEVEL IN ETHIOPIA. MACEPA ALSO CONDUCTED	
EXPLORATORY ACTIVITIES IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	
AND NIGERIA (E.G., ANALYSES OF CURRENT MALARIA SURVEILLANCE SYSTEMS) TO	
INFORM TECHNICAL ASSISTANCE NEEDS AND RECOMMENDATIONS FOR THOSE	
GEOGRAPHIES.	
THE PAMO PLUS PROJECT, FUNDED BY THE U.S. PRESIDENT'S MALARIA	
INITIATIVE (PMI), PROVIDED TECHNICAL AND MATERIAL ASSISTANCE TO THE	
ZAMBIA MINISTRY OF HEALTH (MOH) IN MALARIA CASE MANAGEMENT, MALARIA IN	
PREGNANCY, SOCIAL BEHAVIOR CHANGE, DISEASE SURVEILLANCE, AND DATA	
MANAGEMENT AND USE. WORK IN 2021 INVOLVED MENTORING HEALTH WORKERS IN	
THE PROJECT'S FOUR FOCUS PROVINCES ON ADHERENCE TO MALARIA CASE	
MANAGEMENT STANDARDS AS WELL AS TRAINING, DEPLOYING, AND SUPPORTING	
COMMUNITY HEALTH WORKERS WHO TEST AND TREAT MALARIA AT THE COMMUNITY	
LEVEL. ADDITIONALLY, PAMO PLUS WORKED WITH THE ZAMBIA NURSING AND	
MIDWIFERY COUNCIL TO INTEGRATE MALARIA IN PREGNANCY TRAINING INTO THE	

Name of the organization **Employer identification number** PATH 91-1157127 NURSING COLLEGE CURRICULUM. AND TRAINED ANTENATAL CARE PROVIDERS AND SAFE MOTHERHOOD ACTION GROUP MEMBERS ON THE MALARIA IN PREGNANCY GUIDELINES. PAMO PLUS SUPPORTED THE DEVELOPMENT OF COMMUNITY ENGAGEMENT PLANS, ORIENTED COMMUNITY CHANGE AGENTS, CONDUCTED DATA QUALITY AUDITS, AND TRAINED MOH STAFF IN DATA MANAGEMENT AND MENTORSHIP. PAMO PLUS CONTINUED IMPLEMENTING A MALARIA PRE-ELIMINATION PROGRAM, CONDUCTING RESEARCH IN LOW-BURDEN DISTRICTS OF EASTERN PROVINCE, ZAMBIA. IN 2021, PATH CONTINUED TO EVALUATE NEW VECTOR CONTROL TOOLS WITH OUR PARTNERS UNDER PMI VECTORLINK, USAID'S FLAGSHIP MALARIA VECTOR CONTROL PROJECT. SIMILARLY, UNDER THE NEW NETS PROJECT FUNDED BY UNITAID AND THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (THE GLOBAL FUND), WE HELPED GENERATE EVIDENCE FOR THE ADOPTION OF BEDNETS EFFECTIVE AGAINST PYRETHROID-RESISTANT MOSQUITOES. IN ZAMBIA, PATH LED THE DESIGN AND IMPLEMENTATION OF LABORATORY AND FIELD ACTIVITIES TO TEST ANOTHER NEW TOOL FOR MALARIA VECTOR CONTROL, THE ATTRACTIVE TARGETED SUGAR BAIT (ATSB). WE COORDINATED PARTNERS WORKING ON ATSB RESEARCH IN KENYA, MALI, AND ZAMBIA, TOGETHER WITH ISRAEL-BASED MANUFACTURER WESTHAM LTD. AND U.K.-BASED FUNDER INNOVATIVE VECTOR CONTROL CONSORTIUM. PATH ALSO LED A USAID INITIATIVE TO SUPPORT MALARIA OPERATIONAL RESEARCH AND PROGRAM EVALUATION. UNDER THE PMI INSIGHTS PROJECT, PATH COORDINATED THE WORK OF SEVERAL PARTNERS TO STRENGTHEN NATIONAL POLICIES, STRATEGIES, AND GUIDELINES FOR MALARIA CONTROL AND ELIMINATION.

IN SENEGAL AND THE GAMBIA, PATH CONTINUED TO INTEGRATE MALARIA INTO THE

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
SCOPE OF NATIONAL EMERGENCY OPERATIONS CENTERS (EOCS). IN SENEGAL, WE	
SUPPORTED THE MOH TO CREATE AND RESOURCE REGIONAL EOC-MALARIA UNITS.	
WITH A REGIONAL PRESENCE, THE EOC CAN MORE RAPIDLY RESPOND TO POTENTIAL	
PUBLIC HEALTH THREATS. THIS WORK HAS STRENGTHENED CROSS-BORDER	
COLLABORATION BETWEEN THE GAMBIA AND SENEGAL ON EMERGENCY PREPAREDNESS	
AND RESPONSE AND MALARIA INTERVENTIONS.	
PATH'S LABORATORY TEAM AT THE NATIONAL MALARIA ELIMINATION CENTER IN	
LUSAKA, ZAMBIA - A TEAM TASKED WITH GENOTYPING PLASMODIUM PARASITES TO	
LOOK FOR MARKERS OF RESISTANCE TO COMMON MALARIA TREATMENTS - ALSO	
APPLIED THEIR EXPERTISE TO SARS-COV-2. IN 2021, THEY WORKED WITH THE	
UNIVERSITY OF ZAMBIA'S SCHOOL OF VETERINARY MEDICINE TO SEQUENCE	
INFECTIONS AND MAP THE RISE AND FALL OF DIFFERENT COVID-19 VARIANTS.	
THE TEAM RECEIVED FUNDING TO EXPAND THEIR FOCUS FROM GENERATING DATA TO	
STRENGTHENING THE SEQUENCING SKILLS WITHIN THE ZAMBIAN GOVERNMENT.	
THE VIVACTION PROJECT WORKS TO CATALYZE ADOPTION AND EVENTUAL SCALE-UP	
OF PLASMODIUM VIVAX TOOLS. IN ETHIOPIA, PATH IS STUDYING WHETHER IT IS	
OPERATIONALLY FEASIBLE TO PROVIDE OPTIMIZED RADICAL CURE TREATMENT TO	
P. VIVAX PATIENTS WHO ARE ELIGIBLE BASED ON TREATMENT GUIDELINES. IN	
2021, PATH HELD MEETINGS WITH LOCAL PARTNER ARMAUER HANSEN RESEARCH	
INSTITUTE TO DISCUSS PROJECT ACTIVITIES.	
IN INDIA, PATH CONTINUED TO PROVIDE STRATEGIC TECHNICAL ASSISTANCE IN	
THE STATE OF UTTAR PRADESH, SUPPORTING THE NATIONAL VECTOR BORNE	
DISEASE CONTROL PROGRAM TO ADDRESS DENGUE AND MALARIA THROUGH SKILLS	
STRENGTHENING, OUTBREAK INVESTIGATION, AND DATA MANAGEMENT. PATH	
PROVIDED TECHNICAL SUPPORT FOR SAFE AND SUCCESSFUL MASS DRUG	Cabadula O (Farra 200) 2004

Name of the organization **Employer identification number** PATH 91-1157127 ADMINISTRATION CAMPAIGNS AS WELL AS MORBIDITY MANAGEMENT AND DISABILITY PREVENTION SERVICES ACROSS 50 LYMPHATIC FILARIASIS-ENDEMIC DISTRICTS. IN THE STATE OF BIHAR, PATH SUPPORTED IMPLEMENTATION OF A JAPANESE ENCEPHALITIS VACCINATION CAMPAIGN. EARLY CHILDHOOD DEVELOPMENT ACTION NETWORK IN 2021, THE EARLY CHILDHOOD DEVELOPMENT ACTION NETWORK (ECDAN), HOSTED BY PATH, CONTINUED TO ADVOCATE FOR YOUNG CHILDREN AND THEIR CAREGIVERS. ECDAN SUPPORTED AND FACILITATED SEVERAL COLLABORATIVE INITIATIVES. INCLUDING LAUNCH OF THE GLOBAL CHILDCARE CAMPAIGN AND - WITH OUR PARTNERS, THE WORLD HEALTH ORGANIZATION (WHO), UNICEF, PARTNERSHIP FOR LIFELONG HEALTH, AND GLOBAL PARTNERSHIP TO END VIOLENCE AGAINST CHILDREN - LAUNCH OF THE GLOBAL INITIATIVE TO SUPPORT PARENTS. ECDAN CONNECTED AND ALIGNED THE GLOBAL COMMUNITY THROUGH CALLS TO ACTION, JOINT STATEMENTS, AND COMMUNITIES OF PRACTICE AND ACCELERATED LEARNING AND KNOWLEDGE EXCHANGE THROUGH WEBINARS AND TWO PLATFORMS: ECD CONNECT AND ECD KNOWLEDGE GATEWAY. ECDAN FINALIZED THREE COUNTRY PILOTS TO TEST THE "COST OF INACTION" METHODOLOGY WITH UNICEF IN BULGARIA AND MADAGASCAR AND WITH THE UNIVERSITY OF SAO PAULO IN BRAZIL. ECDAN ALSO WELCOMED OUR FIRST COHORT OF KNOWLEDGE FELLOWS. FIVE FELLOWS (FROM COLOMBIA, THE PHILIPPINES, SPAIN, UNITED STATES, AND ZAMBIA) COMPLETED THE PROGRAM. WORKING WITH A MENTOR TO DESIGN AND FINALIZE A KNOWLEDGE PRODUCT. FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: PRIMARY HEALTH CARE PATH'S PRIMARY HEALTH CARE (PHC) DEPARTMENT EMPLOYS A COMPREHENSIVE, ONE HEALTH, PEOPLE- AND COMMUNITY-CENTERED PHC MODEL THAT ADDRESSES

Name of the organization **Employer identification number** PATH 91-1157127 BROADER DETERMINANTS OF HEALTH (E.G., SOCIAL, ECONOMIC, ENVIRONMENTAL). WE FOCUS ON INNOVATIVE, EVIDENCE-BASED TOOLS AND APPROACHES TO MEET PEOPLE'S NEEDS AND PREFERENCES ACROSS THEIR LIFETIME. PHC AT PATH IS COMPOSED OF SIX TEAMS, DESCRIBED BELOW. MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION TOGETHER WITH PARTNERS AROUND THE WORLD, PATH'S MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION (MNCHN) TEAM DEVELOPS, ADAPTS, AND SCALES UP TECHNOLOGIES AND SYSTEMS TO REDUCE ILLNESS AND DEATH AMONG MOTHERS AND CHILDREN AND GIVE CHILDREN THE BEST POSSIBLE START IN LIFE. TO ENSURE THAT ALL INFANTS HAVE ACCESS TO HUMAN MILK, PATH FOCUSES ON BREASTFEEDING PROMOTION, PROVISION OF SPECIALIZED LACTATION SUPPORT FOR MOTHERS OF SMALL AND SICK NEWBORNS, AVAILABILITY OF SAFE DONOR MILK THROUGH LOCAL HUMAN MILK BANKS, AND UPTAKE AND USE OF GLOBAL STANDARDS FOR HUMAN MILK BANKING. USING HUMAN-CENTERED DESIGN, WE CONTINUED CREATING A DIGITAL ADAPTATION KIT FOR OPTIMAL NEWBORN FEEDING AND THE PROVISION OF LACTATION SUPPORT, WHICH IS BEING DEVELOPED IN KENYA AS A GLOBAL GOOD FOR ALL SETTINGS. PATH CONTINUED SUPPORTING ARIADNE LABS AS A SUBJECT MATTER EXPERT AND PERFORMED A FEASIBILITY ASSESSMENT IN INDIA, MALAWI, AND TANZANIA ON THE USE OF DONOR HUMAN MILK FOR LOW-BIRTHWEIGHT INFANTS. THESE FINDINGS ARE BEING DISSEMINATED GLOBALLY AND THROUGH MULTIPLE PEER-REVIEWED PUBLICATIONS. IN GHANA, PATH IS LEADING A FOUR-YEAR EFFORT, ADVANCED NEWBORN CARE IN GHANA: BEYOND MAKING EVERY BABY COUNT INITIATIVE (MEBCI 2.0), TO REDUCE PERINATAL MORTALITY IN FOUR HIGH-VOLUME REFERRAL HOSPITALS. IN 2021, MEBCI 2.0 ENGAGED WITH THE GHANA HEALTH SERVICE TO OPERATIONALIZE ITS

