

\*\* PUBLIC DISCLOSURE COPY \*\*

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

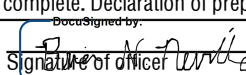
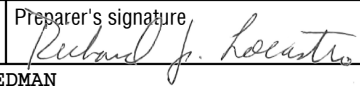
**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> PATH		<b>D Employer identification number</b> 91-1157127
	Doing business as		<b>E Telephone number</b> 206-285-3500
	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 province, country, and ZIP or foreign postal code SEATTLE, WA 98121		<b>G Gross receipts \$</b> 388,448,491.
<b>F Name and address of principal officer:</b> BRIAN NEVILLE SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.PATH.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1981
			<b>M State of legal domicile:</b> WA

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	787
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	547,406.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	347,844,394.	305,315,221.
	<b>9</b> Program service revenue (Part VIII, line 2g)	41,949.	1,500.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,168,657.	3,037,130.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,225,302.	980,560.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,280,302.	309,334,411.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,754,537.	62,762,146.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,040,867.	139,545,675.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,186,635.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	126,837,131.	110,458,648.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	329,632,535.	312,766,469.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,647,767.	-3,432,058.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 467,947,698.	<b>End of Year</b> 237,501,233.
	<b>21</b> Total liabilities (Part X, line 26)	50,797,492.	202,931,874.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	417,150,206.	34,569,359.

**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.

<b>Sign Here</b>	Signature of officer 	November 12, 2019			
	BRIAN NEVILLE, CHIEF OF ACCOUNTING Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature 	Date 11/12/19	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Phone no. (301) 951-9090		
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PATH'S MISSION IS TO ADVANCE HEALTH EQUITY THROUGH INNOVATION AND PARTNERSHIPS. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 128,263,294. including grants of \$ 15,311,912.) (Revenue \$ 1,500.) GLOBAL HEALTH PROGRAMS: PATH'S GLOBAL HEALTH PROGRAMS DIVISION BRINGS TOGETHER OUR SIGNIFICANT COUNTRY EXPERIENCE AND DEEP TECHNICAL EXPERTISE TO FACILITATE THE ORGANIZATION'S ABILITY TO ACHIEVE IMPACT THROUGH INNOVATIVE APPROACHES AND SOLUTIONS. THIS DIVISION MANAGES PATH'S PRESENCE IN COUNTRY OFFICES AND IS RESPONSIBLE FOR PATH'S SCIENTIFIC EXPERTISE IN MALARIA AND NEGLECTED TROPICAL DISEASES; HIV AND TUBERCULOSIS; MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION; SEXUAL AND REPRODUCTIVE HEALTH; NONCOMMUNICABLE DISEASES; HEALTH SYSTEMS INNOVATION AND DELIVERY; AND DIGITAL HEALTH SOLUTIONS. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 88,257,285. including grants of \$ 37,275,906.) (Revenue \$ ) ESSENTIAL MEDICINES: PATH'S ESSENTIAL MEDICINES DIVISION DEVELOPS AND DELIVERS LIFESAVING VACCINES AND DRUGS FOR WOMEN, CHILDREN, AND COMMUNITIES AROUND THE GLOBE. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 26,496,089. including grants of \$ 4,929,933.) (Revenue \$ ) TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION: PATH'S TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION DIVISION BEGAN THE YEAR AS TECHNOLOGY DEVELOPMENT AND INTRODUCTION (TDI). AS SUCH, IT WAS AN INTEGRATED GLOBAL PLATFORM FOR END-TO-END ADVANCEMENT OF HIGH-IMPACT DEVICES, TOOLS, DIAGNOSTICS, AND IN-COUNTRY "IMPACT LABS" THAT ADDRESS GLOBAL, REGIONAL, AND COUNTRY HEALTH NEEDS. IN JULY 2018, TDI GREW TO INCLUDE ADDITIONAL PROGRAMS-SUCH AS MARKET DYNAMICS, DIGITAL & DATA, AND MONITORING & EVALUATION-AND WAS RENAMED TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION (TAMI). (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 25,764,391. including grants of \$ 5,244,395.) (Revenue \$ )

