

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning		and ending		
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH) Doing Business As PATH Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2201 WESTLAKE AVENUE 200 City or town, state or country, and ZIP + 4 SEATTLE, WA 98121		<b>D</b> Employer identification number 91-1157127	
	<b>E</b> Telephone number 206-285-3500		<b>G</b> Gross receipts \$ 324,896,743.	
	<b>F</b> Name and address of principal officer: CHRISTOPHER J. ELIAS SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation: 1981 <b>M</b> State of legal domicile: WA	
	<b>J</b> Website: ▶ WWW.PATH.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	12		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12		
	5	Total number of employees (Part V, line 2a)	529		
	6	Total number of volunteers (estimate if necessary)	0		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.		
7b	Net unrelated business taxable income from Form 990-T, line 34	0.			
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>	
	8	Contributions and grants (Part VIII, line 1h)	270,187,072.	257,511,086.	
	9	Program service revenue (Part VIII, line 2g)	92,055.	78,272.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,155,206.	6,032,096.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	444,592.	499,400.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,878,925.	264,120,854.	
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,417,753.	65,985,291.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,412,918.	68,366,763.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,249,351.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	64,112,128.	92,360,614.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	174,942,799.	226,712,668.	
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	104,936,126.	37,408,186.	
			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20	Total assets (Part X, line 16)	632,982,607.	700,396,332.	
	21	Total liabilities (Part X, line 26)	16,183,907.	41,163,573.	
22	Net assets or fund balances. Subtract line 21 from line 20		616,798,700.	659,232,759.	

## 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.				
Sign Here		Date <span style="float: right;">10/5/10</span>		
	CHRISTOPHER J. ELIAS, PRESIDENT & CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date <span style="float: right;">10-5-10</span>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930		EIN ▶ Phone no. ▶ (301) 951-9090	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission:

PATH IS AN INTERNATIONAL NONPROFIT ORGANIZATION. PATH'S MISSION IS TO  
IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING  
TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY  
BEHAVIORS.

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

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

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

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

**4a** (Code: ) (Expenses \$ 101,717,659. including grants of \$ 45,157,018. ) (Revenue \$ 36,147. )  
VACCINES AND IMMUNIZATION:

PATH INCREASES ACCESS TO LIFESAVING VACCINES IN LOW-INCOME COUNTRIES  
AROUND THE WORLD. OUR PROJECTS ACCELERATE VACCINE RESEARCH AND  
DEVELOPMENT, EXPAND ACCESS TO NEW VACCINES, AND STRENGTHEN HEALTH  
SYSTEMS.

IN 2009, PATH WORKED TO DEVELOP NEW VACCINES OR INCREASE USE OF  
EXISTING VACCINES AGAINST MALARIA, MENINGITIS, PNEUMOCOCCAL DISEASE,  
AND JAPANESE ENCEPHALITIS, AS WELL AS ROTAVIRUS AND OTHER AGENTS THAT  
CAUSE SEVERE DIARRHEA AMONG YOUNG CHILDREN. FOR EXAMPLE, WE LAUNCHED  
ADVANCED CLINICAL TRIALS OF THE WORLD'S MOST PROMISING MALARIA VACCINE

**4b** (Code: ) (Expenses \$ 42,383,291. including grants of \$ 12,958,719. ) (Revenue \$ 18,530. )  
EMERGING AND EPIDEMIC DISEASES:

PATH WORKS AROUND THE GLOBE TO REDUCE THE BURDEN OF EPIDEMIC  
DISEASES-INCLUDING MALARIA, TUBERCULOSIS (TB), AND HIV/AIDS-AS WELL AS  
EMERGING THREATS, SUCH AS PANDEMIC INFLUENZA.

IN 2009, PATH HELPED COUNTRIES IN SUB-SAHARAN AFRICA RAPIDLY SCALE UP  
AND SUSTAIN MALARIA PREVENTION AND CONTROL EFFORTS, WITH REMARKABLE  
RESULTS. IN ZAMBIA, FOR EXAMPLE, USE OF BED NETS, INSECTICIDE SPRAYING,  
AND OTHER INTERVENTIONS HAS DECREASED BY HALF THE PREVALENCE OF MALARIA  
PARASITES AMONG YOUNG CHILDREN. IN KENYA, WE IMPLEMENTED PROJECTS TO  
CHANGE BEHAVIORS AND IMPROVE SERVICES TO REDUCE THE TOLL OF HIV/AIDS

**4c** (Code: ) (Expenses \$ 21,893,153. including grants of \$ 1,719,636. ) (Revenue \$ 3,221. )  
REPRODUCTIVE HEALTH:

PATH WORKS TO IMPROVE REPRODUCTIVE HEALTH BY PREVENTING CERVICAL  
CANCER, ADDRESSING FAMILY-PLANNING NEEDS, PREVENTING SEXUALLY  
TRANSMITTED INFECTIONS, ADVOCATING FOR SERVICES AND SUPPLIES, AND  
ENCOURAGING HEALTHIER BEHAVIORS.

IN 2009, PATH INVESTIGATED THE MOST EFFECTIVE VACCINATION STRATEGIES  
AGAINST HUMAN PAPILLOMAVIRUS (THE MOST COMMON CAUSE OF CERVICAL CANCER)  
IN INDIA, PERU, UGANDA, AND VIETNAM. IN ADDITION, WE ADVANCED RAPID,  
LOW-COST SCREENING TESTS FOR CERVICAL CANCER. WE ALSO CONTINUED WORK TO  
EXPAND ACCESS TO SUPPLIES, SERVICES, AND OPTIONS FOR PREVENTING

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 33,510,966. including grants of \$ 6,149,918. ) (Revenue \$ 20,374. )

**4e** Total program service expenses \$ 199,505,069.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	x
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	x
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	x
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	x
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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? <i>If "Yes," complete Schedule D, Part II</i>	7	x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	x
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	x
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	x
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	x
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	x
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	x
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	x
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	x
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	x

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

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	183
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	529
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	12	
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	x
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	x
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	x
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	x
6 Does the organization have members or stockholders?	6	x
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	x
b Each committee with authority to act on behalf of the governing body?	8b	x
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	x

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	x
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	x
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	x
13 Does the organization have a written whistleblower policy?	13	x
14 Does the organization have a written document retention and destruction policy?	14	x
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	x
b Other officers or key employees of the organization	15b	x
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	x
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**MARLOW KEE, CHIEF FINANCIAL OFFICER - 206-285-3500**  
**2201 WESTLAKE AVE., SUITE 200, SEATTLE, WA 98121**