Name of the organization **Employer identification number** PATH 91-1157127 NEWBORN ACTION PLAN, MOBILIZE REGIONAL STAKEHOLDERS AND RESOURCES, AND DRIVE ADVOCACY AND POLICY ACTION. THROUGH THE NEOLENS PROJECT, PATH DOCUMENTED COUNTRY-LEVEL JOURNEYS IN ESTABLISHING IN-PATIENT CARE FOR SMALL AND SICK NEWBORNS IN LOW-RESOURCE SETTINGS. TO SHOWCASE LESSONS LEARNED IN ETHIOPIA, INDIA, MALAWI, AND RWANDA, WE CREATED CASE STUDIES FOR EACH COUNTRY AND PARTNERED WITH MASS DESIGN GROUP TO DEVELOP AN INTERACTIVE, VIRTUAL EXPERIENCE. FOLLOWING A PATH PROJECT THAT DOCUMENTED UPTAKE OF 14 KEY MNCHN ASSETS IN 81 COUNTDOWN TO 2030 COUNTRIES, IN 2021 PATH CONDUCTED A SUBNATIONAL INQUIRY IN FIVE FOCUS COUNTRIES ON THE INHERENT BARRIERS AND ENABLERS TO SCALE-UP OF THESE COMMODITIES. WE DEVELOPED COMPLEMENTARY INTERACTIVE DASHBOARDS TO PROVIDE THE DATA IN A USER-FRIENDLY INTERFACE. IN COLLABORATION WITH THE GHANA HEALTH SERVICE AND WITH FUNDING FROM THE PFIZER FOUNDATION, PATH INITIATED THE INTEGRATED ANTENATAL CARE PROJECT IN THE BONO EAST REGION OF GHANA. THE PROJECT AIMS TO AVERT INFECTIOUS DISEASE MORTALITY AND MORBIDITY IN NEONATES AND MOTHERS BY IMPLEMENTING AN IMPROVED. COMPREHENSIVE INFECTIOUS DISEASE SCREENING PROGRAM DURING PREGNANCY. ALSO IN 2021, MNCHN STAFF SERVED GLOBALLY IN LEADERSHIP ROLES RELATED TO COVID-19 AND THE PROTECTION OF WOMEN AND CHILDREN. WE PARTICIPATED IN GLOBAL TECHNICAL WORKING GROUPS, PRESENTED (MOSTLY VIRTUALLY) AT KEY GLOBAL AND NATIONAL MEETINGS, AND AUTHORED AND CONTRIBUTED TO

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
HIGH-PROFILE PEER-REVIEWED JOURNAL ARTICLES, BOOK CHAPTERS, GLOBAL	
REPORTS, AND SYSTEMATIC REVIEWS. THESE EFFORTS ADVANCED THINKING ON	
BROAD, EFFECTIVE SOLUTIONS TO THE MOST PRESSING CHALLENGES IN MNCHN.	
RECOGNIZING THAT NUTRITION IS AFFECTED BY A VARIETY OF ECONOMIC AND	
ENVIRONMENTAL FACTORS, PATH'S NUTRITION TEAM DRIVES NOVEL APPROACHES TO	
ADDRESS THE MASSIVE BURDEN OF MALNUTRITION IN COMMUNITIES AROUND THE	
WORLD. TOGETHER WITH PATH'S CLIMATE CHANGE COMMUNITY OF PRACTICE,	
PATH'S NUTRITION TEAM CONTINUED TO ADVOCATE FOR SUSTAINABLE	
CLIMATE-FRIENDLY ALTERNATIVES, SUCH AS CULTURED PROTEINS AND EDIBLE	
INSECTS. AS A REFLECTION OF OUR EXPERTISE, PATH LEADS THE BIOMARKER	
COLLECTION AND ANALYSIS COMPONENTS OF THE DEMOGRAPHIC HEALTH SURVEY	
CONDUCTED IN COUNTRIES AROUND THE WORLD. FINALLY, PATH CONTINUED OUR	
WORK ON THE BRIDGE COLLABORATIVE, A TRAILBLAZING, CROSS-DISCIPLINARY	
EFFORT OF MORE THAN 150 LEADING TECHNICAL EXPERTS FROM THE HEALTH,	
DEVELOPMENT, AND ENVIRONMENTAL SECTORS TO ADDRESS HUMAN AND PLANETARY	
HEALTH.	
EARLY CHILDHOOD DEVELOPMENT	
IN 2021, PATH CONTINUED TO EXPAND OUR GLOBAL AND NATIONAL LEADERSHIP IN	
EARLY CHILDHOOD DEVELOPMENT (ECD). FOR EXAMPLE, WITH PATH SUPPORT, THE	
GOVERNMENTS OF ETHIOPIA, KENYA, AND MOZAMBIQUE CONTINUED TO SCALE UP	
ECD SERVICE PROVISION AS AN ESSENTIAL COMPONENT OF BASIC HEALTH CARE	
AND INTRODUCED INTEGRATED ECD SERVICE DELIVERY INTO ADDITIONAL	
SUBNATIONAL GEOGRAPHIES. THIS PIONEERING WORK CENTERS AROUND BUILDING	
AN ENABLING LEADERSHIP AND POLICY ENVIRONMENT WHILE STRENGTHENING THE	
CAPACITY OF HEALTH SYSTEMS AND HEALTH SERVICE PROVIDERS. WITH A	
CONSTELLATION OF PARTNERS, PATH FACILITATED COLLECTIVE ACTION ACROSS	Cabadula O (Farra 000) 0004

Name of the organization **Employer identification number** PATH 91-1157127 MULTIPLE SECTORS AT NATIONAL AND SUBNATIONAL LEVELS TO PROMOTE ECD THROUGH ENHANCED PLANNING, COORDINATION, AND RESOURCING. HEALTH SYSTEMS THE HEALTH SYSTEMS TEAM SERVES AS AN ORGANIZING MECHANISM FOR PATH'S PROJECTS AND INITIATIVES THAT STRENGTHEN HEALTH SYSTEMS. BOTH WITHIN PATH AND IN COLLABORATION WITH EXTERNAL PARTNERS, THE TEAM LEADS COMPLEX EVALUATIONS OF HEALTH PROGRAMS, ENGAGES IN IMPLEMENTATION SCIENCE RESEARCH, FACILITATES INTERVENTION SCALE-UP, AND IMPROVES DATA QUALITY AND USE FOR DECISION-MAKING. IN 2021, MAJOR ACTIVITIES INCLUDED (1) COMPLETION OF A FOUR-YEAR PROSPECTIVE EVALUATION OF THE GLOBAL FUND'S INVESTMENTS IN THE DRC, GUATEMALA, SENEGAL, AND UGANDA; (2) LEADING MONITORING, EVALUATION, AND LEARNING WITHIN USAID'S MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY (M-RITE) PORTFOLIO ACROSS SEVERAL COUNTRIES IN AFRICA AND SOUTHEAST ASIA; AND (3) EVALUATION OF AN INNOVATION TO INCREASE HIV PRE-EXPOSURE PROPHYLAXIS UPTAKE AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN ZIMBABWE. HIV, TUBERCULOSIS, AND VIRAL HEPATITIS AS COVID-19 CONTINUED TO DISRUPT ACCESS TO ESSENTIAL HEALTH SERVICES. PATH'S HIV, TUBERCULOSIS (TB), AND VIRAL HEPATITIS TEAM FOCUSED ON ADVANCING PERSON-CENTERED HEALTH CARE ACROSS AFRICA, CENTRAL ASIA, AND SOUTHEAST ASIA FOR GENERAL, KEY, AND PRIORITY POPULATIONS. METHODS INCLUDED PROMOTING INTEGRATED SERVICE DELIVERY MODELS, ACCELERATING SELF-CARE INITIATIVES, AND LEVERAGING DIGITAL HEALTH TOOLS TO ENSURE EQUITABLE AND HIGH-QUALITY ACCESS TO HEALTH SERVICES.

PATH, WITH FUNDING FROM UNITAID THROUGH THE STAR-III PROJECT, CONTINUED

Name of the organization PATH	Employer identification number 91-1157127
TO ACCELERATE ACCESS TO HIV SELF-TESTING (HIVST) IN INDIA, INDONESIA,	
AND UGANDA BY CONDUCTING ASSESSMENTS TO INFORM DEVELOPMENT OF NEW HIVST	
DISTRIBUTION MODELS AND NATIONAL POLICIES AND GUIDELINES. IN 2021, THE	
PROJECT SUPPORTED THE DISTRIBUTION OF MORE THAN 150,000 HIVST KITS AND	
TRAINED MORE THAN 750 PROVIDERS ON HIVST SERVICES. PATH ALSO RECEIVED	
FUNDING TO ADVANCE SELF-TESTING FOR HEPATITIS C IN INDIA AND VIETNAM	
AND SELF-TESTING FOR COVID-19 IN BRAZIL, INDIA, SOUTH AFRICA, AND	
UGANDA, WITH THIS YEAR'S EFFORTS FOCUSED ON ORIENTING STAKEHOLDERS AND	
PREPARING FOR IMPLEMENTATION.	
AS A PARTNER ON THE UNITAID-FUNDED ADHERENCE SUPPORT COALITION TO END	
TB PROJECT, PATH WORKED TO ESTABLISH A GLOBAL MARKET FOR DIGITAL	
ADHERENCE TECHNOLOGIES (DATS). WE IMPLEMENTED RESEARCH IN UKRAINE ON	
THE USE OF DATS AND SUCCESSFULLY ADVOCATED WITH THE UKRAINIAN	
GOVERNMENT FOR SCALE-UP OF DATS DURING WAR AND AMONG DISPLACED PERSONS.	
IN PARTNERSHIP WITH THE TB ALLIANCE, PATH WORKED TO ADVANCE A SHORTER	
TREATMENT (BEDAQUILINE, PRETOMANID, AND LINEZOLID, KNOWN AS BPAL) FOR	
MULTIDRUG-RESISTANT TB, DEVELOPING A ROAD MAP TO INTRODUCE BPAL IN PERU	
AND UKRAINE AS WELL AS FACILITATING A COSTING STUDY OF BPAL IN UKRAINE.	
IN THE DRC, UNDER THE USAID-FUNDED INTEGRATED HIV/AIDS PROJECT IN	
HAUT-KATANGA (IHAP-HK), PATH TESTED AND EXPANDED PERSON-CENTERED	
APPROACHES FOR ENHANCED CARE, TREATMENT SUPPORT, AND VIRAL LOAD	
MONITORING. THE PROJECT CO-CREATED AN ELECTRONIC CLIENT FEEDBACK SYSTEM	
WITH FACILITY PROVIDERS AND ASSOCIATIONS OF PEOPLE LIVING WITH HIV	
(PLHIV) AND THEN TESTED THE SYSTEM AT SIX FACILITIES. IMPLEMENTATIONS	
BASED ON THE FEEDBACK RESULTED IN SHORTER WAIT TIMES FOR CLIENTS AND	
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
FEWER INSTANCES OF STIGMA AND DISCRIMINATION. IHAP-HK ALSO CO-ADAPTED,	
WITH ADOLESCENTS AND YOUNG PEOPLE, KENYA'S OPERATION TRIPLE ZERO	
APPROACH FOR THE DRC CONTEXT. THIS LED TO THE CREATION OF ADDITIONAL	
COMMUNITY SUPPORT GROUPS FOR CHILDREN, ADOLESCENTS, AND YOUNG PEOPLE	
FOCUSED ON PROMOTING ADHERENCE TO TREATMENT AND CLINICAL APPOINTMENTS,	
WITH THE GOAL OF VIRAL SUPPRESSION. THE PROJECT ALSO TESTED	
COLLABORATIVE CASE MANAGEMENT AMONG HEALTH WORKERS, PEER EDUCATORS, AND	_
CASE MANAGERS FOR CHILDREN LIVING WITH HIV TO PROVIDE ENHANCED	_
ADHERENCE SUPPORT SERVICES, AGAIN TO HELP ACHIEVE VIRAL SUPPRESSION.	
	_
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
IN WESTERN KENYA, PATH SUCCESSFULLY CLOSED OUT THE PEPFAR-FUNDED AFYA	
ZIWANI PROJECT. OVER THE PROJECT LIFETIME, 1,586,802 PEOPLE WERE TESTED	
FOR HIV, OF WHICH 25,569 WERE DIAGNOSED WITH HIV AND LINKED TO CARE AND	
TREATMENT. IN MID-2021, PATH TRANSITIONED THE PROGRAMMING TO TWO NEW	
INITIATIVES: (1) A COMPREHENSIVE PACKAGE OF HEALTH, SOCIAL, AND	
ECONOMIC STRENGTHENING SERVICES FOR CHILDREN, ADOLESCENTS, AND YOUNG	
PEOPLE THROUGH THE PEPFAR-FUNDED NURU YA MTOTO PROJECT, FOR WHICH PATH	
IS PRIME; AND (2) HIGH-QUALITY CLINICAL HIV AND TB/HIV SERVICES FOR	
PEOPLE LIVING WITH OR AT RISK OF HIV THROUGH THE PEPFAR-FUNDED BORESHA	
JAMII PROJECT, FOR WHICH PATH IS A KEY SUBPARTNER LEADING THE CLINICAL	
WORK. PATH ALSO LED THE CHAK A CHAKA PROJECT, WHICH STRENGTHENS	
ECONOMIC SKILLS AMONG YOUNG WOMEN IN KISUMU, HOMA BAY, AND MIGORI	
COUNTIES TO REDUCE HIV RISK AND VULNERABILITY. IN 2021, PATH HELPED	
1,225 YOUNG WOMEN BUILD SAVINGS AND ENTREPRENEURIAL SKILLS THROUGH	
ACCESS TO BUSINESS DEVELOPMENT TRAININGS AND INSURANCE FUNDS.	