4e Total program service expenses 268,781,059.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 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> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 787		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>	X	
<b>b</b>	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... N/A <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... N/A <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... N/A <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... N/A <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... N/A <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records BRIAN NEVILLE, CHIEF OF ACCOUNTING - 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**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID KING CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) FELIX OLALE VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) YEHONG ZHANG SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) BRUCE MCNAMER TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) DEAN ALLEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) PEGGY JOHNSON DIRECTOR (UNTIL 12/2018)	2.00 0.00	X						0.	0.	0.
(7) GARY LOCKE DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) JO ADDY DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) IREENA VITTAL DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) DEANNA OPPENHEIMER DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) JOEL HOLSINGER DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) JOHN-ARNE ROTTINGEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) HELENA WAYTH DIRECTOR (BEGAN 6/2018)	2.00 0.00	X						0.	0.	0.
(14) TSITSI MASIYIWA DIRECTOR (UNTIL 3/2018)	2.00 0.00	X						0.	0.	0.
(15) DENNIS SCHMATZ DIRECTOR (UNTIL 3/2018)	2.00 0.00	X						0.	0.	0.
(16) BETH GALETTI DIRECTOR (BEGAN 12/2018)	2.00 0.00	X						0.	0.	0.
(17) SANFORD MELZER DIRECTOR (BEGAN 12/2018)	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN B. DAVIS PRESIDENT AND CEO	38.00 2.00			X				665,877.	0.	62,780.
(19) OLIVIA D. POLIUS CHIEF FINANCIAL OFFICER	38.00 2.00			X				320,646.	0.	51,936.
(20) DANIEL LASTER COO AND GENERAL COUNSEL	38.00 2.00			X				310,669.	0.	41,544.
(21) DAVID C. KASLOW VP - PRODUCT DEVELOPMENT	38.00 2.00				X			379,045.	0.	65,678.
(22) AMIE E. BATSON CHIEF STRATEGY OFFICER	39.00 1.00				X			378,150.	0.	22,577.
(23) KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	40.00 0.00				X			345,013.	0.	26,620.
(24) DAVID W. FLEMING VP - PUBLIC HEALTH IMPACT	40.00 0.00				X			286,869.	0.	50,611.
(25) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	40.00 0.00				X			279,820.	0.	27,714.
(26) ERICA J. SESSLE CHIEF OF STAFF	40.00 0.00				X			214,378.	0.	34,734.
<b>1b Sub-total</b>								3,180,467.	0.	384,194.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,358,385.	0.	394,593.
<b>d Total (add lines 1b and 1c)</b>								5,538,852.	0.	778,787.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 340

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

(A) Name and business address	(B) Description of services	(C) Compensation
WIDENET CONSULTING GROUP, LLC 2910 1ST AVE S, #200, SEATTLE, WA 98134	CONSULTING	821,832.
RANDSTAD INDIA PVT. LTD., BLDG #9, STES. 001/002, JASOLA, NEW DELHI, INDIA 110025	STAFFING SERVICES	715,744.
WMBE PAYROLLING DBA TARGET CW 9475 CHESAPEAKE DRIVE, SAN DIEGO, CA 92123	GENERAL CONTRACTOR	564,411.
SLALOM, LLC 821 2ND AVE, SUITE 1900, SEATTLE, WA 98104	CONSULTING	488,798.
UNIFY CONSULTING LLC, 1518 1ST AVE. S., STE 201, SEATTLE, WA 98134	CONSULTING	471,870.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 51

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	23,547,825.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	112,897,926.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	168,869,470.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		259,914.				
	<b>h Total.</b> Add lines 1a-1f .....		305,315,221.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONSULTANCIES .....	<b>Business Code</b> 541900	1,500.	1,500.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			1,500.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,963,587.			2,963,587.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		78,640,623.	547,000.				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		78,565,632.	548,448.				
	<b>c</b> Gain or (loss) .....	74,991.	-1,448.				
	<b>d</b> Net gain or (loss) .....			73,543.		73,543.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER .....	900099		884,888.			884,888.	
<b>b</b> REIMBURSEMENTS .....	900099		95,672.			95,672.	
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			980,560.				
<b>12 Total revenue.</b> See instructions .....			309,334,411.	1,500.	0.	4,017,690.	