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

**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MOLLY JOEL COYE BOARD CHAIR	2.00	X		X				0.	0.	0.
VERA CORDEIRO BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
DEAN ALLEN BOARD TREASURER	2.00	X		X				0.	0.	0.
JAY SATIA, PHD BOARD SECRETARY	2.00	X		X				0.	0.	0.
SUPAMIT CHUNSUTTIWAT DIRECTOR	2.00	X						0.	0.	0.
AWA MARIE COLL-SECK DIRECTOR	2.00	X						0.	0.	0.
STEVE DAVIS DIRECTOR	2.00	X						0.	0.	0.
ALEX CHIKA EZEH DIRECTOR	2.00	X						0.	0.	0.
GEORGE GOTSADZE DIRECTOR	2.00	X						0.	0.	0.
EIVOR HALKJAER DIRECTOR	2.00	X						0.	0.	0.
VINCENT MCGEE DIRECTOR	2.00	X						0.	0.	0.
KEVIN REILLY DIRECTOR	2.00	X						0.	0.	0.
CHRISTOPHER J ELIAS PRESIDENT AND CEO	40.00			X				506,914.	0.	39,800.
ERIC G WALKER VP, CORPORATE SERVICES	40.00			X				213,396.	0.	33,602.
AYORINDE AJAYI VP, FIELD PROGRAMS	40.00				X			241,710.	0.	28,115.
JOHN W BOSLEGO DIR, VACCINE DEV GLOBAL	40.00				X			292,635.	0.	38,265.
KENT CAMPBELL DIR, MALARIA CNTL PROG	40.00				X			233,552.	0.	25,782.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J FREE VP & SR ADV FOR TECH.	40.00				X			201,454.	0.	30,011.
JANE HUTCHINGS DIR, REPRO HEALTH	40.00				X			152,064.	0.	26,431.
MARLOW KEE CFO	40.00				X			187,757.	0.	31,857.
F MARC LAFORCE PROJ DIR, MENG VACCINE	40.00				X			271,526.	0.	32,350.
DAN LASTER GENERAL COUNSEL	40.00				X			194,530.	0.	30,306.
CHRISTIAN GEORGES LOUCQ DIR, MALARIA VACCINE	40.00				X			269,015.	0.	36,349.
SCOTT JACKSON VP, EXTERNAL RELATIONS	40.00				X			220,876.	0.	36,217.
JACQUELINE D SHERRIS VP, GLOBAL PROGRAMS	40.00				X			231,860.	0.	26,689.
CATHARINE TAYLOR GLOBAL PROGRAM LEADER	40.00				X			194,678.	0.	24,180.
SHARON THOMPSON CHIEF HR OFFICER	40.00				X			178,194.	0.	27,905.
<b>1b Total</b>								<b>5,251,856.</b>	<b>0.</b>	<b>662,730.</b>

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

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- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
SKB ARCHITECTS 2333 THIRD AVENUE, SEATTLE, WA 98121	GENERAL CONTRACTOR	582,753.
NORTHERN TRUST 50 S. LASALLE ST., CHICAGO, IL 60675	ASSET MANAGEMENT	471,871.
SENECA REAL ESTATE GROUP, INC., 1191 SECOND AVE, SUITE 1500, SEATTLE, WA 98101	GENERAL CONTRACTOR	255,212.
CB RICHARD ELLIS 50 S LASALLE ST, CHICAGO, IL 60675	REAL ESTATE SERVICES	248,373.
WOODS & ASSOCIATES, 1221 SECOND AVE, SUITE 330, SEATTLE, WA 98101	TEMP AGENCY	228,910.

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

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SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,686,805.			
	e	Government grants (contributions)	1e	126,973,890.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	121,850,391.			
	g	Noncash contributions included in lines 1a-1f: \$		11,144,351.			
	h	<b>Total.</b> Add lines 1a-1f		257,511,086.			
	Program Service Revenue	2 a	CONSULTANCIES	Business Code 541900	71,902.	71,902.	
b		HONORARIUM	900099	4,150.	4,150.		
c		SALES	900099	2,220.	2,220.		
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		78,272.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		5,728,593.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		67,362.			67,362.
	6 a	Gross Rents	(i) Real (ii) Personal 29,678.				
	b	Less: rental expenses	121,935.				
	c	Rental income or (loss)	-92,257.				
	d	Net rental income or (loss)		-92,257.			-92,257.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 60,441,000. 516,457.				
	b	Less: cost or other basis and sales expenses	60,143,426. 510,528.				
	c	Gain or (loss)	297,574. 5,929.				
	d	Net gain or (loss)		303,503.			303,503.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	REIMBURSEMENTS	900099	352,274.			352,274.	
b	GAIN-FOREIGN EXCH.	900099	155,974.			155,974.	
c	OTHER	900099	16,047.			16,047.	
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		524,295.				
12	<b>Total revenue.</b> See instructions.		264,120,854.	78,272.	0.	6,531,496.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	28,046,396.	28,046,396.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	37,938,895.	37,938,895.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5,914,589.	3,897,976.	1,827,011.	189,602.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	47,361,751.	28,792,574.	18,224,602.	344,575.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	4,192,451.		4,192,451.	
9 Other employee benefits .....	6,014,527.	774,114.	5,238,355.	2,058.
10 Payroll taxes .....	4,883,445.	146,614.	4,736,831.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	786,804.	464,735.	322,069.	
c Accounting .....	292,923.	34,321.	258,602.	
d Lobbying .....	83,909.		83,909.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	521,534.	11,600.	509,934.	
g Other .....	7,135,853.	5,197,109.	1,907,326.	31,418.
12 Advertising and promotion .....	214,471.	181,908.	32,353.	210.
13 Office expenses .....	3,985,186.	2,805,146.	1,126,497.	53,543.
14 Information technology .....	668,159.	216,788.	450,123.	1,248.
15 Royalties .....	37,666.	36,500.	1,166.	
16 Occupancy .....	6,449,257.	107,398.	6,341,859.	
17 Travel .....	11,870,896.	10,710,409.	1,142,522.	17,965.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	5,448,395.	5,002,079.	361,876.	84,440.
20 Interest .....	27,375.		27,375.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,641,106.	179,178.	1,461,928.	
23 Insurance .....	589,280.	329,620.	259,660.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBCONTACTS .....	35,137,257.	35,122,855.	14,402.	
b DONATED GOODS .....	11,144,351.	11,136,792.	1,652.	5,907.
c EQUIP RENT & MAINT .....	5,067,911.	3,528,533.	1,498,396.	40,982.
d LEAVE & BENS ALLOC .....	0.	16,239,668.	-16,512,334.	272,666.
e FACILITIES ALLOC .....	0.	7,590,688.	-7,794,472.	203,784.
f All other expenses .....	1,258,281.	1,013,173.	244,155.	953.
25 Total functional expenses. Add lines 1 through 24f .....	226,712,668.	199,505,069.	25,958,248.	1,249,351.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	4,485,023.	1	3,069,962.
	2 Savings and temporary cash investments .....	20,410,325.	2	20,037,101.
	3 Pledges and grants receivable, net .....	343,589,559.	3	355,924,238.
	4 Accounts receivable, net .....	5,877,299.	4	8,873,606.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	1,619,391.	9	1,881,855.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 28,636,534.		
	b Less: accumulated depreciation .....	10b 11,775,584.		
		4,339,137.	10c	16,860,950.
	11 Investments - publicly traded securities .....	251,542,010.	11	292,807,935.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....	1,119,863.	14	940,685.
15 Other assets. See Part IV, line 11 .....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	632,982,607.	16	700,396,332.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	15,001,407.	17	32,867,687.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,182,500.	23	8,295,886.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	16,183,907.	26	41,163,573.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	14,382,030.	27	17,490,894.
	28 Temporarily restricted net assets .....	599,053,546.	28	638,376,702.
	29 Permanently restricted net assets .....	3,363,124.	29	3,365,163.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	616,798,700.	33	659,232,759.
	34 <b>Total liabilities and net assets/fund balances</b> .....	632,982,607.	34	700,396,332.