IN INDIA, THROUGH THE U.S. CDC-FUNDED STRENGTHENING STRATEGIC

Name of the organization PATH	Employer identification number 91-1157127
INFORMATION MANAGEMENT SYSTEMS PROJECT, PATH CONTINUED TO SUPPORT THE	
NATIONAL AIDS CONTROL PROGRAM AT THE STATE AND DISTRICT LEVEL IN MUMBAI	
AND ANDHRA PRADESH AS WELL AS NATIONALLY TO FURTHER STREAMLINE DATA	
REPORTING SYSTEMS AND ENHANCE DATA USE FOR PROGRAM IMPROVEMENT AND	
PLANNING. AMONG OTHER ACTIVITIES, WE CREATED SITE-LEVEL SYSTEMS TO	
IMPROVE FOLLOW-UP WITH CLIENTS, DEPLOYED A MONTHLY DISTRICT-LEVEL	
PLANNING PROCESS IN ANDHRA PRADESH TO IMPROVE HIV TESTING AND LINKAGES	
TO SERVICE, AND CREATED NATIONAL-LEVEL DASHBOARDS TO BETTER MONITOR HIV	
PROGRAM PERFORMANCE AGAINST EPIDEMIC CONTROL INDICATORS.	
IN SUPPORT OF TB PROGRAMMING IN INDIA, PATH INTRODUCED ARTIFICIAL	
INTELLIGENCE TO STREAMLINE CHEST X-RAY READINGS, ENABLING QUICKER	
DIAGNOSIS AND INITIATION ON TREATMENT. WITH SUPPORT FROM USAID, PATH	
FACILITATED A NEEDS ASSESSMENT FOR TECHNICAL SUPPORT UNITS TO FOSTER	
LOCAL PRIVATE-SECTOR ENGAGEMENT ACROSS FIVE INDIAN STATES. PATH ALSO	
SUPPORTED REVISIONS AND UPDATES TO TB CONTROL STANDARDS IN PARTNERSHIP	
WITH WHO AND THE NATIONAL TB PROGRAM.	
IN ZAMBIA, PATH CONTINUED TO IMPLEMENT THE USAID-FUNDED ERADICATE TB	
PROJECT, WHICH SCREENED 1,967,914 INDIVIDUALS FOR SYMPTOMS OF TB, AMONG	
WHOM 223,337 (11%) WERE PRESUMED TO HAVE TB. SAMPLES FROM 200,899 (90%)	
OF THOSE WERE THEN TESTED IN THE LABORATORY, RESULTING IN 9,872 (5%)	
CONFIRMED TB CASES. OF THESE, 9,521 (96%) WERE SUCCESSFULLY INITIATED	
ON TREATMENT. THE PROJECT ALSO STRENGTHENED THE LABORATORY NETWORK TO	
MORE EFFICIENTLY AND EFFECTIVELY DIAGNOSE AND MONITOR PEOPLE WITH TB.	
AN EXTERNAL QUALITY ASSESSMENT SHOWED THAT 90% OF HEALTH FACILITY	
LABORATORIES ACHIEVED 95% CORRECT RESULTS. THE PROJECT CONTINUED TO	
TRAIN FRONTLINE HEALTH CARE WORKERS IN THE SIX SUPPORTED PROVINCES ON	

Name of the organization **Employer identification number** PATH 91-1157127 CHILDHOOD TB DETECTION AND DRUG-RESISTANT TB CASE MANAGEMENT. IN TANZANIA, THE USAID-FUNDED IDDS PROJECT SUPPORTED KEY FUNCTIONS AT THE CENTRAL TB REFERENCE LABORATORY, FACILITATED REPORTING FROM SITES USING THE GENEXPERT PLATFORM, COMPLETED AN ASSESSMENT OF THE TB DIAGNOSTIC NETWORK, AND PREPARED FOR INTRODUCTION OF NEW DIAGNOSTIC METHODS. THROUGH THIS PROJECT IN VIETNAM, PATH CONTINUED TO SUPPORT THE NATIONAL TB PROGRAM BY ASSESSING PROGRESS ON THE "DOUBLE X" STRATEGY (CHEST X-RAY AND GENEXPERT TEST). SUPPORTING THE APPLICATION OF ARTIFICIAL INTELLIGENCE FOR READING CHEST X-RAYS. AND PERFORMING ANALYSES TO IMPROVE SPECIMEN TRANSPORT SYSTEMS AND DIAGNOSTIC ACCESS. ALSO IN VIETNAM, THE USAID/PATH HEALTHY MARKETS PROJECT INTRODUCED NEW HIV PRODUCTS TO OPTIMIZE CHOICE FOR CLIENTS, SUPPORTED THE DEVELOPMENT OF CRITICAL NEW POLICIES (INCLUDING A FIRST-EVER HIV PRIVATE-SECTOR ENGAGEMENT PLAN), AND RAPIDLY PIVOTED KEY POPULATION PLATFORMS TO DELIVER LIFESAVING COVID-19 AND HIV CARE DURING VIETNAM'S SEVERE FOURTH SURGE OF COVID-19. IN DECEMBER, THE TEAM TRANSITIONED THE PROJECT TO USAID/PATH STEPS, A FIVE-YEAR PEPFAR-FUNDED INITIATIVE THAT BUILDS ON THE ACHIEVEMENTS OF HEALTHY MARKETS. IN PARTNERSHIP WITH THE HEPATITIS FUND, PATH LAUNCHED INTEGRATED AND COMMUNITY-BASED HIV AND VIRAL HEPATITIS SCREENING AT 27 HEALTH FACILITIES IN VIETNAM, TESTING MORE THAN 11,000 PEOPLE FOR HEPATITIS B AND C AND ENROLLING MORE THAN 500 ON TREATMENT. WE ALSO PARTNERED WITH THE MOH TO PROTOTYPE A DIGITALIZED VIRAL HEPATITIS HEALTH INFORMATION AND TRACKING SYSTEM.

Name of the organization PATH	Employer identification number 91-1157127
IN TAJIKISTAN, KAZAKHSTAN, AND UZBEKISTAN, PATH PROVIDED CLINICAL	
EXPERTISE TO CREATE AND REVISE NATIONAL GUIDELINES AND PROTOCOLS FOR	
DRUG-SENSITIVE AND DRUG-RESISTANT TB, DEVELOPED PLANS FOR A CLINICAL	
AUDIT, AND SUPPORTED OPERATIONS RESEARCH AND SCALE-UP PLANNING FOR NEW	
TB REGIMENS UNDER THE USAID ELIMINATING TB IN CENTRAL ASIA PROJECT.	
IN UKRAINE, PATH CONTINUED TO LEAD THE USAID-FUNDED SERVING LIFE	
PROJECT, WHICH REDUCES TB, HIV, AND HEPATITIS C TRANSMISSION IN THE	
PENAL SYSTEM AND COMMUNITIES ACROSS 12 REGIONS. WE PILOTED INNOVATIVE	
INTERVENTIONS THAT WILL ULTIMATELY BE TRANSITIONED TO GOVERNMENT	
LEADERSHIP, INCLUDING MEDICATION-ASSISTED THERAPY, PROVISION OF	
PSYCHOSOCIAL AND HIV SERVICES FOR PRE-TRIAL DETAINEES, AND INDEX CASE	
TESTING FOR CONTACTS OF DETAINEES NEWLY DIAGNOSED WITH HIV.	
PATH CONTINUED TO IMPLEMENT THE USAID-FUNDED SUPPORT TB CONTROL EFFORTS	
IN UKRAINE (STBCEU) PROJECT, WHICH FOCUSES ON PREVENTION, DETECTION,	
AND TREATMENT OF TB, DRUG-RESISTANT TB, AND TB/HIV. IN 2021, STBCEU	_
SUCCESSFULLY ADVOCATED FOR THE INTRODUCTION OF STOOL TESTING AS THE	
PREFERRED METHOD OF TB DIAGNOSIS AMONG CHILDREN, PILOTED MOBILE X-RAY	
SCREENINGS, IMPROVED ALGORITHMS FOR ACTIVE CASE FINDING AMONG	
POPULATIONS AT RISK FOR TB, AND PROVIDED TB EDUCATION THROUGH NATIONAL	
NEWS PROGRAMS.	
NONCOMMUNICABLE DISEASES	
PATH IS AT THE FOREFRONT OF EFFORTS TO PREVENT, DETECT, AND TREAT	
NONCOMMUNICABLE DISEASES (NCDS), INCLUDING DIABETES AND CARDIOVASCULAR	
DISEASE, IN LOW-RESOURCE SETTINGS WORLDWIDE, WHERE THE BURDEN OF THESE	
DISEASES IS RISING DISPROPORTIONATELY.	