**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,575,733.	20,575,733.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	9,313.	9,313.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	42,177,100.	42,177,100.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,260,713.	309,550.	3,899,884.	51,279.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	102,073,963.	74,628,680.	26,015,749.	1,429,534.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	10,426,617.		10,426,617.	
<b>9</b> Other employee benefits .....	16,197,399.	1,718,558.	14,478,841.	
<b>10</b> Payroll taxes .....	6,586,983.	3,707.	6,583,276.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	394,432.	171,093.	223,097.	242.
<b>c</b> Accounting .....	331,915.	33,164.	298,751.	
<b>d</b> Lobbying .....	26,000.	12,000.	14,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	207,672.		207,672.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	20,027,156.	13,543,689.	6,447,874.	35,593.
<b>12</b> Advertising and promotion .....	165,753.	90,386.	7,269.	68,098.
<b>13</b> Office expenses .....	8,810,563.	7,390,713.	1,376,052.	43,798.
<b>14</b> Information technology .....	732,838.	219,457.	465,295.	48,086.
<b>15</b> Royalties .....	381,001.	202,061.	178,910.	30.
<b>16</b> Occupancy .....	12,048,542.	389,297.	11,659,245.	
<b>17</b> Travel .....	19,986,534.	18,565,722.	1,358,161.	62,651.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	8,333,110.	8,022,756.	269,979.	40,375.
<b>20</b> Interest .....	8,819.		8,819.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,974,173.	3,101.	2,971,072.	
<b>23</b> Insurance .....	725,361.	187,114.	538,247.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACTS .....	24,705,297.	23,525,529.	1,132,123.	47,645.
<b>b</b> EQUIP RENT & MAINT .....	3,443,347.	2,203,342.	1,236,793.	3,212.
<b>c</b> LEAVE & BENS ALLOC .....	0.	36,911,256.	-37,679,297.	768,041.
<b>d</b> FACILITIES ALLOC .....	0.	12,623,474.	-12,990,044.	366,570.
<b>e</b> All other expenses .....	7,156,135.	5,264,264.	1,670,390.	221,481.
<b>25</b> Total functional expenses. Add lines 1 through 24e	312,766,469.	268,781,059.	40,798,775.	3,186,635.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,035,980.	<b>1</b>	7,576,050.
	<b>2</b> Savings and temporary cash investments .....	3,493,254.	<b>2</b>	14,017,223.
	<b>3</b> Pledges and grants receivable, net .....	254,454,281.	<b>3</b>	35,571,476.
	<b>4</b> Accounts receivable, net .....	13,578,928.	<b>4</b>	10,652,789.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,753,758.	<b>9</b>	5,307,245.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 36,534,903.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,486,998.	11,878,205.	<b>10c</b> 11,047,905.
	<b>11</b> Investments - publicly traded securities .....	176,133,425.	<b>11</b>	153,328,545.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	619,867.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	467,947,698.	<b>16</b>	237,501,233.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	50,220,817.	<b>17</b>	202,736,996.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	576,675.	<b>23</b>	194,878.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	50,797,492.	<b>26</b>	202,931,874.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	25,292,293.	<b>27</b>	19,811,400.
	<b>28</b> Temporarily restricted net assets .....	388,460,737.	<b>28</b>	14,757,959.
	<b>29</b> Permanently restricted net assets .....	3,397,176.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	417,150,206.	<b>33</b>	34,569,359.	
<b>34</b> Total liabilities and net assets/fund balances .....	467,947,698.	<b>34</b>	237,501,233.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	309,334,411.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	312,766,469.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,432,058.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	417,150,206.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-393,146.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-378,755,643.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,569,359.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? _____	X	
<b>b</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 _____	X	

Form **990** (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	286,891,535.	243,499,792.	298,315,988.	347,844,394.	305,316,107.	1481867816.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	286,891,535.	243,499,792.	298,315,988.	347,844,394.	305,316,107.	1481867816.
<b>5</b> 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) .....						647,466,981.
<b>6 Public support.</b> Subtract line 5 from line 4.						834,400,835.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	286,891,535.	243,499,792.	298,315,988.	347,844,394.	305,316,107.	1481867816.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,370,599.	1,471,233.	1,797,794.	2,050,888.	2,963,587.	9,654,101.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	38,502.					38,502.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	763,131.	2,551,502.	4,668,393.	5,225,302.	980,560.	14,188,888.
<b>11 Total support.</b> Add lines 7 through 10						1505749307.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	250,697.
<b>13 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	55.41 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	59.12 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 146,743,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 69,946,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 18,108,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 20,062,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  PATH	Employer identification number  91-1157127
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	7,856.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	217,088.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	224,944.													
<b>d</b>	Other exempt purpose expenditures .....	311,815,894.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	312,040,838.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	156,961.	168,991.	294,096.	224,944.	844,992.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	14,461.	470.	127,336.	7,856.	150,123.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PATH Employer identification number 91-1157127

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 covering total number, aggregate value, and property control questions.