Form **990** (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

Form **990** (2009)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number	91-1157127
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<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	184,431,265.	165,997,082.	189,454,652.	270,187,073.	257,511,086.	1,067,581,158.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	184,431,265.	165,997,082.	189,454,652.	270,187,073.	257,511,086.	1,067,581,158.
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) .....						634,504,014.
6 <b>Public support.</b> Subtract line 5 from line 4. ....						433,077,144.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	184,431,265.	165,997,082.	189,454,652.	270,187,073.	257,511,086.	1,067,581,158.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,609,354.	11,683,620.	11,645,679.	9,272,569.	5,825,631.	42,036,853.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	196,237.	240,170.	222,330.	483,060.	524,296.	1,666,093.
11 <b>Total support.</b> Add lines 7 through 10 .....						1,111,284,104.
12 Gross receipts from related activities, etc. (see instructions) .....					12	11,624,544.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	38.97 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	28.69 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number

91-1157127

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 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 foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number

91-1157127

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 94,690,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 46,763,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 27,761,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 17,973,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 8,686,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 7,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number

91-1157127

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 7,822,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 6,154,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

91-1157127

**Part II**   **Noncash Property** (see instructions)[illegible]

**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
--	--

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
- 4a Was a correction made? ..... ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009  
LHA

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

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,137.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	191,058.													
c	Total lobbying expenditures (add lines 1a and 1b)	195,195.													
d	Other exempt purpose expenditures	226,528,907.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	226,724,102.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a 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	147,599.	222,019.	244,080.	195,195.	808,893.
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	44,729.	11,136.	7,575.	4,137.	67,577.

Schedule C (Form 990 or 990-EZ) 2009





Schedule D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ .....

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of  
the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,752,059.	6,474,476.			
b Contributions	2,039.	21,290.			
c Net investment earnings, gains, and losses	1,189,813.	-1,591,603.			
d Grants or scholarships	0.	0.			
e Other expenditures for facilities and programs	0.	152,104.			
f Administrative expenses	0.	0.			
g End of year balance	5,943,911.	4,752,059.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ 43.00 %  
 b Permanent endowment ☐ 57.00 %  
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,246,776.	5,752,014.	14,494,762.
d Equipment		7,586,281.	5,854,609.	1,731,672.
e Other		803,477.	168,961.	634,516.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,860,950.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: PATH UTILIZES THE INVESTED INTEREST EARNINGS FROM THE

ENDOWMENT AS AN IMPORTANT FUNDING SOURCE TO HELP STRENGTHEN OUR EXISTING

PROGRAMMATIC WORK IN GLOBAL HEALTH AND TO FUND NEW OPPORTUNITIES TO EXPAND

OUR REACH AND IMPACT AS AN ORGANIZATION IN THE FIELD OF GLOBAL HEALTH.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number

91-1157127

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

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

**2** For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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	1	11			0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	2,919.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING	FUNDRAISING	2,178.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	100,587.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	267,234.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	23,970.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	214,045.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	6,567.
<b>Totals</b>	27	418			93,497,888.

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

Schedule F (Form 990) 2009

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	REPRODUCTIVE HEALTH	7,200.	WIRE/CHECK	0.		
		CENTRAL AMERICA & THE CARIBBEAN	VACCINES AND IMMUNIZATIONS	109,486.	WIRE/CHECK	0.		
		CENTRAL AMERICA & THE CARIBBEAN	MATERNAL & CHILD HEALTH	17,000.	WIRE/CHECK	0.		
		CENTRAL AMERICA & THE CARIBBEAN	MATERNAL & CHILD HEALTH	17,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	180,511.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	57,199.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	9,661.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	6,793.	WIRE/CHECK	0.		

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

134

3 Enter total number of other organizations or entities

25

## Part III

[illegible]



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: SUBRECIPIENTS MUST SUBMIT PROGRESS REPORTS

THAT ARE REVIEWED BY RESPONSIBLE PATH PROGRAM MANAGERS AND PROGRAM

ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE

WITH AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM

ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS OR FOLLOW UP ON ANY

AREA OF CONCERN. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED

DELIVERABLES IN ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN

ADDITION, DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH

COMPLIANCE WITH THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE

APPROPRIATENESS OF THE SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND

PROCESSES.

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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
EAST ASIA AND THE PACIFIC	4	81			0.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	CROSS PROGRAM	39,301.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	1,994,033.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	357,799.
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	1,764,602.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	170,505.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	545,318.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	1,432,077.
EUROPE	2	46			0.
EUROPE	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	1,619,780.
<b>Totals</b>					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
► See instructions for Schedule F (Form 990).

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number  
**91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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	FUNDRAISING	FUNDRAISING	13,240.
EUROPE	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	188,013.
EUROPE	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	2,805,986.
EUROPE	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	714,014.
EUROPE	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	560,585.
EUROPE	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	7,673,564.
MIDDLE EAST AND NORTH AFRICA	0	0			0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	50.
MIDDLE EAST AND NORTH AFRICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	-75.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	825.
Totals					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

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▶ See instructions for Schedule F (Form 990).

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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
NORTH AMERICA	0	0			0.
NORTH AMERICA	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	58,665.
NORTH AMERICA	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	8,984.
NORTH AMERICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	18,570.
NORTH AMERICA	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	74,900.
NORTH AMERICA	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	2,279.
NORTH AMERICA	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	326,938.
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	18			0.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	1,984,374.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	635,908.
<b>Totals</b>					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	8,161.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	196.
SOUTH AMERICA	1	2			0.
SOUTH AMERICA	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	2,656.
SOUTH AMERICA	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	100,577.
SOUTH AMERICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	67,925.
SOUTH AMERICA	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	169,955.
SOUTH AMERICA	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	370,805.
SOUTH AMERICA	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	1,225.
SOUTH ASIA	5	77			0.
<b>Totals</b> ▶					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