Name of the organization **Employer identification number** PATH 91-1157127 IN 2021, PATH CONTINUED TO SERVE AS THE SECRETARIAT OF THE COALITION FOR ACCESS TO NCD MEDICINES AND PRODUCTS. THIS GLOBAL, MULTISECTORAL COLLABORATION WORKS TO INCREASE ACCESS TO NCD MEDICINES AND HEALTH PRODUCTS IN LMICS. IN ADDITION TO GLOBAL ADVOCACY, THE COALITION LED THE DEVELOPMENT AND IMPLEMENTATION OF A FORECASTING PROGRAM FOR NCD MEDICINES AND PRODUCTS IN KENYA AND UGANDA. PATH IMPLEMENTED NCD PROJECTS IN GHANA, KENYA, AND VIETNAM TO BUILD STRONGER PHC SYSTEMS, SUPPLY CHAINS, AND DATA-DRIVEN DECISION-MAKING -ALL CRITICAL COMPONENTS OF HEALTH SYSTEM RESILIENCY. OUR EFFORTS IN GHANA INCLUDED SUPPLY CHAIN STRENGTHENING AND IMPLEMENTATION OF THE NCD NAVIGATOR - A FIRST-OF-ITS-KIND, LOCALLY MANAGED DIGITAL INFORMATION SYSTEM FOR NCD RESOURCE PLANNING AND ALLOCATION - IN 9 OF GHANA'S 16 REGIONS. IN PARTNERSHIP WITH THE GHANA HEALTH SERVICE, PATH'S HEALTHY HEART AFRICA PROJECT, WHICH FOCUSES ON HYPERTENSION MANAGEMENT AT THE COMMUNITY LEVEL, CONDUCTED MORE THAN 500,000 BLOOD PRESSURE SCREENINGS AND LINKED THOSE DIAGNOSED TO TREATMENT, IN SENEGAL, PATH ALSO LAUNCHED THE HEALTHY HEART AFRICA PROJECT WHILE RWANDA AND TANZANIA PREPARED FOR IMPLEMENTATION. IN KENYA, PATH IMPLEMENTED A CUTTING-EDGE PROGRAM THAT ENABLES COMMUNITY AND HOUSEHOLD SCREENINGS FOR HYPERTENSION, REMOTE BLOOD PRESSURE AND BLOOD SUGAR MONITORING, TELEMEDICINE, COMMUNITY-BASED DRUG DELIVERY, AND ENHANCED DATA MANAGEMENT. WE TRANSITIONED OWNERSHIP OF THE NCD NAVIGATOR TO THE MOH BUT CONTINUED TO PROVIDE TECHNICAL ASSISTANCE. AS THE MOH SEEKS TO IMPROVE THE SUPPLY CHAIN IN PREPARATION

Name of the organization PATH	Employer identification number
FOR UNIVERSAL HEALTH COVERAGE, WE BEGAN IMPLEMENTING SEVERAL	
INNOVATIONS FOR NCDS, SUCH AS A STOCK TRACKER, AN ELECTRONIC MEDICAL	
RECORD MODULE, AND LAST-MILE DISTRIBUTION OF NCD MEDICINES AND	
SUPPLIES. PATH ALSO BEGAN IMPLEMENTING AN HIV/HYPERTENSION INTEGRATION	
PROJECT IN THREE FACILITIES IN WESTERN KENYA TO INCREASE ACCESS TO	
CARE.	
OUR FOCUS IN VIETNAM WAS ON A PHC MODEL THAT USES PUBLIC-PRIVATE	
PARTNERSHIPS, DIGITAL TOOLS, AND COMMUNITY HEALTH WORKERS TO SUPPORT	
SCREENINGS AND LINKAGES TO CARE. IN ADDITION, WE CONDUCTED A SUPPLY	
CHAIN ASSESSMENT TO DETERMINE THE AVAILABILITY AND AFFORDABILITY OF NCD	
MEDICINES AT THE PHC LEVEL.	
PATH ALSO LAUNCHED THE DIABETES CAREPAK IN KENYA AND VIETNAM, AN	
INNOVATIVE SOLUTION TO BUNDLE THE COMMODITIES NEEDED FOR SAFE	
ADMINISTRATION OF INSULIN AND OTHER DIABETES SELF-CARE PRODUCTS.	
EXPANSION INTO MALI, MOZAMBIQUE, TANZANIA, AND UGANDA WAS APPROVED	
TOWARD THE END OF THE YEAR.	
FINALLY, PATH LED AND CONTRIBUTED TO CONVENINGS TO RAISE AWARENESS OF	
NCDS AND ORCHESTRATE ACTION TO IMPROVE ACCESS TO NCD PREVENTION AND	
CARE.	
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
SEXUAL AND REPRODUCTIVE HEALTH	
PATH'S WORK IN SEXUAL AND REPRODUCTIVE HEALTH (SRH) IS GUIDED BY THE	
PRINCIPLES OF CHOICE, EQUITY, AND DIGNITY FOR ALL PEOPLE AND GROUNDED	
IN AN UNDERSTANDING OF THE COMPLEX SOCIAL, BEHAVIORAL, AND GENDER	Oak at the O /F
132212 11-11-21	Schedule O (Form 990) 20

Name of the organization PATH	Employer identification number 91-1157127
DIMENSIONS OF SRH THROUGHOUT THE LIFE CYCLE. WE BUILD EVIDENCE AROUND	•
TOOLS AND SERVICES THAT ARE CO-DESIGNED WITH AND FOR WOMEN AND GIRLS TO	
ADDRESS THEIR DIVERSE NEEDS AND CIRCUMSTANCES, REDUCE BARRIERS, AND	
EXPAND OPTIONS.	
PATH IS A LEADER IN THE SELF-CARE MOVEMENT, SUPPORTING INDIVIDUALS AND	
FAMILIES WHO CHOOSE TO MANAGE THEIR OWN HEALTH. IN SENEGAL, THE MOH,	
PATH, AND PARTNERS ARE ADVANCING POLICY THROUGH THE SELF-CARE PIONEERS,	
A COALITION OF CHAMPIONS LEADING THE DEVELOPMENT OF SENEGAL'S SELF-CARE	
GUIDELINES. THESE WILL BE AMONG THE FIRST NATIONAL SELF-CARE GUIDELINES	
IN THE WORLD, AND THE FIRST IN FRANCOPHONE AFRICA.	
WITH ASSISTANCE FROM PATH AND PARTNERS, COUNTRIES HAVE CONTINUED TO	
ACCELERATE SCALE-UP OF THE CONTRACEPTIVE INNOVATION, SELF-INJECTION	
WITH SUBCUTANEOUS DMPA (DMPA-SC). LED BY PATH IN PARTNERSHIP WITH JOHN	
SNOW, INC., THE DMPA-SC ACCESS COLLABORATIVE IN 2021 PROVIDED TECHNICAL	
ASSISTANCE TO 20 COUNTRIES AND COLLECTED DATA FROM 11 COUNTRIES SHOWING	
MORE THAN 315,000 CLIENT SELF-INJECTION VISITS. IN UGANDA, PATH AND THE	
MOH ARE IMPLEMENTING GROUNDBREAKING PERSON-CENTERED PROGRAMS TO	
DEMONSTRATE HOW SELF-INJECTION CAN BE OFFERED AT SCALE.	
FOR DECADES, PATH HAS BEEN AT THE FOREFRONT OF EVIDENCE-BASED	
STRATEGIES TO ADDRESS THE INEQUITABLE BURDEN OF CERVICAL CANCER IN	
LMICS, FROM HUMAN PAPILLOMAVIRUS (HPV) VACCINE RESEARCH AND DELIVERY TO	
CERVICAL CANCER SCREENING AND TREATMENT. GLOBALLY, PATH HELPED SHAPE	
STRATEGIES FOR LMICS AS PART OF WHO'S CALL FOR GLOBAL CERVICAL CANCER	
ELIMINATION, AND WE CONTINUE TO PURSUE OPPORTUNITIES FOR SECONDARY	
PREVENTION (I.E., EARLY DETECTION) INTERVENTIONS.	

Name of the organization **Employer identification number** PATH 91-1157127 IN PERU, PATH IMPLEMENTED A MODEL FOR EARLY DETECTION OF BREAST CANCER APPROPRIATE AND FEASIBLE FOR THESE SETTINGS. WE PARTNERED WITH THE MOH TO DESIGN AND IMPLEMENT A REAL-TIME DIGITAL PATIENT TRACKING SYSTEM FOR BREAST CANCER DETECTION. THROUGH THE USAID IMPROVING MARKET PARTNERSHIPS AND ACCESS TO COMMODITIES TOGETHER PROJECT IN MADAGASCAR, PATH AND PUBLIC- AND PRIVATE-SECTOR CHAMPIONS SUPPORTED THE GOVERNMENT TO DEVELOP A STRATEGY FOR A TOTAL MARKET APPROACH TO IMPROVE ACCESS TO HIGH-QUALITY HEALTH PRODUCTS FOR FAMILY PLANNING (FP), MATERNAL AND CHILD HEALTH, AND MALARIA. IN INDIA, PATH IMPLEMENTED SEVERAL SUPPLY CHAIN STRENGTHENING INITIATIVES TO HELP ENSURE AVAILABILITY OF FP PRODUCTS. WE PILOTED AN INFORMED PUSH MODEL TO REDUCE STOCKOUTS, INTRODUCED KITS FOR LAST-MILE FP AVAILABILITY, DESIGNED A SUPPLY CHAIN MANAGEMENT E-LEARNING COURSE, AND FACILITATED A PARTNERSHIP BETWEEN THE ODISHA STATE GOVERNMENT AND THE INDIA POST FOR FP DELIVERY. WE CONDUCTED A POLICY AND REGULATORY LANDSCAPE FOR PRIVATE-SECTOR FP DELIVERY AND CONTRIBUTED TO INDIA'S FP2030 DRAFT COMMITMENTS ON STRENGTHENING SUPPLY CHAINS. IN MYANMAR, PATH IS FULFILLING THE GROWING NEED FOR INFORMATION AND SERVICES TO ADDRESS GENDER-BASED VIOLENCE (GBV) AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AMID THE CURRENT LOCAL POLITICAL SITUATION AND COVID-19 PANDEMIC. WITH FUNDING FROM WHO, WE INCREASED GBV AWARENESS IN THE PERI-URBAN YANGON MIGRANT COMMUNITY; SUPPORTED WOMEN IN CRISIS WITH FOOD, SHELTER, AND TRANSPORTATION; CONDUCTED A

Name of the organization **Employer identification number** PATH 91-1157127 WELL-BEING WORKSHOP AND WEBINAR; AND FACILITATED A 16-DAY SRHR AND GBV ACTIVISM CAMPAIGN. PATH CONTINUED TO SERVE AS THE SECRETARIAT FOR THE REPRODUCTIVE HEALTH SUPPLIES COALITION, A GLOBAL PARTNERSHIP OF MORE THAN 540 PUBLIC AND PRIVATE ENTITIES AND NONGOVERNMENTAL ORGANIZATIONS WORKING TO EXPAND ACCESS TO CRITICAL SRH AND FP SUPPLIES AND SERVICES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER FOR VACCINE INNOVATION AND ACCESS PATH'S CENTER FOR VACCINE INNOVATION AND ACCESS ALIGNS EXPERTISE ACROSS EVERY STAGE OF VACCINE RESEARCH, DEVELOPMENT, AND INTRODUCTION TO MAKE VACCINES AVAILABLE TO MORE COMMUNITIES, PARTICULARLY IN LMICS. OUR PORTFOLIO INCLUDES MORE THAN TWO DOZEN VACCINE PRODUCTS IN DEVELOPMENT OR ALREADY IN USE, WITH AN EMPHASIS ON THE LEADING INFECTIOUS CAUSES OF CHILD DEATH AND DISEASE WORLDWIDE. IN 2021, PATH CONTINUED TO SUPPORT THE GLOBAL COVID-19 RESPONSE BY PROVIDING EXPERTISE TO THE COVAX FACILITY. SUPPORTING VACCINE SUPPLY CHAIN NETWORKS, PROVIDING TECHNICAL ASSISTANCE AND TRAINING TO VACCINE MANUFACTURERS, STRENGTHENING CLINICAL RESEARCH CENTER AND COUNTRY DELIVERY READINESS, AND TRAINING PHARMACISTS AS VACCINATORS IN GHANA. WE ALSO SUPPORTED THE MRNA VACCINE TECHNOLOGY HUB IN SOUTH AFRICA AND PROVIDED COORDINATION AND TECHNICAL ASSISTANCE FOR A CONSORTIUM DEVELOPING AN EGG-BASED COVID-19 VACCINE FOR PRODUCTION IN BRAZIL, THAILAND, VIETNAM, AND OTHER LMICS. ADDITIONALLY, PATH GUEST EDITED A SPECIAL ISSUE OF VACCINE INSIGHTS ON COVID-19.