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

Form for Part II Conservation Easements, including checkboxes for preservation types and a table for lines 2a-2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2a, and 2b.

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

Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,056,545.	9,339,249.	8,897,224.	9,404,188.	9,016,994.
b Contributions	1,240.	3,410.	4,256.	2,665.	9,350.
c Net investment earnings, gains, and losses	-494,491.	1,159,282.	907,978.	-58,783.	768,184.
d Grants or scholarships					
e Other expenditures for facilities and programs	467,377.	445,396.	470,209.	450,846.	390,340.
f Administrative expenses					
g End of year balance	9,095,917.	10,056,545.	9,339,249.	8,897,224.	9,404,188.

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

- a Board designated or quasi-endowment  36.00 %
- b Permanent endowment  37.00 %
- c Temporarily restricted endowment  27.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,479,518.	13,086,483.	7,393,035.
d Equipment		10,835,427.	8,231,189.	2,604,238.
e Other		5,219,958.	4,169,326.	1,050,632.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,047,905.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

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



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization  PATH	Employer identification number  91-1157127
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	14,826.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	979.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		380,632.
EAST ASIA AND THE PACIFIC	4	89	MANAGEMENT & GENERAL		1,040,096.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	4,441,155.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	310,893.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	79,330.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OTHER	2,940.
<b>3 a Subtotal</b> .....	4	89			6,270,851.
<b>b Total from continuation sheets to Part I</b> .....	43	941			125,820,169.
<b>c Totals</b> (add lines 3a and 3b) .....	47	1030			132,091,020.

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

Schedule F (Form 990) 2018

**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	FUNDRAISING		68,916.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		4,746,774.
EUROPE	1	6	MANAGEMENT & GENERAL		20,005.
EUROPE	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	1,565,902.
EUROPE	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	4,020,990.
EUROPE	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	205,993.
EUROPE	0	0	PROGRAM SERVICES	OTHER	3,105.
EUROPE	0	0	FUNDRAISING		11,452.
EUROPE	0	0	GRANTMAKING		23,522,629.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	218.
<b>Totals</b> .....					

**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	MANAGEMENT & GENERAL		56,482.
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	121,949.
NORTH AMERICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	194,221.
NORTH AMERICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	44,284.
NORTH AMERICA	0	0	GRANTMAKING		733,350.
RUSSIA AND NEIGHBORING STATES	1	24	MANAGEMENT & GENERAL		295,153.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	2,753,844.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		1,133,768.
SOUTH AMERICA	1	3	MANAGEMENT & GENERAL		48,946.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	402,511.
<b>Totals</b> .....					

**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	PROGRAM SERVICES	ESSENTIAL MEDICINE	2,836.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	3,228.
SOUTH AMERICA	0	0	PROGRAM SERVICES	OTHER	34.
SOUTH AMERICA	0	0	GRANTMAKING		138,891.
SOUTH ASIA	4	91	MANAGEMENT & GENERAL		1,420,932.
SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	3,526,336.
SOUTH ASIA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	493,818.
SOUTH ASIA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	617,215.
SOUTH ASIA	0	0	PROGRAM SERVICES	OTHER	11,038.
SOUTH ASIA	0	0	GRANTMAKING		1,886,168.
<b>Totals</b> .....					