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Inspection

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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	PROGRAM SRVCS	CROSS PROGRAM	1,500.
SOUTH ASIA	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	1,251,278.
SOUTH ASIA	0	0	FUNDRAISING	FUNDRAISING	104.
SOUTH ASIA	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	676,205.
SOUTH ASIA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	1,190,875.
SOUTH ASIA	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	2,259,522.
SOUTH ASIA	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	687,776.
SOUTH ASIA	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	1,010,743.
SUB-SAHARAN AFRICA	13	183			0.
SUB-SAHARAN AFRICA	0	0	PROGRAM SRVCS	EMERGING AND EPIDEMIC DISEASES	9,541,657.
<b>Totals</b> ▶					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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	8,602.
SUB-SAHARAN AFRICA	0	0	PROGRAM SRVCS	HEALTH TECHNOLOGIES	743,835.
SUB-SAHARAN AFRICA	0	0	MANAGEMENT AND GENERAL	MANAGEMENT AND GENERAL	2,562,403.
SUB-SAHARAN AFRICA	0	0	PROGRAM SRVCS	MATERNAL & CHILD HEALTH	1,882,777.
SUB-SAHARAN AFRICA	0	0	PROGRAM SRVCS	REPRODUCTIVE HEALTH	462,164.
SUB-SAHARAN AFRICA	0	0	PROGRAM SRVCS	VACCINES AND IMMUNIZATIONS	8,950,317.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	MATERNAL & CHILD HEALTH	34,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	REPRODUCTIVE HEALTH	12,200.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	109,486.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	EMERGING AND EPIDEMIC DISEASES	681,224.
Totals					

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

Schedule F-1 (Form 990) 2009



**SCHEDULE F-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH TECHNOLOGIES	452,077.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	MATERNAL & CHILD HEALTH	291,341.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	REPRODUCTIVE HEALTH	476,824.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	1,213,305.
EUROPE	0	0	GRANTS	EMERGING AND EPIDEMIC DISEASES	131,131.
EUROPE	0	0	GRANTS	HEALTH TECHNOLOGIES	213,810.
EUROPE	0	0	GRANTS	REPRODUCTIVE HEALTH	311,017.
EUROPE	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	19,059,469.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS	HEALTH TECHNOLOGIES	45,223.
NORTH AMERICA	0	0	GRANTS	REPRODUCTIVE HEALTH	40,000.
<b>Totals</b> ▶					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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 AMERICA	0	0	GRANTS	HEALTH TECHNOLOGIES	32,133.
SOUTH AMERICA	0	0	GRANTS	REPRODUCTIVE HEALTH	245,350.
SOUTH AMERICA	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	13,590.
SOUTH ASIA	0	0	GRANTS	EMERGING AND EPIDEMIC DISEASES	34,373.
SOUTH ASIA	0	0	GRANTS	HEALTH TECHNOLOGIES	145,550.
SOUTH ASIA	0	0	GRANTS	MATERNAL & CHILD HEALTH	2,369,707.
SOUTH ASIA	0	0	GRANTS	REPRODUCTIVE HEALTH	66,128.
SOUTH ASIA	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	1,614,513.
SUB-SAHARAN AFRICA	0	0	GRANTS	EMERGING AND EPIDEMIC DISEASES	2,898,429.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH TECHNOLOGIES	36,500.
Totals					

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

Schedule F-1 (Form 990) 2009

Department of the Treasury  
Internal Revenue Service

- ▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
- ▶ See instructions for Schedule F (Form 990).

2009

**Open to Public Inspection**

Name of the organization	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)
--------------------------	--

Employer identification number  
91-1157127

<b>Part I</b>					
<b>Continuation of Activities per Region.</b> (Schedule F (Form 990), Part I, line 3)					
<b>Region</b>	<b>Number of employees</b>	<b>Number of volunteers</b>	<b>Number of independent contractors</b>	<b>Number of other individuals</b>	<b>Total number of individuals</b>
North America					
South America					
Europe					
Africa					
Oceania					
Asia					
Middle East					
Other					
<b>Total</b>					

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS	MATERNAL & CHILD HEALTH	13,689
SUB-SAHARAN AFRICA	0	0	GRANTS	REPRODUCTIVE HEALTH	127,513
SUB-SAHARAN AFRICA	0	0	GRANTS	VACCINES AND IMMUNIZATIONS	7,270,313
<b>Totals</b>	26	407			92,880,388

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

Schedule F-1 (Form 990) 2009

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	26,951.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	17,555.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	20,637.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	66,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	27,986.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	12,795.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	13,200.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	5,770.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	29,531.	WIRE/CHECK	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	7,158.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	MATERNAL & CHILD HEALTH	5,088.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	46,660.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	36,753.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	28,010.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	633,798.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	20,684.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	10,615.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	22,132.	WIRE/CHECK	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	30,000.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	77,609.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	113,463.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	63,957.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	30,252.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	56,182.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	46,356.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	69,996.	WIRE/CHECK	0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	49,711.	WIRE/CHECK	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EAST ASIA & THE PACIFIC	MATERNAL & CHILD HEALTH	286,253.		0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	91,922.		0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	88,104.		0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	43,024.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	35,380.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	10,063.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	40,010.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	6,551.		0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	23,102.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	45,000.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	40,864.		0.		
		EAST ASIA & THE PACIFIC	EMERGING AND EPIDEMIC DISEASES	47,697.		0.		
		EAST ASIA & THE PACIFIC	VACCINES AND IMMUNIZATIONS	271,581.		0.		
		EAST ASIA & THE PACIFIC	REPRODUCTIVE HEALTH	6,965.		0.		
		EUROPE	HEALTH TECHNOLOGIES	61,880.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	3,111,480.		0.		
		EAST ASIA & THE PACIFIC	HEALTH TECHNOLOGIES	230,028.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	65,498.		0.		



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EUROPE	REPRODUCTIVE HEALTH	70,000.		0.		
		EUROPE	REPRODUCTIVE HEALTH	40,000.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	8,707,983.		0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	11,623.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	20,000.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	114,756.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	7,250.		0.		
		EUROPE	REPRODUCTIVE HEALTH	21,804.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	24,428.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EUROPE	VACCINES AND IMMUNIZATIONS	798,095.		0.		
		EUROPE	EMERGING AND EPIDEMIC DISEASES	26,130.		0.		
		EUROPE	REPRODUCTIVE HEALTH	169,197.		0.		
		EUROPE	REPRODUCTIVE HEALTH	10,016.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	88,000.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	40,106.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	63,000.		0.		
		EUROPE	HEALTH TECHNOLOGIES	151,930.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	36,631.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		EUROPE	EMERGING AND EPIDEMIC DISEASES	93,377.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	1,564,642.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	149,176.		0.		
		EUROPE	VACCINES AND IMMUNIZATIONS	4,268,276.		0.		
		MIDDLE EAST & NORTH AFRICA	HEALTH TECHNOLOGIES	45,223.		0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH	40,000.		0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH	63,000.		0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	17,133.		0.		
		SOUTH AMERICA	VACCINES AND IMMUNIZATIONS	13,590.		0.		

Schedule F-1 (Form 990) 2009

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH	183,850.		0.		
		SOUTH AMERICA	HEALTH TECHNOLOGIES	15,000.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	106,372.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	265,447.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	534,138.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	288,868.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	200,000.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	521,246.		0.		
		SOUTH ASIA	EMERGING AND EPIDEMIC DISEASES	16,768.		0.		