Name of the organization **Employer identification number** PATH 91-1157127 IN ONGOING EFFORTS TO FACILITATE LOCAL VACCINE PRODUCTION, PATH SUPPORTED VIETNAM-BASED MANUFACTURER POLYVAC TO ESTABLISH A SYSTEM FOR CONDUCTING POST-LICENSURE VACCINE SAFETY SURVEILLANCE AND DATA ANALYSIS. THIS NEW SYSTEM ENSURES POLYVAC'S COMPLIANCE WITH LOCAL AND GLOBAL REGULATORY REQUIREMENTS. PATH ALSO SUPPORTED CHINESE VACCINE MANUFACTURERS TO READY LOCALLY MADE VACCINES FOR THE GLOBAL MARKET, THEREBY INCREASING AVAILABLE INTERVENTIONS AND POTENTIALLY MAKING VACCINES MORE ACCESSIBLE FOR LMICS. WE HELPED LAUNCH A PHASE 3 CLINICAL STUDY IN KENYA OF A YELLOW FEVER VACCINE FROM BEIJING INSTITUTE OF BIOLOGICAL PRODUCTS. DATA FROM THE STUDY WILL SUPPORT AN APPLICATION FOR WHO PREQUALIFICATION (PQ), A KEY STEP FOR GLOBAL AVAILABILITY. WE PROVIDED TECHNICAL ASSISTANCE TO SEVERAL OTHER MANUFACTURERS PREPARING FOR WHO PQ SUBMISSION OR INSPECTION; THUS IN 2021, SINOVAC BIOTECH LTD'S COVID-19 VACCINE, CORONAVAC, RECEIVED EMERGENCY USE LISTING, AND XIAMEN INNOVAX BIOTECH'S HPV VACCINE, CECOLIN, RECEIVED WHO PQ. PATH CONTINUED TO PROVIDE TECHNICAL SUPPORT TO POLIO VACCINE MANUFACTURERS AND ADVANCE RESEARCH ON NEW INACTIVATED POLIO VACCINE AND ORAL POLIO VACCINE CANDIDATES. BASED ON THE REAL-WORLD PERFORMANCE OF A NOVEL ORAL POLIO VACCINE AGAINST TYPE 2 POLIOVIRUS (NOPV2). THE WHO STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION (SAGE) ENDORSED WIDER USE OF NOPV2 UNDER THE EMERGENCY USE LISTING. PATH ALSO LAUNCHED A PHASE 3 STUDY OF NOPV2 AND A PHASE 1 STUDY OF NOPV1. THROUGHOUT THE YEAR, PATH AND OUR PARTNERS EXPANDED COVERAGE OF JAPANESE ENCEPHALITIS (JE) VACCINATION AND DEVELOPED AND DISSEMINATED EVIDENCE TO SUPPORT JE VACCINE DECISION-MAKING. PATH LAUNCHED A NEW

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
STUDY ON THE COST OF ILLNESS FOR JE AND ITS LONG-TERM CONSEQUENCES IN	
BANGLADESH, LAOS, AND VIETNAM. WE ALSO WORKED CLOSELY WITH THE	
GOVERNMENT OF BANGLADESH AND LOCAL PARTNERS TO INFORM THE COUNTRY'S JE	_
VACCINATION DECISION-MAKING, WITH AN APPLICATION TO GAVI, THE VACCINE	
ALLIANCE (GAVI) EXPECTED IN 2022.	
ALSO IN 2021, WE CONTINUED A PIVOTAL PHASE 3 STUDY OF A POLYVALENT	
MENINGOCOCCAL MENINGITIS CONJUGATE VACCINE. THIS VACCINE, DEVELOPED BY	
SERUM INSTITUTE OF INDIA PVT. LTD., BUILDS ON THE SUCCESS OF	
MENAFRIVAC, A GROUNDBREAKING VACCINE AGAINST SEROGROUP A MENINGOCOCCAL	
MENINGITIS THAT WAS DEVELOPED THROUGH AN EARLIER PATH PARTNERSHIP. THE	
POLYVALENT VACCINE TARGETS SEROGROUPS A, C, W, X, AND Y. AS THE FIRST	
VACCINE TO TARGET SEROGROUP X, THE VACCINE HAS THE POTENTIAL TO	
ELIMINATE MENINGOCOCCAL MENINGITIS EPIDEMICS FROM AFRICA'S "MENINGITIS	
BELT" REGION. WE CONTRIBUTED TECHNICAL AND STRATEGIC EXPERTISE TO THE	
GLOBAL DEFEATING MENINGITIS BY 2030 INITIATIVE AND SUPPORTED THE WHO	
CELEBRATION AND LAUNCH OF DEFEATING MENINGITIS BY 2030: A GLOBAL ROAD	
MAP.	
PATH ACCELERATED THE DEVELOPMENT AND INTRODUCTION OF A WIDE VARIETY OF	
MALARIA VACCINE CANDIDATES AND APPROACHES. WE CONTINUED TO WORK WITH	
WHO; THE MINISTRIES OF HEALTH IN GHANA, KENYA, AND MALAWI; AND OTHER	
PARTNERS TO INTRODUCE THE WORLD'S FIRST MALARIA VACCINE, KNOWN AS	
RTS,S, IN SELECTED AREAS OF THOSE COUNTRIES. IN 2021, THE VACCINE	
RECEIVED A RECOMMENDATION FROM WHO FOR BROAD USE TO CURB PLASMODIUM	
FALCIPARUM MALARIA IN CHILDREN LIVING IN MODERATE-TO-HIGH MALARIA	
TRANSMISSION AREAS. WE CONTINUED TO ADVANCE RESEARCH INTO WHETHER	
REDUCING THE DOSE LEVEL OF RTS,S AND DELAYING THE ADMINISTRATION OF	Cabadula O (Farma 200) 2004

Name of the organization PATH	Employer identification number 91-1157127
DOSES HAS THE POTENTIAL TO STRETCH LIMITED VACCINE SUPPLIES. WE ALSO	
RESEARCHED USE OF THE VACCINE TO AVERT HIGHLY SEASONAL MALARIA	
ALONGSIDE SEASONAL MALARIA CHEMOPREVENTION. WE CONTINUED WORK TO	
IDENTIFY IMMUNE CORRELATES OF PROTECTION AND STUDY THE USE OF	
MONOCLONAL ANTIBODIES TO PREVENT MALARIA, AND WE CONTINUED WORK ON A	
FIVE-YEAR CONTRACT FROM USAID TO ADVANCE PRE-ERYTHROCYTIC, BLOOD-STAGE,	
AND COMBINATION MALARIA VACCINE APPROACHES.	
THE DEFEAT DIARRHEAL DISEASE (DEFEATDD) INITIATIVE CONTINUED ITS ROLE	
AS A DIGITAL HUB FOR INFORMATION ON PREVENTING AND TREATING CHILDHOOD	
DIARRHEAL DISEASE, THE SECOND-LEADING CAUSE OF DEATH AMONG CHILDREN IN	
LMICS. A MAJOR FOCUS OF 2021 WAS HIGHLIGHTING CLIMATE CHANGE AND GENDER	
INEQUITY AS MAJOR DRIVERS OF CHILD HEALTH OUTCOMES.	
TO REDUCE THE BURDEN OF ROTAVIRUS, A MAJOR CAUSE OF SEVERE DIARRHEA,	
PATH CONTINUED CLINICAL DEVELOPMENT OF AN INJECTABLE NONREPLICATING	
ROTAVIRUS VACCINE CANDIDATE WITH THE START OF A PHASE 3 EFFICACY STUDY	
AT THREE CLINICAL SITES IN AFRICA. PATH ALSO BEGAN A PHASE 2 STUDY WITH	
THIS CANDIDATE IN SOUTH AFRICA TO EXAMINE IMMUNE RESPONSES TO DIFFERENT	
COMBINATIONS OF ORAL AND INJECTED ROTAVIRUS VACCINES. IN ADDITION, PATH	
CONTINUED A CASE-CONTROL STUDY IN INDIA TO EVALUATE THE EFFECTIVENESS	
OF SERUM INSTITUTE OF INDIA PVT. LTD.'S LICENSED ROTAVIRUS VACCINE,	
ROTASIIL.	
PATH CONTINUED TO SUPPORT CLINICAL TRIALS AND RESEARCH ON VACCINE	
CANDIDATES THAT MAY PROVIDE PROTECTION AGAINST ENTEROTOXIGENIC	
ESCHERICHIA COLI (ETEC) AND SHIGELLA, THE LEADING BACTERIAL CAUSES OF	
DIARRHEAL ILLNESS. CURRENTLY, THERE ARE NO LICENSED VACCINES AGAINST	
132212 11-11-21	Schedule O (Form 990) 202

Name of the organization PATH	Employer identification number 91-1157127
EITHER PATHOGEN. WE COMPLETED FURTHER ANALYSIS OF RESULTS FROM A PHASE	
2B EFFICACY STUDY OF AN ORAL ETEC VACCINE CANDIDATE (ETVAX) IN FINNISH	
TRAVELERS TO BENIN, WHICH SHOWED ETVAX VACCINATION REDUCED THE NEED FOR	
ANTIBIOTICS. IN ADDITION, WE COMPLETED IN-DEPTH EXPLORATORY IMMUNOLOGY	
ANALYSES OF A NOVEL, INJECTABLE SUBUNIT SHIGELLA VACCINE CANDIDATE	
USING SAMPLES FROM A RECENT PHASE 1 STUDY SUGGESTING EFFECTIVE	
IMMUNIZATION MAY BE POSSIBLE WITH A SINGLE DOSE.	
PATH CONTINUED TO ADVANCE PRECLINICAL DEVELOPMENT OF A VACCINE AGAINST	
GROUP B STREPTOCOCCUS, A LEADING CAUSE OF BACTERIAL SEPSIS AND	
MENINGITIS IN YOUNG INFANTS WORLDWIDE, AND AGAINST PNEUMOCOCCAL	
DISEASE, A TOP CAUSE OF DEADLY CHILDHOOD PNEUMONIA. WE SUPPORTED	
INVENTPRISE AS IT WORKS TO DEVELOP MULTIVALENT CONJUGATE VACCINES FOR	
BOTH DISEASES THAT WILL BE AFFORDABLE FOR LMICS.	
AS PART OF THE TYPHOID VACCINE ACCELERATION CONSORTIUM, PATH WORKED TO	
ADVANCE TYPHOID CONJUGATE VACCINE (TCV) INTRODUCTION IN GAVI-ELIGIBLE	
COUNTRIES: IN MALAWI AND NEPAL, WE CONTINUED TO SUPPORT EACH GOVERNMENT	
IN PLANNING FOR TCV INTRODUCTION; IN PAKISTAN, WE SUPPORTED THE	
GOVERNMENT IN PLANNING FOR THE CONCLUSION OF THE NATIONAL ROLLOUT; IN	
LIBERIA AND ZIMBABWE, WE WRAPPED UP OUR SUPPORT AFTER SUCCESSFUL TCV	
INTRODUCTION CAMPAIGNS; AND IN ADDITIONAL COUNTRIES, WE INITIATED	
DISCUSSIONS TO SUPPORT DECISION-MAKING, WE CONTINUED TO SHARE NEW DATA	
AND SERVE AS A HUB FOR TYPHOID INFORMATION, RAISING AWARENESS ON	
TYPHOID DISEASE AND PREVENTION THROUGH AN INTEGRATED APPROACH THAT	
INCLUDES VACCINES.	