**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	36	817	MANAGEMENT & GENERAL		10,173,517.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	54,325,843.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESSENTIAL MEDICINE	1,037,175.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	1,003,695.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OTHER	1,581,091.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		12,972.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		9,634,888.
<b>Totals</b> .....	43	941			125,820,169.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	GLOBAL HEALTH PROGRAMS	150,305.	CHECK/WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	GLOBAL HEALTH PROGRAMS	230,327.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	5,056.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	5,855.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	6,014.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	6,316.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	6,683.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	7,428.	CHECK/WIRE	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 ..... **132**

**3** Enter total number of other organizations or entities ..... **50**

Schedule F (Form 990)

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	7,496.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	8,651.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	8,726.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	8,831.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	17,290.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	18,465.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	18,988.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	20,165.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	20,651.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	30,000.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	36,845.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS & ESSENTIAL MEDICINE	41,922.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	51,551.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	52,029.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	54,779.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	63,761.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	72,805.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	88,594.	CHECK/WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	100,267.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	124,235.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	174,483.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	210,000.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	GLOBAL HEALTH PROGRAMS	340,199.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	906,750.	CHECK/WIRE	0.		
		EAST ASIA & THE PACIFIC	ESSENTIAL MEDICINE	2,220,200.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS	5,487.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS	15,000.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL HEALTH PROGRAMS	20,000.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS	42,190.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	47,584.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS	91,299.	CHECK/WIRE	0.		
		EUROPE	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	95,018.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	100,000.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	110,493.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS	125,000.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	184,850.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	258,278.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	260,000.	CHECK/WIRE	0.		
		EUROPE	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	330,632.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	331,139.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS & TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	350,000.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS & ESSENTIAL MEDICINE	672,105.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	858,186.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	1,127,499.	CHECK/WIRE	0.		
		EUROPE	ESSENTIAL MEDICINE	1,636,289.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	ESSENTIAL MEDICINE	13,537,059.	CHECK/WIRE	0.		
		EUROPE	GLOBAL HEALTH PROGRAMS, ESSENTIAL MEDICINE, TECHNOLOGY, ANALYTICS AND MARKET	3,321,058.	CHECK/WIRE	0.		
		NORTH AMERICA	ESSENTIAL MEDICINE	38,669.	CHECK/WIRE	0.		
		NORTH AMERICA	ESSENTIAL MEDICINE	133,260.	CHECK/WIRE	0.		
		NORTH AMERICA	ESSENTIAL MEDICINE	561,421.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	15,822.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	17,708.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	17,925.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	21,417.	CHECK/WIRE	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)
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	23,824.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	28,182.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	30,506.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	33,192.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	36,049.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	39,440.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	40,919.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	44,199.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	55,632.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	72,476.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	89,186.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	114,306.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	115,520.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	148,673.	CHECK/WIRE	0.		
		RUSSIA & NEIGHBORING STATES	GLOBAL HEALTH PROGRAMS	188,791.	CHECK/WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH PROGRAMS	20,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	32,890.	CHECK/WIRE	0.		
		SOUTH AMERICA	GLOBAL HEALTH PROGRAMS	86,001.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	5,524.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE	10,449.	CHECK/WIRE	0.		
		SOUTH ASIA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	15,000.	CHECK/WIRE	0.		
		SOUTH ASIA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	23,210.	CHECK/WIRE	0.		
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	40,450.	CHECK/WIRE	0.		
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	54,148.	CHECK/WIRE	0.		
		SOUTH ASIA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	70,000.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE & TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	76,827.	CHECK/WIRE	0.		
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	85,762.	CHECK/WIRE	0.		

Schedule F (Form 990)

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	189,652.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE	300,000.	CHECK/WIRE	0.		
		SOUTH ASIA	ESSENTIAL MEDICINE	461,944.	CHECK/WIRE	0.		
		SOUTH ASIA	GLOBAL HEALTH PROGRAMS	553,203.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	6,044.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	6,663.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	6,731.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	7,853.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	10,474.	CHECK/WIRE	0.		



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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	10,577.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	10,653.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	10,742.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	11,068.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	11,364.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	12,207.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	12,240.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	12,567.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	12,698.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	12,773.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	13,336.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	13,567.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	13,740.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	13,937.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	14,232.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,345.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,403.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,423.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,444.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,548.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,596.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,786.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,828.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,913.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	14,941.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	15,024.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	15,232.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	15,475.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	15,706.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	17,894.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	19,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	20,424.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	20,918.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	21,623.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	21,769.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	22,301.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	23,061.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	23,327.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	24,586.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	24,953.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	25,222.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	27,010.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	27,314.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	27,323.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	28,097.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	28,185.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	28,842.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	29,409.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	29,615.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	30,553.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	33,176.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	37,570.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	37,612.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	38,771.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	39,283.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	42,015.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	42,522.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	42,821.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	45,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	45,005.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNOLOGY, ANALYTICS AND MARKET INNOVATION	49,896.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	50,367.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	51,041.	CHECK/WIRE	0.		