Schedule F-1 (Form 990) 2009

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SOUTH ASIA	MATERNAL & CHILD HEALTH	134,140.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	174,426.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	13,483.		0.		
		SOUTH ASIA	EMERGING AND EPIDEMIC DISEASES	5,483.		0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	53,319.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	104,122.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	513,967.		0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	53,745.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	34,718.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	109,185.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	145,879.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	273,436.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	60,397.		0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	30,282.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	25,595.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	58,950.		0.		
		SOUTH ASIA	VACCINES AND IMMUNIZATIONS	175,000.		0.		
		SOUTH ASIA	EMERGING AND EPIDEMIC DISEASES	12,121.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SOUTH ASIA	MATERNAL & CHILD HEALTH	53,263.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	90,088.		0.		
		SOUTH ASIA	HEALTH TECHNOLOGIES	61,500.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	69,155.		0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH	31,261.		0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	6,000.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	21,426.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	14,998.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	40,609.		0.		



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	38,660.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,407.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	33,055.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	11,078.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	11,006.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	223,038.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	57,364.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	124,056.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	54,305.		0.		



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	97,270.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	12,899.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	11,961.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	1,575,149.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	925,260.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	364,977.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	22,293.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	111,222.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,838.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	329,727.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	760,075.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	2,260,138.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	929,317.		0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	24,000.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,570.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	5,870.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	293,239.		0.		
		SUB-SAHARAN AFRICA	MATERNAL & CHILD HEALTH	12,588.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	20,346.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	17,920.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	293,504.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	50,000.		0.		
		SUB-SAHARAN AFRICA	VACCINES AND IMMUNIZATIONS	32,751.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	301,448.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	92,601.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	25,179.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	10,063.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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)
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	105,129.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	198,546.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	18,400.		0.		
		SUB-SAHARAN AFRICA	HEALTH TECHNOLOGIES	12,500.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	305,845.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	406,686.		0.		
		SUB-SAHARAN AFRICA	EMERGING AND EPIDEMIC DISEASES	9,683.		0.		

**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.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

**Employer identification number**  
**91 1157127**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABT ASSOCIATES, INC. 4550 MONTGOMERY AVE, SUITE 800 BETHESDA, MD 20814	04-2347643	N/A	163,996.	0.			REPRODUCTIVE HEALTH
ACADEMY FOR EDUCATIONAL DEVELOPMENT - 1825 CONNECTICUT AVE., NW - WASHINGTON, DC 20009-5728	13-6110212	501(C)(3)	35,000.	0.			HEALTH TECHNOLOGIES
AERAS GLOBAL TB VACCINE FOUNDATION 1405 RESEARCH BLVD. ROCKVILLE, MD 20850	52-2044704	501(C)(3)	240,128.	0.			VACCINES AND IMMUNIZATIONS
AKTIVPAK, INC. 4361 - 13TH STREET BOULDER, CO 80304	26-3111597	N/A	42,000.	0.			HEALTH TECHNOLOGIES
AMERICAN SOCIETY FOR MICROBIOLOGY (ASM) - 1753 N STREET NW WASHINGTON, DC 20036	38-1616141	501(C)(3)	11,342.	0.			VACCINES AND IMMUNIZATIONS
ARIDIS PHARMACEUTICALS, LLC 5941 OPTICAL COURT SAN JOSE, CA 95138	32-0074500	N/A	96,820.	0.			HEALTH TECHNOLOGIES

- 2** Enter total number of section 501(c)(3) and government organizations **41.**
- 3** Enter total number of other organizations **29.**

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

Schedule I (Form 990) 2009

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SUBRECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS

REPORTS, WHICH ARE REVIEWED BY RESPONSIBLE PATH PROGRAM MANAGERS AND

PROGRAM ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN

ACCORDANCE WITH AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS

AND PROGRAM ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS AND FOLLOW

UP ON ANY CONCERNS. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED

DELIVERABLES IN ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN ADDITION,

DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH

THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

Employer identification number  
**91-1157127**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYTEL ASSOCIATES 60 LAKE AVENUE OCEAN GROVE, NJ 07756	154-38-4106	N/A	22,000.	0.			HEALTH TECHNOLOGIES
BOSTON UNIVERSITY, TRUSTEES OF OFFICE OF SPONSORED PROGRAMS BOSTON, MA 02215	04-2103547	501(C)(3)	35,086.	0.			HEALTH TECHNOLOGIES
BROADREACH HEALTHCARE, LLC 2500 WILSON BLVD. SUITE 220 ARLINGTON, VA 22201-3848	86-1052728	N/A	416,333.	0.			EMERGING AND EPIDEMIC DISEASES
CALIFORNIA FAMILY HEALTH COUNCIL, INC. - 3600 WILSHIRE BLVD - LOS ANGELES, CA 90010	95-2564024	501(C)(3)	55,089.	0.			HEALTH TECHNOLOGIES
CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30030-2440	13-1685039	501(C)(3)	326,093.	0.			MATERNAL & CHILD HEALTH
CASCADE DESIGN, INC. 4000 FIRST AVENUE SOUTH SEATTLE, WA 98134	91-0969695	N/A	119,075.	0.			HEALTH TECHNOLOGIES
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	48,794.	0.			VACCINES AND IMMUNIZATIONS
CLAROS DIAGNOSTICS, INC. 4 CONSTITUTION WAY, SUITE E WOBBURN, MA 01801	33-1105339	N/A	20,790.	0.			HEALTH TECHNOLOGIES

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

Schedule I-1 (Form 990) 2009

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICAL RESEARCH MANAGEMENT, INC. (CRM) - 1265 RIDGE ROAD, SUITE A - HINCKLEY, OH 44233	54-1716562	N/A	89,738.	0.			VACCINES AND IMMUNIZATIONS
COOPERATIVE LEAGUE OF THE USA (CLUSA) - 1401 NEW YORK AVENUE, N.W. SUITE 1100 - WASHINGTON, DC 20005-2160	36-2007481	501(C)(3)	74,038.	0.			EMERGING AND EPIDEMIC DISEASES
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE NW - WASHINGTON, DC 20036	95-4191698	501(C)(3)	4,015,705.	0.			EMERGING AND EPIDEMIC DISEASES
EPOCH BIOSCIENCES 370 W. 1700 S. LOGAN, UT 84321	87-0284733	N/A	31,210.	0.			HEALTH TECHNOLOGIES
FOOD & DRUG ADMINISTRATION (FDA) DHHS/FDA/CDRH/OST/DMMS BETHESDA, MD 20892	53-0196965	GOVERNMENT	569,000.	0.			VACCINES AND IMMUNIZATIONS
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	35,591.	0.			HEALTH TECHNOLOGIES
GENVEC, INC. 65 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878	23-2705690	N/A	812,075.	0.			VACCINES AND IMMUNIZATIONS
GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)(3)	19,210.	0.			HEALTH TECHNOLOGIES

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

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ **Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public**  
**Inspection**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN**  
**HEALTH (PATH)**