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
OF NINE INDEPENDENT RESEARCH INSTITUTIONS TO COLLATE, ANALYZE, AND	
DISSEMINATE EVIDENCE ON SINGLE-DOSE HPV VACCINATION. THIS INCLUDED	
SYNTHESIZING NEWLY AVAILABLE, CRITICAL CLINICAL TRIAL DATA TO PREPARE	
FOR AND PRESENT EVIDENCE TO WHO'S SAGE. A SINGLE-DOSE SCHEDULE WOULD	
HELP ALLEVIATE COUNTRIES' FINANCIAL, LOGISTICAL, OR OTHER BARRIERS TO	
HPV VACCINE INTRODUCTION. PATH ALSO SPONSORED A PHASE 3 STUDY OF A	
LICENSED HPV VACCINE IN GHANA AND BANGLADESH TO GENERATE EVIDENCE IN	
LMICS AND ON EXTENDED DOSING SCHEDULES, AND CONTINUED DATA COLLECTION	
FOR AN HPV COST-OF-DELIVERY STUDY IN SIX COUNTRIES WITH HPV VACCINATION	
PROGRAMS.	
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	
PATH PUBLISHED SEVERAL ARTICLES ON THE ECONOMIC IMPACT OF RESPIRATORY	
SYNCYTIAL VIRUS (RSV) AND OTHER ACUTE RESPIRATORY INFECTIONS AMONG	
INFANTS IN LMICS, AND ON THE IMPORTANCE OF MATERNAL IMMUNIZATION AND	
THE STRENGTHENING OF RSV ASSAYS. ADDITIONALLY, PATH UPDATED OUR RSV	
VACCINE AND MONOCLONAL ANTIBODY SNAPSHOT, WHICH PROVIDES AN OVERVIEW OF	
THE INTERVENTION PRODUCT LANDSCAPE, AND OUR TRIAL TRACKER, WHICH	
PROVIDES INFORMATION ON RELATED CLINICAL TRIALS.	_
DRUG DEVELOPMENT	_
THROUGH OUR WORK ON DRUG DEVELOPMENT AND INTRODUCTION, PATH HELPS	
ENSURE THAT PEOPLE AROUND THE WORLD, ESPECIALLY CHILDREN IN	
LOW-RESOURCE SETTINGS, HAVE RELIABLE ACCESS TO LIFESAVING MEDICINES.	
OVER THE YEARS, OUR WORK HAS ADVANCED SOLUTIONS FOR A RANGE OF URGENT	
GLOBAL HEALTH CHALLENGES, INCLUDING ENTERIC AND DIARRHEAL DISEASES,	
NEGLECTED TROPICAL DISEASES, HIV/AIDS, AND MALARIA. DRAWING ON AN	
ENDURING COMMITMENT TO HEALTH EQUITY AND A UNIQUE PARTNERSHIP APPROACH	_

Name of the organization PATH	Employer identification number 91-1157127
THAT SPANS THE ACADEMIC, PRIVATE, NONPROFIT, AND GOVERNMENT SECTORS,	
OUR WORK OVERTURNS BARRIERS TO HEALTH AT EVERY STAGE OF DRUG	
DEVELOPMENT AND USE - FROM EARLY RESEARCH TO INTRODUCTION.	
IN 2021, WE CONTINUED DEVELOPING NEW THERAPEUTICS FOR CRYPTOSPORIDIUM,	
A DEADLY DIARRHEA-CAUSING PARASITE FOR WHICH NO HIGHLY EFFECTIVE	
TREATMENT IS AVAILABLE. WE DEMONSTRATED THAT OUR LEAD COMPOUND IS	
EFFECTIVE IN DAIRY CALVES, A KEY MODEL THAT MIRRORS HUMAN CLINICAL	
SYMPTOMS.	
WITH OUR MANUFACTURING PARTNER QUANSYS BIOSCIENCES, WE COMMERCIALLY	
LAUNCHED THE MICRONUTRIENT AND EED ASSESSMENT TOOL (MEEDAT), A NEW TOOL	
FOR ASSESSING ENVIRONMENTAL ENTERIC DYSFUNCTION (EED) - AN INTESTINAL	
DISORDER RESPONSIBLE FOR A SIGNIFICANT PORTION OF THE GROWTH STUNTING	
OF APPROXIMATELY 140 MILLION CHILDREN WORLDWIDE. MEEDAT WAS USED IN	
STUDIES OF CHILDREN IN ZAMBIA AND TANZANIA, WITH ADDITIONAL STUDIES	
PLANNED IN OTHER LOW-RESOURCE SETTINGS.	
PATH ALSO EXPLORED NEW USES AND PARTNERSHIPS FOR IOWH032, A DRUG	
CANDIDATE WE PREVIOUSLY DEVELOPED FOR TREATMENT OF CHOLERA, WHICH ALSO	
HAS POTENTIAL FOR TREATING OTHER DISEASES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
DRC	
IN 2021, PATH'S ENGAGEMENT IN THE DRC FOCUSED ON HIV/AIDS, VACCINATION	
(COVID-19 AND POLIO), AND HEALTH SYSTEM STRENGTHENING. FOR EXAMPLE, THE	_

Name of the organization PATH	Employer identification number 91-1157127
USAID INTEGRATED HIV/AIDS PROJECT, WHICH PATH LEADS IN HAUT-KATANGA	·
PROVINCE (IHAP-HK), ACHIEVED THE INTERNATIONAL GOLD STANDARD RATE OF	
95% UNDETECTABLE VIRAL LOAD AMONG A COHORT OF 45,000. PATH ALSO	
SUPPORTED THE COVID-19 RESPONSE, INCLUDING HOSTING THE PRESIDENTIAL	
COVID-19 TASK FORCE IN OUR KINSHASA OFFICE, CONDUCTING THE FIRST DRC	
NATIONWIDE OXYGEN AVAILABILITY ASSESSMENT, AND MONITORING COVID-19	
VACCINATION (THE LATTER VIA THE USAID M-RITE PROJECT). PATH SUPPORTED	
THE DRC PRESIDENT'S OFFICE FOR THE SECOND PRESIDENTIAL IMMUNIZATION AND	
POLIO ERADICATION FORUM.	
TO ACCELERATE TWO HIGH-PRIORITY INITIATIVES - THE DIGITAL	_
TRANSFORMATION OF THE COUNTRY'S HEALTH SECTOR AND UNIVERSAL HEALTH	
COVERAGE - THE MOH, WITH SUPPORT FROM THE DIGITAL SQUARE TEAM WITHIN	_
PATH, LAUNCHED AN INVESTMENT ROAD MAP WITH MORE THAN 60 INSTITUTIONS	
PARTICIPATING IN PRIORITIZING CATALYTIC INVESTMENTS.	
ETHIOPIA	
WITH FUNDING FROM GAVI THROUGH THE TARGETED COUNTRY ASSISTANCE (TCA)	
PROJECT, PATH SUPPORTED THE AFAR REGION TO PILOT AND IMPLEMENT CATCH-UP	
IMMUNIZATION IN TWO CONFLICT-AFFECTED AREAS. PATH ALSO SUPPORTED THE	
MOH TO IMPLEMENT A VACCINATION STRATEGY DESIGNED SPECIFICALLY FOR	
COVID-19 VACCINE AND HPV VACCINE, CONDUCTING AN INTEGRATED VACCINATION	
CAMPAIGN NATIONWIDE FOR TWO COHORTS OF ADOLESCENT GIRLS AND YOUNG	
WOMEN. IN CLOSE COLLABORATION WITH THE MOH, PATH DESIGNED AND WAS	
AWARDED A PROJECT FROM BIG WIN PHILANTHROPY TO REVAMP AND RESTORE	
MATERNAL AND CHILD HEALTH PROGRAMS IN CONFLICT-AFFECTED AREAS, WITH A	
FOCUS ON EARLY CHILDHOOD DEVELOPMENT AND CAREGIVER HEALTH.	

Name of the organization **Employer identification number** PATH 91-1157127 KENYA PATH'S NONCOMMUNICABLE DISEASES (NCD) TEAM PARTNERED WITH THE KENYA GOVERNMENT TO EVALUATE THE NATIONAL NCD STRATEGY 2015-2020 TO INFORM THE DESIGN AND DEVELOPMENT OF THE NCD STRATEGY 2021-2026. FOLLOWING LAUNCH OF THE STRATEGY IN JULY 2021, PATH SUPPORTED DISSEMINATION TO OUR FOCAL COUNTIES. PATH IS PRIME ON THE PEPFAR-FUNDED USAID NURU YA MTOTO PROJECT, WITH A FIVE-YEAR (2021-2026) BUDGET OF MORE THAN \$44 MILLION. THROUGH THIS PROJECT. PATH LEADS A CONSORTIUM THAT PROVIDES HIV SERVICES TO YOUNG PEOPLE IN HOMA BAY, KISII, AND MIGORI COUNTIES. THROUGH THE DREAMS INITIATIVE, WE CONTINUED TO SUPPORT HIV PREVENTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN. WORKING AS A SUBPARTNER, PATH ALSO SUPPORTED BORESHA JAMII, A PEPFAR-FUNDED USAID PROJECT TO INCREASE ACCESS TO AND DEMAND FOR HIGH-QUALITY TB/HIV PREVENTION, CARE, AND TREATMENT. RTS,S, THE WORLD'S FIRST MALARIA VACCINE, WAS DEVELOPED BY GSK OVER MORE THAN 30 YEARS AND IN PARTNERSHIP WITH PATH SINCE 2001. IN OCTOBER 2021, WHO RECOMMENDED EXPANDING USE OF THE VACCINE ACROSS THE AFRICAN CONTINENT. WITH PATH SUPPORT, KENYA, ONE OF THE FIRST COUNTRIES TO GAIN REGULATORY APPROVAL FOR RTS,S, EMBARKED ON A PHASED INTRODUCTION AND EVALUATION TO LEARN HOW BEST TO IMPLEMENT THE VACCINE WITHIN THE CONTEXT OF ROUTINE IMMUNIZATION. THE PATH KENYA LIVING LABS TEAM IN 2021 FINALIZED THE DESIGN AND PILOT TESTING OF A PROTOTYPE DIGITAL TOOL TO SUPPORT SCHEDULING FOR BOTH IMMUNIZATION AND PHC SERVICES. THE TOOL COMPLEMENTS AN IMMUNIZATION DASHBOARD DEVELOPED BY THE LIVING LABS TEAM TO TRACK PERFORMANCE ON KEY

Name of the organization **Employer identification number** PATH 91-1157127 INDICATORS ACROSS KENYA'S COUNTIES, SUBCOUNTIES, AND FACILITIES. KENYA IS ONE OF SEVERAL COUNTRIES RECEIVING SUPPORT THROUGH THE COVID-19 RESPIRATORY CARE RESPONSE COORDINATION PROJECT, A CONSORTIUM FUNDED BY THE BILL & MELINDA GATES FOUNDATION. IN 2021, THE CONSORTIUM, LED BY PATH, PROCURED AND INSTALLED RESPIRATORY CARE EQUIPMENT AT 23 HIGH-VOLUME FACILITIES AND ENSURED THE REPAIR/INSTALLATION OF FIVE OXYGEN GENERATION PLANTS AT TERTIARY/REFERRAL HEALTH FACILITIES. ADDITIONALLY, PATH SUPPORTED KENYAN COUNTIES IN CONDUCTING CAPACITY-BUILDING AND SUPPORTIVE SUPERVISION UNDER THE M-RITE PROJECT. WHICH FOCUSES ON IMMUNIZATION. SENEGAL PATH PROVIDED TECHNICAL ASSISTANCE AND LOGISTICAL SUPPORT TO THE MOH IN ROLLING OUT THE 3RD EDITION OF THE INTEGRATED DISEASE SURVEILLANCE AND RESPONSE SYSTEM, A KEY TOOL IN IDENTIFYING, MANAGING, AND MITIGATING INFECTIOUS DISEASE OUTBREAKS. RELATED, PATH PROVIDED TECHNICAL ASSISTANCE TO THE DIRECTORATE OF LABORATORIES AND THE MOH IN DEVELOPING AND VALIDATING NATIONAL STANDARD OPERATING PROCEDURES FOR DETECTION AND SURVEILLANCE OF ANTIMICROBIAL RESISTANCE (AMR). PATH SUPPORTED THE GOVERNMENT IN VARIOUS ASPECTS OF ITS COVID-19 RESPONSE, INCLUDING PROCUREMENT OF EQUIPMENT AND REAGENTS FOR DIAGNOSTIC TESTS AS WELL AS INTENSIVE CARE EQUIPMENT FOR TREATMENT OF SEVERE CASES. AT THE COMMUNITY LEVEL, PATH WORKED TO STIMULATE DEMAND FOR COVID-19 VACCINATION.