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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	51,721.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	53,203.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	53,323.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	61,616.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	70,705.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS & ESSENTIAL MEDICINE	86,825.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	90,313.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	92,565.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	94,051.	CHECK/WIRE	0.		



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<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	94,299.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	109,395.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	116,943.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	136,668.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	143,568.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	154,101.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	199,361.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	289,929.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	328,475.	CHECK/WIRE	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	ESSENTIAL MEDICINE	372,808.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	386,133.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH PROGRAMS	1,520,852.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	ESSENTIAL MEDICINE	3,632,614.	CHECK/WIRE	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE TO GUIDE THE WAY

OUR PROJECT TEAMS MONITOR SUBRECIPIENTS. THIS INCLUDES BOTH FINANCIAL AND

TECHNICAL MONITORING.

PATH USES RISK ASSESSMENTS, REPORTING, SITE VISITS, REGULAR CONTACT, AND

OTHER MEANS TO PROVIDE THE MONITORING REQUIRED BY FUNDERS AND TO ENSURE

GOOD PROJECT STEWARDSHIP. THESE ACTIVITIES ALSO PROVIDE RESPONSIBLE

ASSURANCE THAT THE SUBRECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH

LAWS, REGULATIONS, AND PRIME AWARD TERMS AND ACHIEVES PERFORMANCE GOALS.

PATH HAS ESTABLISHED COMPREHENSIVE POLICIES AND PROCEDURES TO PROMOTE

BEST BUSINESS PRACTICES AND ENSURE EFFICIENT AND EFFECTIVE INTERNAL

CONTROL. THESE ARE COMBINED WITH AN INTERNAL AUDIT FUNCTION THROUGH WHICH

PATH CONDUCTS AUDITS ON GRANT-FUNDED PROGRAMS TO ENSURE COMPLIANCE WITH

REGULATORY REQUIREMENTS.

**PART II, COLUMN (D):**

REGION: EUROPE

(D) PURPOSE OF GRANT: GLOBAL HEALTH PROGRAMS, ESSENTIAL MEDICINE,

TECHNOLOGY, ANALYTICS AND MARKET INNOVATION, AND OTHER

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization PATH Employer identification number 91-1157127

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

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

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

<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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
GLOBAL HEALTH CORPS 318 WEST 39TH STREET, ROOM 9L NEW YORK, NY 10018	80-0512336	501(C)(3)	6,456.	0.			GLOBAL HEALTH PROGRAMS
MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DRIVE, SUITE 320 MEDFORD, MA 02155	04-2482188	501(C)(3)	9,967.	0.			GLOBAL HEALTH PROGRAMS
VAYU, INC. 847 WILLOW RUN AIRPORT DR. YPSILANTI, MI 48198	46-5737909	N/A	10,000.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
JHPIEGO 1615 THAMES STREET, SUITE 200 BALTIMORE, MD 21231-3447	23-7424444	501(C)(3)	15,000.	0.			GLOBAL HEALTH PROGRAMS
TECHCHANGE, INC. 2001 13TH ST. NW 2ND FLOOR WASHINGTON, DC 20009	27-3358772	N/A	16,500.	0.			GLOBAL HEALTH PROGRAMS
UNIVERSITY OF MIAMI MED. CAMPUS, PO BOX 016960 (M-859) MIAMI, FL 33101	59-0624458	501(C)(3)	17,108.	0.			ESSENTIAL MEDICINE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 51.

**3** Enter total number of other organizations listed in the line 1 table ▶ 12.

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

Schedule I (Form 990) (2018)