**Employer identification number**  
**91-1157127**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GMMB 1200 WESTLAKE AVE N SEATTLE, WA 98109	52-1305983	N/A	8,489.	0.			MATERNAL & CHILD HEALTH
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	05-0300482	501(C)(3)	20,000.	0.			VACCINES AND IMMUNIZATIONS
HARDY DIAGNOSTICS 1430 WEST MCCOY LANE SANTA MARIA, CA 93455	77-0043660	N/A	22,955.	0.			HEALTH TECHNOLOGIES
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVE NE SEATTLE, WA 98105	94-3047981	501(C)(3)	141,276.	0.			EMERGING AND EPIDEMIC DISEASES
HEALTH STRATEGIES INTERNATIONAL, LLC - 120 BRIARCLIFF RD. - DURHAM, NC 27707	20-0079714	N/A	41,849.	0.			EMERGING AND EPIDEMIC DISEASES
INOVIO PHARMACEUTICALS, INC. 1787 SENTRY PARKWAY WEST BLUE BELL, PA 19422	33-0969592	N/A	547,747.	0.			VACCINES AND IMMUNIZATIONS
JHPIEGO 1776 MASSACHUSETTS AVE. NW WASHINGTON, DC 20046	23-7424444	N/A	1,339,465.	0.			EMERGING AND EPIDEMIC DISEASES
JHPIEGO 1777 MASSACHUSETTS AVE. NW WASHINGTON, DC 20046	23-7424444	N/A	67,782.	0.			REPRODUCTIVE HEALTH

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

Schedule I-1 (Form 990) 2009

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN SNOW, INC. 1616 N. FORT MYER DRIVE, 11TH FLOOR ARLINGTON, VA 22209	04-2578580	N/A	109,212.	0.			REPRODUCTIVE HEALTH
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - OFFICE OF RESEARCH ADMINISTRATION - BALTIMORE, MD 21205	52-0595110	501(C)(3)	110,038.	0.			MATERNAL & CHILD HEALTH
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - OFFICE OF RESEARCH ADMINISTRATION - BALTIMORE, MD 21205	52-0595110	501(C)(3)	15,000.	0.			VACCINES AND IMMUNIZATIONS
JUVARIS BIOTHERAPEUTICS, INC. 863A MITTEN ROAD BURLINGAME, CA 94010	84-1603994	N/A	37,060.	0.			VACCINES AND IMMUNIZATIONS
LELAND STANFORD JUNIOR UNIVERSITY 251 CAMPUS DRIVE, MSOB-X226 PALO ALTO, CA 94305	94-1156365	501(C)(3)	23,865.	0.			VACCINES AND IMMUNIZATIONS
MANOFF GROUP 4301 CONNECTICUT AVE NW WASHINGTON, DC 20008	04-3030192	N/A	573,886.	0.			MATERNAL & CHILD HEALTH
MONITOR COMPANY GROUP LP TWO CANAL PARK CAMBRIDGE, MA 02141	04-3543768	N/A	40,000.	0.			HEALTH TECHNOLOGIES
NAT. INS. OF ALLERGY & INFECTIOUS DISEASE (NIAID) - 6610 ROCKLEDGE DRIVE - BETHESDA, MD 20892	52-0858115	GOVERNMENT	641,763.	0.			VACCINES AND IMMUNIZATIONS

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

Schedule I-1 (Form 990) 2009

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATHAN GOLON PHOTOGRAPH & VIDEO 1310 IRVING ST. NW WASHINGTON, DC 20010	00-5880799	N/A	11,342.	0.			VACCINES AND IMMUNIZATIONS
NAVAL MEDICAL RESEARCH CENTER (NMRC) - 503 ROBERT GRANT AVE - SILVER SPRING, MD 20910-7500	47-0100048	GOVERNMENT	1,486,098.	0.			VACCINES AND IMMUNIZATIONS
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	18,750.	0.			HEALTH TECHNOLOGIES
OREGON HEALTH SCIENCES UNIVERSITY SCHOOL OF MEDICINE, DEPT OF OBSTET PORTLAND, OR 97239	93-1176109	501(C)(3)	26,932.	0.			MATERNAL & CHILD HEALTH
PAN AMERICAN HEALTH ORGANIZATION (PAHO) - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC 20037	23-7072046	501(C)(3)	284,295.	0.			VACCINES AND IMMUNIZATIONS
PLOTKIN, STANLEY A. DR. 4650 WISMER ROAD DOYLESTOWN, PA 18901	27-0720568	N/A	8,982.	0.			HEALTH TECHNOLOGIES
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	100,000.	0.			REPRODUCTIVE HEALTH
POPULATION SERVICES INTERNATIONAL (PSI) - 1120 19TH STREET, NW - WASHINGTON, DC 20036	56-0942853	501(C)(3)	144,594.	0.			MATERNAL & CHILD HEALTH

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

Schedule I-1 (Form 990) 2009

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)** Employer identification number **91-1157127**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRECISION PHOTONICS 3180 STERLING CIRCLE BOULDER, CO 80301	27-0023406	N/A	20,000.	0.			HEALTH TECHNOLOGIES
PROFECTUS BIOSCIENCES, INC. 6411 BECKLEY STREET BALTIMORE, MD 21224	02-0579416	N/A	144,323.	0.			VACCINES AND IMMUNIZATIONS
PUBLIC HEALTH INSTITUTE 555 12TH STREET OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	15,690.	0.			HEALTH TECHNOLOGIES
QUANSYS BIOSCIENCES, LLC 365 NORTH 600 WEST LOGAN, UT 84321	26-3457480	N/A	17,000.	0.			HEALTH TECHNOLOGIES
SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVENUE, SUITE 71 WASHINGTON, DC 20006	06-1389829	501(C)(3)	281,021.	0.			VACCINES AND IMMUNIZATIONS
SANARIA INC. 9800 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	56-2354362	N/A	6,522,768.	0.			VACCINES AND IMMUNIZATIONS
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE. N. - SEATTLE, WA 98109	91-0961784	501(C)(3)	3,074,781.	0.			VACCINES AND IMMUNIZATIONS
SOUTH AFRICA PARTNERS 89 SOUTH STREET BOSTON, MA 02111 2679	04-3396641	501(C)(3)	190,000.	0.			EMERGING AND EPIDEMIC DISEASES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

**Employer identification number**  
91-1157127

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFOMATICS INSTITUTE (PHII) - 326 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	143,751.	0.			MATERNAL & CHILD HEALTH
TASK FORCE FOR GLOBAL HEALTH, PUBLIC HEALTH INFOMATICS INSTITUTE (PHII) - 325 SWANTON WAY - DECATUR, GA 30030	58-1698648	501(C)(3)	15,000.	0.			VACCINES AND IMMUNIZATIONS
THE CARTER CENTER, INC. ONE COPENHILL ATLANTA, GA 30307	58-1454716	501(C)(3)	112,914.	0.			EMERGING AND EPIDEMIC DISEASES
THE MIRIAM HOSPITAL CTRS FOR BEHAVIORAL & PREV. MEDICI PROVIDENCE, RI 02903	05-0258905	501(C)(3)	19,123.	0.			HEALTH TECHNOLOGIES
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	134,063.	0.			HEALTH TECHNOLOGIES
TULANE UNIVERSITY TULANE SCHOOL OF PUBLIC HEALTH NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	67,122.	0.			MATERNAL & CHILD HEALTH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 50 BEALE STREET - SAN FRANCISCO, CA 94105	94-6036493	501(C)(3)	20,000.	0.			HEALTH TECHNOLOGIES
UNIVERSITY OF MARYLAND, BALTIMORE OFFICE OF RESEARCH AND DEVELOPMENT BALTIMORE, MD 21201	52-6002033	501(C)(3)	549,922.	0.			VACCINES AND IMMUNIZATIONS