IN 2021, THE TOOLS FOR INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Name of the organization PATH	Employer identification number 91-1157127
(TIMCI) PROJECT LAUNCHED IN SENEGAL, AND THE TRAINING, SUPERVISION, AND	
COMMUNITY ENGAGEMENT PHASE BEGAN WITH IMPLEMENTATION AT FOUR	
INTERVENTION SITES. TIMCI (WITH PATH AS LEAD PARTNER) SUPPORTED THE MOH	
TO REVISE THE COUNTRY'S INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS	
GUIDELINES WITH THE SPECIFIC OBJECTIVE OF INCLUDING PULSE OXIMETRY AND	
OXYGEN THERAPY INDICATIONS.	
·	
AS PATH'S WESTERN AFRICA HUB, PATH SENEGAL SUPPORTED THE MOH OF GUINEA,	
A NEIGHBORING COUNTRY, IN INTEGRATING ALL VIRAL HEMORRHAGIC FEVERS,	
INCLUDING EBOLA, INTO ITS NATIONAL SURVEILLANCE EARLY WARNING SYSTEM.	
PATH ALSO PROVIDED TECHNICAL ASSISTANCE TO THE GOVERNMENT OF MALI IN	
THE DIGITALIZATION OF COVID-19 VACCINATION DATA.	
TANZANIA	
IN 2021, THE DATA USE PARTNERSHIP, A COLLABORATION BETWEEN PATH AND THE	
GOVERNMENT OF TANZANIA, LAUNCHED THE AFYA SUPPORTIVE SUPERVISION PLAN	
TO IMPLEMENT A DIGITAL SYSTEM FOR DATA COLLECTION IN HEALTH FACILITIES.	
THE PLAN SUPPLIED 900 TABLETS TO NATIONAL- AND REGIONAL-LEVEL USERS,	
WITH PATH LEVERAGING OUR EXPERTISE TO SUPPORT TRAININGS ON THE	
EQUIPMENT AND SOFTWARE.	
ALSO IN TANZANIA, THE INFECTIOUS DISEASE DETECTION AND SURVEILLANCE	
(IDDS) PROJECT OPERATIONALIZED A NATIONAL AMR SURVEILLANCE FRAMEWORK.	
HEALTH WORKERS IN THE COUNTRY CAN NOW SUBMIT HIGH-QUALITY AMR DATA	
PRODUCED THROUGH THIS FRAMEWORK TO THE NATIONAL DATABASE AND THE GLOBAL	
AMR SURVEILLANCE SYSTEM.	

IN COLLABORATION WITH THE MOH, PATH LAUNCHED THE TIMC! PROJECT IN THREE

Name of the organization **Employer identification number** PATH 91-1157127 DISTRICTS. WORK IN 2021 INCLUDED DEVELOPING, DEPLOYING, AND SUPPORTING IMPLEMENTATION OF AN ELECTRONIC CLINICAL DECISION-SUPPORT ALGORITHM. PATH'S DIGITAL SQUARE INITIATIVE SUPPORTED THE MOH IN IMPLEMENTING A STANDARDS-BASED NATIONAL HEALTH INFORMATION EXCHANGE PLATFORM THAT BY CLOSE OF 2021 ALLOWED FOR EXCHANGE OF DATA BETWEEN 13 DISPARATE HEALTH INFORMATION SYSTEMS. THROUGH GAVI/TCA, PATH SUPPORTED THE MOH TO TRANSITION FROM A TRADITIONAL, PAPER-BASED SYSTEM FOR IMMUNIZATION TRACKING TO FULL ELECTRONIC DATA COLLECTION AND MANAGEMENT IN MORE THAN 600 PHC FACILITIES. SEPARATELY, PATH SUPPORTED THE MOH TO DEVELOP A RESPIRATORY CARE EQUIPMENT BASELINE ASSESSMENT TOOL, MEDICAL OXYGEN TRAINING MANUAL, AND SCALE-UP PLAN. IN LATE 2021, THE HEALTHY HEART AFRICA PROJECT BEGAN IN TANZANIA WITH THE SIGNING OF A MEMORANDUM OF UNDERSTANDING BETWEEN THE MOH AND ASTRAZENECA, AFTER WHICH PATH CONDUCTED A STAKEHOLDER WORKSHOP TO INTRODUCE THE PROJECT AND ENSURE GOVERNMENT COMMITMENT AND ACCOUNTABILITY. UGANDA IN 2021 PATH'S ADVOCACY AND PUBLIC POLICY TEAM IN UGANDA INFLUENCED THE INTRODUCTION OF A SUPPLEMENTARY BUDGET FOR COVID-19 VACCINATION AND ENSURED BUDGET INCREASES FROM PREVIOUS YEARS FOR ROUTINE IMMUNIZATION AND PHC WERE MAINTAINED DESPITE BUDGET SHORTFALLS AT THE NATIONAL LEVEL. PATH SUCCESSFULLY ADVOCATED FOR THE PASSAGE OF A NATIONAL HEALTH INSURANCE SCHEME AND HELPED DEVELOP A UNIVERSAL HEALTH COVERAGE ROAD

Name of the organization **Employer identification number** PATH 91-1157127 MAP AND COMMUNITY HEALTH EXTENSION WORKERS STRATEGY IN PILOT DISTRICTS. OUR TEAM ADVOCATED FOR INTEGRATION OF THE ADDIS DECLARATION ON IMMUNIZATION COMMITMENTS INTO EXPANDED PROGRAM ON IMMUNIZATION WORK PLANS BY CREATING AND DISSEMINATING A SCORECARD TOOL TO SERVE AS AN ACCOUNTABILITY FRAMEWORK. PATH IN UGANDA ALSO ADVOCATED FOR PRIORITIZATION OF ROUTINE IMMUNIZATION TO PREVENT BACKSLIDING DURING COVID-19, WITH A FOCUS ON CATCH-UP CAMPAIGNS SUCH AS A NATIONAL POLIO IMMUNIZATION CAMPAIGN. PATH ALSO SUPPORTED THE MOH TO DISSEMINATE GUIDELINES ON THE CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING COVID-19 AT THE SUBNATIONAL LEVEL, REACHING MORE THAN 400 CHAMPIONS AND HEALTH CARE WORKERS THROUGH TECHNICAL WORKSHOPS AND TRAININGS. FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE: THROUGH THE IDDS PROJECT, PATH SUPPORTED THE MINISTRY OF AGRICULTURE, ANIMAL INDUSTRIES AND FISHERIES (MAAIF) TO INSTRUCT THE FIRST-EVER ISO/IEC 17025:2017 (THE QUALITY STANDARD FOR OPERATION OF LABORATORIES) TRAINER OF TRAINERS COHORT IN THE COUNTRY AS PART OF A GLOBAL HEALTH SECURITY EFFORT TO IMPROVE DETECTION OF PRIORITY ZOONOTIC DISEASES. WORKING WITH RELEVANT NATIONAL STAKEHOLDERS, PATH DRAFTED AND OPERATIONALIZED A UGANDA STRATEGY FOR COORDINATED AND INTEGRATED SURVEILLANCE OF THESE DISEASES. PATH SUPPORTED THE NATIONAL ANIMAL DISEASES DIAGNOSTICS AND EPIDEMIOLOGY CENTER AND THE ANIMAL HEALTH NATIONAL REFERENCE LABORATORY WITHIN MAAIF TO IMPROVE DATA ENTRY. QUALITY, ANALYSIS, AND REPORTING. ALSO THROUGH IDDS, PATH REVITALIZED FACILITY- AND COMMUNITY-BASED SURVEILLANCE FOR COVID-19 IN EASTERN UGANDA

PATH ALSO SUPPORTED THE DEVELOPMENT OF STANDARD OPERATING PROCEDURES

Name of the organization PATH	Employer identification number 91-1157127
AND WASTE MANAGEMENT GUIDELINES FOR COVID-19 VACCINATION ROLLOUT AND	·
PROVIDED REGULATORY SUPPORT TO THE MOH TO EXPEDITE COVID-19 VACCINE	
AUTHORIZATION AND SHIPMENT INTO THE COUNTRY.	
FURTHERMORE IN UGANDA, PATH SUPPORTED COUNTRYWIDE COLD CHAIN EQUIPMENT	
REPAIR AND MAINTENANCE WHEREBY MORE THAN 100 NONFUNCTIONAL COLD CHAIN	
DEVICES, SUCH AS VACCINE REFRIGERATORS, WERE REPAIRED. WE EXPANDED THE	
SCOPE OF THE COLD CHAIN INFORMATION SYSTEM TO INCLUDE COUNTRY-SPECIFIC	
REQUIREMENTS AND INVENTORY DATA FOR IMPROVED COLD CHAIN EQUIPMENT	
MANAGEMENT.	
THROUGH THE UNITAID HIV STAR III INITIATIVE, UGANDA HAS ACHIEVED	
SIGNIFICANT SCALE-UP IN HIV SELF-TESTING (HIVST) SERVICES. THE COUNTRY	
IS SET TO DISTRIBUTE 3.5 MILLION HIVST KITS ANNUALLY, MAKING IT THE	
LARGEST HIVST MARKET GLOBALLY. PATH DEVELOPED THE POST-MARKET	
SURVEILLANCE NATIONAL PLAN AND STANDARD OPERATING PROCEDURES FOR HIVST.	
PATH ALSO INTRODUCED TWO WHO-PREQUALIFIED BLOOD-BASED KITS INTO THE	
COUNTRY TO EXPAND CHOICE AND ACCESS. PATH INTEGRATED THE KITS INTO THE	
SUPPLY CHAIN AND OTHER SYSTEMS, LEADING TO THE GOVERNMENT'S REVIEW AND	
ADOPTION OF HIVST TRAINING MATERIALS FOR HEALTH CARE WORKERS AND	
DEVELOPMENT OF TRAINING MATERIALS FOR PEER HIVST DISTRIBUTORS.	
ZAMBIA	
IN PARTNERSHIP WITH THE ZAMBIA GOVERNMENT, PATH SUPPORTED HIGH-QUALITY,	
CUTTING-EDGE RESEARCH ON PRESSING HEALTH ISSUES, FROM COVID-19 TO	
MALARIA TO TB. FURTHERMORE, PATH IMPLEMENTED NEW DIGITAL HEALTH TOOLS	
AND APPROACHES ACROSS THE COUNTRY, FROM OUR PRIVATE-SECTOR PARTNERSHIP	
"VISUALIZE NO MALARIA" TO THE BETTER IMMUNIZATION DATA INITIATIVE.	

Name of the organization **Employer identification number** PATH 91-1157127 IN 2021, WE CONTINUED TO SUPPORT THE GOVERNMENT RESPONSE TO THE COVID-19 PANDEMIC. ONE NEW OPPORTUNITY WAS A BAYER-FUNDED PROJECT TO SUPPORT THE MOH ON KEY ASPECTS OF COVID-19 VACCINE ROLLOUT AND DISEASE SURVEILLANCE. ADDITIONALLY, PATH CONTINUED TO PROVIDE TECHNICAL SUPPORT TO THE MOH ON COVID-19 PROTECTIVE MEASURES. IN 2021, THE LIVING LABS PROJECT IN ZAMBIA ENGAGED FRONTLINE IMMUNIZATION HEALTH WORKERS TO IMPROVE VACCINE DELIVERY AND COVERAGE. THROUGH THIS PROJECT. THE WORKERS HELPED ADVISE ON LABELING FOR COVID-19 VACCINES AND HOW TO BEST ACCELERATE VACCINE DISTRIBUTION IN THEIR COMMUNITIES. THEIR FEEDBACK WILL IMPROVE VACCINATION COVERAGE FOR COVID-19 AND BEYOND. OUR WORK IN MALARIA IN ZAMBIA INCLUDED GROUNDBREAKING RESEARCH BY OUR LABORATORY TEAM BASED AT THE NATIONAL MALARIA ELIMINATION CENTER, EVALUATION OF NEW VECTOR-CONTROL TOOLS (SUCH AS THE ATTRACTIVE TARGETED SUGAR BAIT), AND TRAINING OF HEALTH WORKERS ON NEW MALARIA CONTROL GUIDELINES AND PROCEDURES, INCLUDING AT THE COMMUNITY LEVEL. PATH ALSO INCREASED THE NUMBER OF PEOPLE TESTED AND TREATED FOR TB IN ZAMBIA, EXPANDED TB CARE, AND CREATED STRATEGIES TO ADDRESS PEDIATRIC AND DRUG-RESISTANT TB, INCLUDING TRAINING HEALTH WORKERS ON NEW GUIDELINES AND INVESTING IN EFFECTIVE DIAGNOSTICS AT LABORATORIES ACROSS THE COUNTRY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
ADVOCACY AND PUBLIC POLICY	
PATH'S ADVOCACY AND PUBLIC POLICY TEAM WORKS IN THE UNITED STATES, IN	
AFRICA (DRC, KENYA, SOUTH AFRICA, AND UGANDA), AND AT THE GLOBAL LEVEL	_
WITH MULTILATERAL AGENCIES. WE PARTNER WITH POLICYMAKERS TO HELP THEM	
UNDERSTAND ISSUES AND MOTIVATE THEM TO COMMIT FUNDING, CRAFT POLICIES,	
AND SPONSOR INITIATIVES TO STRENGTHEN GLOBAL HEALTH, AS A 501(3)C	
ORGANIZATION, PATH DOES NOT INFLUENCE THE OUTCOMES OF ELECTIONS AND	
DOES NOT EMPLOY ANY REGISTERED LOBBYISTS.	
PATH PROVIDES BEHIND-THE-SCENES SUPPORT TO ADVOCACY PARTNERS IN THE	
PLACES WHERE WE WORK TO HELP STRENGTHEN THEIR CAPACITY TO ENGAGE WITH	
LOCAL DECISION-MAKERS TO IMPROVE HEALTH IN THEIR COMMUNITIES. WE	
FACILITATE PEER-TO-PEER LEARNINGS AMONG THESE PARTNERS TO EXCHANGE BEST	
PRACTICES AND LESSONS LEARNED ABOUT THE PRACTICE OF ADVOCACY, AND WE	
HELP ELEVATE LOCAL VOICES IN GLOBAL CONVERSATIONS AROUND HEALTH. IN	
2021, PATH LED EFFORTS TO ENSURE SUPPORT AMONG OUR PARTNER POLICYMAKERS	
TO MAINTAIN AND STRENGTHEN PIVOTAL WORK IN GLOBAL HEALTH RESEARCH AND	
DEVELOPMENT, MATERNAL AND CHILD HEALTH, IMMUNIZATION, PHC, AND PANDEMIC	
PREPAREDNESS AND RESPONSE. SUCCESSES INCLUDED PROTECTING KEY U.S.	
GOVERNMENT FUNDING FOR PATH'S PRIORITY HEALTH AREAS AND HELPING	
DECISION-MAKERS SHAPE THE GLOBAL RESPONSE TO COVID-19.	
ASIA, MIDDLE EAST, AND EUROPE REGION	
PATH'S LEADERSHIP IN THE ASIA, MIDDLE EAST, AND EUROPE (AMEE) REGION	
LEVERAGES OUR DEEP EXPERTISE ACROSS MULTIPLE HEALTH DISCIPLINES TO	
CHAMPION EQUITY IN ACCESS TO CARE, INTRODUCE NEW TECHNOLOGIES AND	
APPROACHES, AND PARTNER ACROSS SECTORS TO PROVIDE HUMAN-CENTERED CARE	Calcadula O /Faura 000) 0004