**Part II** 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 MASSACHUSETTS MEDICAL SCHOOL, 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	GOV	20,000.	0.			ESSENTIAL MEDICINE
BENEVOLENT HEALTHCARE FOUNDATION D.B.A. PROJECT C.U.R.E - 10377 E. GEDDES AVENUE, SUITE 200 - CENTENNIAL, CO 80112	84-1568566	501(C)(3)	28,597.	0.			GLOBAL HEALTH PROGRAMS
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DRIVE AUGUSTA, ME 04330	01-6022787	501(C)(3)	28,973.	0.			GLOBAL HEALTH PROGRAMS
ROSTROPOVICH-VISHNEVSKAYA FOUNDATION - 1776 K STREET NW, SUITE 700 - WASHINGTON, DC 20006	52-1752473	501(C)(3)	29,244.	0.			ESSENTIAL MEDICINE
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE, ALN 147 TAMPA, FL 33620	59-3102112	GOV	29,628.	0.			ESSENTIAL MEDICINE
AMREF HEALTH AFRICA, INC. 4 WEST 43RD STREET, 2ND FLOOR NEW YORK, NY 10036	13-1867411	501(C)(3)	33,772.	0.			GLOBAL HEALTH PROGRAMS
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371, M/S RC-507 SEATTLE, WA 98145-5005	91-0564748	501(C)(3)	39,739.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
THE WILLIAM DAVIDSON INST. AT THE UNIV. OF MICHIGAN (WDI) - 724 E. UNIVERSITY AVE, WYLY HALL, FIRST FLOOR - ANN ARBOR, MI 48109	38-3048086	501(C)(3)	42,923.	0.			GLOBAL HEALTH PROGRAMS
PARSYL INC. 3963 WALNUT STREET, STE. 200 DENVER, CO 80205	81-4027966	N/A	46,400.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

Schedule I (Form 990)

**Part II** 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
CARDNO EMERGING MARKETS 2107 WILSON BLVD. STE 800 ARLINGTON, VA 22201	52-1788060	N/A	57,894.	0.			GLOBAL HEALTH PROGRAMS
POPULATION SERVICES INT'L INC. 1120 19TH ST NW, STE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	59,381.	0.			GLOBAL HEALTH PROGRAMS
GHP SOLUTIONS, LLC 220 EAST 42ND STREET, SUITE #710 NEW YORK, NY 10017	06-1652595	N/A	61,474.	0.			GLOBAL HEALTH PROGRAMS
SOLAR ELECTRIC LIGHT FUND 1612 K STREET, NW, SUITE 300 WASHINGTON, DC 20006	52-1701564	501(C)(3)	66,402.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
PAN AMERICAN HEALTH ORGANIZATION 525 23RD STREET NW WASHINGTON, DC 20037	23-7072046	501(C)(3)	67,799.	0.			GLOBAL HEALTH PROGRAMS
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	501(C)(3)	69,971.	0.			ESSENTIAL MEDICINE
THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE STOP K5300 AUSTIN, TX 78712	74-6000203	GOV	80,000.	0.			ESSENTIAL MEDICINE
OPENMRS INC. 10425 COMMERCE DR, STE 110 CARMEL, IN 46032-7643	45-5316647	501(C)(3)	88,500.	0.			GLOBAL HEALTH PROGRAMS
HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC. - 6720-A ROCKLEDGE DRIVE, STE. 100 - BETHESDA, MD	52-1317896	501(C)(3)	89,999.	0.			ESSENTIAL MEDICINE

Schedule I (Form 990)



**Part II** 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
BASIC HEALTH INTERNATIONAL INC 25 BROADWAY, 10TH FLOOR NEW YORK, NY 10004	20-3408717	501(C)(3)	93,074.	0.			GLOBAL HEALTH PROGRAMS
THE ALBERT B. SABIN VACCINE INSTITUTE INC. - 2175 K STREET NW SUITE #400 - WASHINGTON, DC 20037	06-1389829	501(C)(3)	100,000.	0.			ESSENTIAL MEDICINE
FOOD AND DRUG ADMINISTRATION 5600 FISHERS LN, HFA-140, RM 11-40 ROCKVILLE, MD 20857	53-0196965	GOV	110,500.	0.			ESSENTIAL MEDICINE
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVENUE NE SEATTLE, WA 98105	94-3047981	501(C)(3)	118,329.	0.			GLOBAL HEALTH PROGRAMS
QUALIS HEALTH 10700 MERIDIAN AVE N, SUITE 100 SEATTLE, WA 98133	91-1072875	501(C)(3)	127,144.	0.			GLOBAL HEALTH PROGRAMS
KYBELE, INC. 3524 YADKINVILLE ROAD, #124 WINSTON-SALEM, NC 27106	90-0759003	501(C)(3)	133,219.	0.			GLOBAL HEALTH PROGRAMS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	140,000.	0.			ESSENTIAL MEDICINE
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE, 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501(C)(3)	141,493.	0.			ESSENTIAL MEDICINE
ACESO GLOBAL 1400 16TH STREET NW, SUITE 430 WASHINGTON, DC 20036	47-4215911	501(C)(3)	145,548.	0.			GLOBAL HEALTH PROGRAMS