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

Schedule I-1 (Form 990) 2009

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

**Employer identification number**  
**91-1157127**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 1100 NE 45TH STREET, SUITE 300 SEATTLE, WA 98105	91-6001537	501(C)(3)	200,266.	0.			HEALTH TECHNOLOGIES
VILLAGEREACH 601 NORTH 34TH STREET SEATTLE, WA 98103	91-2088484	501(C)(3)	30,000.	0.			HEALTH TECHNOLOGIES
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664528	GOVERNMENT	439,834.	0.			VACCINES AND IMMUNIZATIONS
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVENUE - SILVER SPRING, MD 10910-7500	52-0664529	GOVERNMENT	23,360.	0.			HEALTH TECHNOLOGIES
WEST PHARMACEUTICAL SERVICES, INC. 101 GORDON DRIVE LIONVILLE, PA 19341	23-1210010	N/A	32,970.	0.			HEALTH TECHNOLOGIES
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	2,883,502.	0.			EMERGING AND EPIDEMIC DISEASES



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-C047

**2009**

Open to Public Inspection

Name of the organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b	x	
2	x	
4a		x
4b		x
4c		x
5a		x
5b		x
6a		x
6b		x
7		x
8		x
9		

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

Schedule J (Form 990) 2009



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER J ELIAS	(i)	389,467.	117,147.	300.	29,972.	9,828.	546,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC G WALKER	(i)	213,171.	0.	225.	23,884.	9,718.	246,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AYORINDE AJAYI	(i)	231,710.	0.	10,000.	22,361.	5,754.	269,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN W BOSLEGO	(i)	292,343.	0.	292.	29,312.	8,953.	330,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KENT CAMPBELL	(i)	207,725.	0.	25,827.	23,126.	2,656.	259,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J FREE	(i)	201,454.	0.	0.	20,808.	9,203.	231,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANE HUTCHINGS	(i)	152,064.	0.	0.	17,737.	8,694.	178,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARLOW KEE	(i)	185,368.	0.	2,389.	22,244.	9,613.	219,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
F MARC LAFORCE	(i)	205,978.	0.	65,548.	22,652.	9,698.	303,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAN LASTER	(i)	194,530.	0.	0.	20,608.	9,698.	224,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTIAN GEORGES LOUCQ	(i)	266,479.	0.	2,536.	26,521.	9,828.	305,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT JACKSON	(i)	220,651.	0.	225.	26,478.	9,739.	257,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JACQUELINE D SHERRIS	(i)	231,710.	0.	150.	23,432.	3,257.	258,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHARINE TAYLOR	(i)	189,497.	0.	5,181.	16,625.	7,555.	218,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHARON THOMPSON	(i)	178,194.	0.	0.	20,374.	7,531.	206,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RIKKA TRANGSRUD	(i)	147,222.	0.	66,678.	17,174.	7,714.	238,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III

Supplemental Information

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

PART I, LINE 1A: HOUSING ALLOWANCE & TAX INDEMNIFICATION ARE ONLY PROVIDED  
TO THOSE INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES AND ALL BENEFIT PAYMENTS  
ARE MADE ACCORDING TO OUR EXPATRIATE POLICY.

**SCHEDULE J-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**  
**Open to Public**  
**Inspection**

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN**  
**HEALTH (PATH)**

Employer identification number  
**91 1157127**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN ROBERT WECKER	(i)	210,263.	0.	300.	25,232.	9,710.	245,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUAN FERRO	(i)	211,124.	0.	0.	22,168.	7,620.	240,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE ROBERTSON	(i)	206,879.	0.	0.	21,722.	9,701.	238,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD STEKETEE	(i)	182,509.	0.	141,924.	21,901.	146.	346,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN SKIBIAK	(i)	154,864.	0.	137,132.	18,065.	8,546.	318,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD WALKER	(i)	202,531.	0.	249.	23,884.	1,288.	227,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Department of the Treasury  
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▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Employer Identification number  
91-1157127

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2009

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)**

Employer identification number  
**91-1157127**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 .....				
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 .....	X	9	11,136,793.	COST OR SALES PRICE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( SHIRTS ) .....	X	1	5,505.	COST OR SALES PRICE
26 Other ► ( SUPPLIES ) .....	X	3	1,373.	COST OR SALES PRICE
27 Other ► ( COMPUTER EQUI ) .....	X	1	680.	COST OR SALES PRICE
28 Other ► ( ) .....				

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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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Schedule M (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number  
91-1157127

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CANDIDATE AMONG MORE THAN 6,000 AFRICAN CHILDREN. WE FURTHER DEVELOPED,  
TESTED, AND HELPED GAIN REGULATORY APPROVAL OF A VACCINE THAT MAY  
ELIMINATE EPIDEMIC MENINGITIS IN SUB-SAHARAN AFRICA, WHERE 450 MILLION  
PEOPLE ARE AT RISK. WE ALSO HELPED TO BRING LOW-COST VACCINATION  
AGAINST JAPANESE ENCEPHALITIS TO MILLIONS OF CHILDREN IN ASIA,  
INCLUDING 16 MILLION IN INDIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND OTHER HEALTH PROBLEMS. WE REACHED HUNDREDS OF THOUSANDS OF KENYANS  
WITH BEHAVIOR CHANGE INTERVENTIONS AND ENHANCED HEALTH SERVICES. WORK  
IN SOUTH AFRICA INCLUDED IMPROVING THE QUALITY, AVAILABILITY, AND USE  
OF SERVICES TO PREVENT MOTHER TO CHILD TRANSMISSION OF HIV. IN  
TANZANIA, WE HELPED TO TRAIN MORE THAN 2,000 HEALTH WORKERS IN TB AND  
TB-HIV INFECTION CONTROL AND IMPROVED SERVICES FOR MORE THAN 49,000  
PEOPLE WITH ONE OR BOTH DISEASES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UNINTENDED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS.

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

HEALTH TECHNOLOGIES:

PATH BRINGS APPROPRIATELY DESIGNED, AFFORDABLE, AND INNOVATIVE  
TECHNOLOGIES TO LOW-RESOURCE SETTINGS. OUR INTERVENTIONS HELP TO  
IMPROVE IMMUNIZATION, NUTRITION, DIAGNOSIS, CHILD SURVIVAL, AND

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN  
HEALTH (PATH)

Employer identification number

91-1157127

MATERNAL AND REPRODUCTIVE HEALTH.