Schedule O (Form 990) 2021	Page 2
Name of the organization PATH	Employer identification number 91-1157127
AND SUPPORT. PATH COORDINATES OUR WORK IN THIS REGION FROM OFFICES IN	
EIGHT COUNTRIES, INCLUDING OFFICES IN CHINA, INDIA, UKRAINE, AND	
VIETNAM THAT SERVE AS REGIONAL HUBS FOR TECHNICAL AND SCIENTIFIC	
INNOVATION. HIGHLIGHTS INCLUDE:	
IN 2021, PATH CONTINUED TO COLLABORATE CLOSELY WITH STAKEHOLDERS TO	
DELIVER HIGH-QUALITY HEALTH SERVICES WHILE FORGING NEW PARTNERSHIPS IN	
COUNTRIES SUCH AS BANGLADESH, INDONESIA, LAOS, AND NEPAL AND EXPLORING	
COLLABORATIONS IN NEW GEOGRAPHIES IN THE MIDDLE EAST.	
PATH PREPARED AND RESPONDED TO EMERGING HEALTH THREATS IN THE REGION BY	
PROVIDING TECHNICAL SUPPORT, ENHANCING LABORATORY CAPACITY,	
STRENGTHENING RESPIRATORY CARE RESPONSE, IMPROVING THE COVID-19	
SURVEILLANCE SYSTEM, AND LEVERAGING OUR NETWORK OF PARTNERS TO SUPPORT	
PANDEMIC RESPONSE. IN ADDITION TO THE COVID-19 EMERGENCY, WE COMMITTED	
TO ELIMINATE LONG-NEGLECTED DISEASES SUCH AS LEISHMANIASIS AND ENSURE	
THAT THOSE INFECTED RECEIVE CARE.	
THANKS TO OUR CONTINUOUS WORK IN DEVELOPING INNOVATIVE DIGITAL HEALTH	
TOOLS, PATH WAS ABLE TO MAINTAIN ESSENTIAL HEALTH SERVICES FOR KEY	
POPULATIONS IN MYANMAR, DIGITIZE THE LACTATION MANAGEMENT SYSTEM IN	
INDIA, AND SUPPORT MEDICATION ADHERENCE FOR TB PATIENTS IN UKRAINE.	
THROUGHOUT THE YEAR, AMEE PROGRAMS FOCUSED ON INCREASING HEALTH SYSTEM	
CAPACITY AND RESILIENCE WITH COMMUNITY-BASED APPROACHES THAT BRING	
AWARENESS, AVAILABILITY, AND ACCESSIBILITY OF HEALTH SERVICES TO	
HARD-TO-REACH COMMUNITIES. IN VIETNAM, FOR EXAMPLE, WE IMPLEMENTED A	
HIGHLY SUCCESSFUL PROGRAM FOR HIV SELF-TESTING.	

Name of the organization **Employer identification number** PATH 91-1157127 PATH IN THE AMEE REGION ALSO CONTINUED OUR CLOSE COLLABORATION WITH WHO, UNICEF, GAVI, AND THE GLOBAL FUND ON LARGE-SCALE EFFORTS TO CONTROL AND ELIMINATE DEBILITATING DISEASES SUCH AS MALARIA AND MENINGITIS; TO IMPROVE ACCESS TO LIFESAVING VACCINES FOR CERVICAL CANCER, DIARRHEAL DISEASE, AND PNEUMOCOCCAL DISEASE IN LOW-INCOME COUNTRIES; AND TO STRENGTHEN VACCINE MANUFACTURING CAPACITY AND THE COLD CHAIN AS PART OF OUR ONGOING EFFORTS TO BRING HEALTH AND WELL-BEING TO ALL. EXPENSES \$ 41,899,328. INCLUDING GRANTS OF \$ 5,057,232. REVENUE \$ 0. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: BELGIUM, CHINA, ETHIOPIA, GHANA INDIA, KENYA, MOZAMBIQUE, PERU, SENEGAL, SWITZERLAND, TANZANIA, UGANDA, UNITED KINGDOM, VIETNAM, ZAMBIA, CONGO, DEM REP MALAWI, BURMA, SOUTH AFRICA, UKRAINE FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY PATH ACCOUNTING SERVICES STAFF. PATH SENIOR MANAGEMENT REVIEWED THE DRAFT FORM. A COPY OF THE DRAFT WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE PRINCIPAL FINANCIAL OFFICER SIGNED THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: PATH HAS POLICIES AND PROCEDURES TO ADDRESS CONFLICTS OF INTEREST. PATH MANAGEMENT AND ALL STAFF AT A DESIGNATED LEVEL OR HIGHER WITHIN THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH

Name of the organization **Employer identification number** PATH 91-1157127 YEAR. ALL FORMS ARE REVIEWED AND KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEE WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST. PATH ALSO HAS A WELL-DEFINED PROCEDURE FOR IDENTIFYING AND REPORTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS. NEW BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WITHIN 30 DAYS OF JOINING THE BOARD AND TO COMPLETE A NEW FORM ANNUALLY THEREAFTER. IN ADDITION, MEMBERS ARE REMINDED TO REPORT ANY NEW ISSUES THAT ARISE OUTSIDE OF THE ANNUAL DISCLOSURE PERIOD. THE DISCLOSURE FORMS ARE REVIEWED BY PATH'S GENERAL COUNSEL. AND IF ANY ACTUAL OR POTENTIAL CONFLICTS ARE IDENTIFIED, GENERAL COUNSEL MAKES A RECOMMENDATION TO THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE CHAIR OF THE BOARD FOR A MANAGEMENT PLAN TO PROPERLY MANAGE ANY CONFLICTS. A FORMAL MANAGEMENT PLAN IS THEN AGREED UPON WITH THE BOARD MEMBER, AND THE ENTIRE BOARD OF DIRECTORS IS INFORMED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS SALARIES AND BENEFITS FOR EXECUTIVE EMPLOYEE POSITIONS AND PROVIDES GUIDANCE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER (CEO) ON COMPENSATION DECISIONS FOR EXECUTIVE POSITIONS. THE COMPENSATION AND BENEFITS FOR PATH'S PRESIDENT/CEO ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR. PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK EXECUTIVE COMPENSATION (PRESIDENT/CEO AND DIVISION CHIEFS). THE MOST RECENT

Name of the organization PATH	Employer identification number
MAJOR REVIEW WAS COMPLETED BY THE BOARD COMPENSATION COMMITTEE IN 2021. AT	
THE REQUEST OF THE BOARD, PATH ENGAGED FUTURE SENSE (A COMPENSATION,	
BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND	
PROPOSED BASE SALARIES OF PATH'S PRESIDENT/CEO AND DIVISION CHIEFS.	
FUTURE SENSE USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND	
PROPOSED BASE SALARIES FOR THESE POSITIONS. THE BOARD'S EXECUTIVE	
COMPENSATION COMMITTEE REVIEWED THE FUTURE SENSE REPORT AND APPROVED THE	
USE OF THE REPORT TO ESTABLISH A FRAMEWORK WITHIN WHICH THE PRESIDENT/CEO	
IS DELEGATED AUTHORITY TO ESTABLISH THE TOTAL COMPENSATION PACKAGES OF THE	
DIVISION CHIEFS.	
ADDITIONALLY, FUTURE SENSE REVIEWED THE PROPOSED TOTAL COMPENSATION AND	
BENEFITS PACKAGE FOR THE PRESIDENT/CEO POSITION AND OBTAINED A SIGNIFICANT	
NUMBER OF DATA POINTS TO ASCERTAIN ITS REASONABLENESS AND APPROPRIATENESS.	
THE BOARD APPROVED THE COMMITTEE'S RECOMMENDATION FOR THE PRESIDENT/CEO'S	
TOTAL COMPENSATION PACKAGE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, CT, FL, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT	
VA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
PATH GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; MOST DOCUMENTS ARE	
ALSO AVAILABLE ONLINE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

РАТН						91-1157127		
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity		olled ity?
FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN				301(0)(3))			Yes	No
HEALTH - SWITZERLAND, 207 ROUTE DE FERNEY 1218 LE GRAND-SACONNEX, GENEVA, SWITZERLAND	EDUCATIONAL AND SCIENTIFIC	SWITZERLAND	501(C)(3)		PATH		x	
PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH -KENYA, ACS PLAZA 4TH FL., LENANA RD PO BOX	EDUCATIONAL AND SCIENTIFIC							
76634-00508, NAIROBI, KENYA	PROMOTION OF HEALTH	KENYA	501(C)(3)		PATH		х	

Schedule R (Form 990) 2021 PATH 91-1157127

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

	organization trouted as a partition of the tark year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	(h) (i)		(i)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity Predominant income (related, unrelated, excluded from tax under entity) Predominant income (related, unrelated, excluded from tax under entity) Share of total end-of-year end-of-year assets	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income end-of-year allocations?	Disproportionate allocations?		Disproportionate allocations? Code V-UB amount in bo		amount in how		ral or aging ner?	Percentage ownership
		foreign country)		sections 512-514)		855015	Yes	No	K-1 (Form 1065)	Yes	No			
	1													
	1													
	1													
	1													
	1													
	1													
	1													
	1													
	1													
	•			•		•			•	_				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	ear ownership		tion (13) olled ty?	
		country)		or tracty		400010		Yes	No	
	1									
	1									
				•		•	•			

131

Page 2

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

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

1	During the tax year, did the organization engage in any of the following transactions w	with one or more re	elated organizations listed	in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to related organization(s)										
С	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organiz				11		Х			
	Performance of services or membership or fundraising solicitations by related organiz				1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		X			
0	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		X			
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	his line, including covered	relationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) []]	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH-KENYA	С	2,279,943.	FMV						
(2) ¹	FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	В	5,789,794.	FMV						
(3)										
(4)										
(5)										

Page 3

Yes No

Schedule R (Form 990) 2021 PATH 91-1157127 Page **4**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptional allocation	or- amount in box 2 of Schedule K-1	General of managing partner? Yes NO	(k) Percentage ownership

Schedule R	(Form 990) 2021 PATH	91-115/12/	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

132165 11-17-21 Schedule R (Form 990) 2021