IN 2009, OUR WORK INCLUDED DEVELOPING A NEW FORMULATION METHOD THAT

PROTECTS CRITICAL CHILDHOOD VACCINES FROM FREEZING, SOLVING A

LONGSTANDING PUBLIC HEALTH PROBLEM. PATH SUBSEQUENTLY PLACED THE

TECHNOLOGY IN THE PUBLIC DOMAIN AND TRANSFERRED IT TO THREE COMMERCIAL

VACCINE PRODUCERS. WE ALSO CONDUCTED STUDIES TO HELP BRING HOUSEHOLD

WATER TREATMENT AND STORAGE PRODUCTS TO THE WORLD'S POOREST CONSUMERS.

OTHER PROJECT TEAMS WORKED TO CREATE OR REFINE TECHNOLOGIES TO HELP

WOMEN PREVENT UNINTENDED PREGNANCY, KEEP WOMEN FROM DYING DURING

CHILDBIRTH, REDUCE DEATHS AMONG NEWBORNS, PREVENT MOTHER-TO-CHILD

TRANSMISSION OF HIV, IMPROVE DIAGNOSIS OF INFECTIOUS DISEASES, AND SOLVE

OTHER COMMON HEALTH PROBLEMS IN DEVELOPING COUNTRIES.

EXPENSES \$ 16704444. INCLUDING GRANTS OF \$ 2040275. REVENUE \$ 6800.

MATERNAL AND CHILD HEALTH:

PATH IMPROVES THE HEALTH OF WOMEN AND CHILDREN BY APPLYING PROMISING

APPROACHES TO ADDRESS THE LEADING CAUSES OF MATERNAL AND CHILD DEATH IN

LOW-INCOME COUNTRIES. OUR PROJECTS FOCUS ON SAFE BIRTH AND NEWBORN

CARE, NUTRITION, AND CONTROL OF DIARRHEAL DISEASE.

IN 2009, PATH WORKED IN A NUMBER OF DEVELOPING COUNTRIES TO PREVENT

POSTPARTUM HEMORRHAGE, THE LEADING CAUSE OF MATERNAL DEATH. OUR WORK

INCLUDED TRAINING HEALTH WORKERS IN ACTIVE MANAGEMENT OF THE THIRD

STAGE OF LABOR, A METHOD SHOWN TO PREVENT DEATHS, AND INTRODUCING NEW

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

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Name of the organization	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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TECHNOLOGIES TO PREVENT OR MANAGE BLEEDING. WE ALSO WORKED TO IMPROVE

NUTRITION AROUND THE WORLD, ESPECIALLY FOR PREGNANT WOMEN AND YOUNG

CHILDREN. THESE EFFORTS INCLUDED INTERVENTIONS TO CHANGE BEHAVIORS AS

WELL AS INTRODUCTION OF ULTRA RICE, A FORTIFIED GRAIN THAT PATH HAS

USED TO MEET NUTRITIONAL NEEDS OF LOW-INCOME POPULATIONS. IN INDIA,

MORE THAN 60,000 CHILDREN RECEIVED ULTRA RICE IN FREE SCHOOL LUNCHES.

PATH ALSO WORKED IN THE INDIAN STATES OF UTTAR PRADESH AND MAHARASHTRA

IN BROADER EFFORTS TO IMPROVE HEALTH FOR MILLIONS OF MOTHERS AND

INFANTS.

EXPENSES \$ 16539433. INCLUDING GRANTS OF \$ 4109643. REVENUE \$ 13374.

OTHER PROGRAMS

EXPENSES \$ 267089. INCLUDING GRANTS OF \$ 0. REVENUE \$ 200.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, CAMBODIA, CHINA, COTE D IVOIRE,

FRANCE, GHANA, INDIA, KENYA,

NICARAGUA, PERU, SENEGAL, SOUTH AFRICA,

TANZANIA, THAILAND, UKRAINE, UGANDA,

VIETNAM, ZAMBIA, ETHIOPIA

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY

ACCOUNTING SERVICES STAFF AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE

DRAFT FORM 990 IS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE

COMMENT PERIOD, THE PRESIDENT SIGNS THE RETURN.



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, PATH MANAGEMENT,

AND ALL STAFF ABOVE A DESIGNATED LEVEL IN THE ORGANIZATION MUST COMPLETE A

CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND

KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEES

WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S COMPENSATION COMMITTEE

ANNUALLY REVIEWS SALARY AND BENEFITS FOR KEY EMPLOYEE POSITIONS. ANY

PROPOSALS FOR CHANGES TO SALARY AND BENEFITS MUST BE APPROVED BY THE

COMMITTEE BEFORE CONSIDERATION FOR FINAL APPROVAL BY THE BOARD OF

DIRECTORS.

THE SALARY AND BENEFITS FOR PATH'S PRESIDENT AND CEO POSITION ARE REVIEWED

AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR AT THE MAY BOARD

MEETING.

PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK

EXECUTIVE COMPENSATION (PRESIDENT/CEO AND VICE PRESIDENTS). THE LAST MAJOR

REVIEW WAS COMPLETED IN 2008, WHEN PATH ENGAGED MERCER (A COMPENSATION,

BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND

PROPOSED BASE SALARIES OF PATH'S CEO AND VICE PRESIDENTS. MERCER USED DATA

FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES OF THE

CEO, VICE PRESIDENTS, AND OTHER KEY EMPLOYEES. THE BOARD'S COMPENSATION

COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE COMPENSATION PACKAGES

FOR THE VICE PRESIDENTS, WITH RATIFICATION BY THE BOARD. THE COMMITTEE ALSO

MADE A RECOMMENDATION TO THE BOARD FOR APPROVAL OF THE PRESIDENT'S

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

Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	Employer identification number 91-1157127
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COMPENSATION PACKAGE, WHICH THE BOARD SUBSEQUENTLY APPROVED. ADDITIONALLY,

MERCER REVIEWED THE PROPOSED TOTAL COMPENSATION FOR THE PRESIDENT AND CEO

POSITION AND OBTAINED A SIGNIFICANT NUMBER OF DATA POINTS TO ASCERTAIN ITS

REASONABLENESS AND APPROPRIATENESS. THE BOARD REVIEWED MERCER'S FINDINGS

AND APPROVED THE PRESIDENT AND CEO POSITION'S COMPENSATION AND BENEFIT

PACKAGE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, CA, CT, FL, IL, MA, MD, NJ, NY, NC, OH, OR, PA, TX, VA, VT, WA

FORM 990, PART VI, SECTION C, LINE 19: PATH MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
► **Attach to Form 990.** ► **See separate instructions.**

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**Inspection**

<b>Name of the organization</b>	PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)	<b>Employer identification number</b>	91-1157127
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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PATH VACCINE SOLUTIONS - 83-0431851 2201 WESTLAKE AVENUE SEATTLE, WA 98109	ADVANCE DEVELOPMENT OF VACCINES TO IMPROVE THE HEALTH OF CHILDREN	WASHINGTON	501(C)(3)	11A	
PACTEC, INC. - 91-1293588 2201 WESTLAKE AVENUE SEATTLE, WA 98109	A TITLE HOLDING ORGANIZATION	WASHINGTON	501(C)(2)		

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

Schedule R (Form 990) 2009

## Part III

Part IV

## Part IV

Part IV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]