Schedule I (Form 990)

**Part II** 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
HJF MEDICAL RESEARCH INTERNATIONAL INC. - 6720A ROCKLEDGE DRIVE, SUITE 100 - BETHESDA, MD 20817	52-2322791	501(C)(3)	136,117.	0.			GLOBAL HEALTH PROGRAMS
HEIFER INTERNATIONAL DC 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	158,702.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
MASSACHUSETTS GENERAL HOSPITAL E.D, ZERO EMERSON PL #104 BOSTON, MA 02114	04-1564655	501(C)(3)	175,000.	0.			ESSENTIAL MEDICINE
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - AIDS FOUNDATION, 1140 CONNECTICUT AVE NW #200 - WASHINGTON, DC 20036	95-4191698	501(C)(3)	223,762.	0.			GLOBAL HEALTH PROGRAMS
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - INSTITUTE, 307 WESTLAKE AVE. N, SUITE 500 - SEATTLE, WA 98109-5219	91-0961784	501(C)(3)	226,438.	0.			ESSENTIAL MEDICINE
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE., 2ND FLOOR CAMBRIDGE, MA 02115	04-2103580	501(C)(3)	233,379.	0.			GLOBAL HEALTH PROGRAMS & ESSENTIAL MEDICINE
TULANE UNIVERSITY 6823 ST. CHARLES AVE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	235,475.	0.			GLOBAL HEALTH PROGRAMS
THE STATE UNIVERSITY OF NEW ANORK 35 STATE STREET ALBANY, NY 12207-2826	14-1368361	501(C)(3)	292,383.	0.			ESSENTIAL MEDICINE
BRIGHAM & WOMEN'S HOSPITAL, INC. 651 HUNTINGTON AVE., FXB BUILDING BOSTON, MA 02115	04-2312909	501(C)(3)	302,658.	0.			GLOBAL HEALTH PROGRAMS

Schedule I (Form 990)

**Part II** 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
CASCADE DESIGNS, INC. 4000 1ST AVE SOUTH SEATTLE, WA 98134	91-0969695	N/A	315,000.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
FINA BIOSOLUTIONS, LLC 9430 KEY WEST AVE., SUITE 200 ROCKVILLE, MD 20850	20-5448275	N/A	321,231.	0.			ESSENTIAL MEDICINE
HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE BOSTON, MA 02215	04-2103580	501(C)(3)	374,803.	0.			ESSENTIAL MEDICINE
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	397,629.	0.			ESSENTIAL MEDICINE
INITIATIVES INC. 264 BEACON STREET BOSTON, MA 02116	04-2961350	N/A	399,082.	0.			GLOBAL HEALTH PROGRAMS
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVE, ML 6014 - CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	415,954.	0.			ESSENTIAL MEDICINE
U.S. NAVAL MEDICAL RESEARCH UNIT NO. 3 (NAMRU-3), 503 ROBERT GRANT AVE. BLDG.500 - SILVER SPRING, MD 209	47-0100048	GOV	434,441.	0.			ESSENTIAL MEDICINE
RESULTS FOR DEVELOPMENT INSTITUTE, INC. - 1100 15TH STREET NW, SUITE 400 - WASHINGTON, DC 20005	20-8530747	501(C)(3)	452,200.	0.			GLOBAL HEALTH PROGRAMS
EHEALTH AFRICA 1200 G ST. NW SUITE 800 WASHINGTON, DC 20005	81-4503438	501(C)(3)	482,335.	0.			GLOBAL HEALTH PROGRAMS

Schedule I (Form 990)

**Part II** 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
POPULATION COUNCIL ONE DAG HAMMERKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	535,709.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
INTRAHEALTH INTERNATIONAL, INC 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	574,134.	0.			GLOBAL HEALTH PROGRAMS
SYSTMAPP INC. 2000 TOWN CENTER, SUITE 300 SOUTHFIELD, MI 48075	81-2936844	N/A	600,000.	0.			GLOBAL HEALTH PROGRAMS
VILLAGEREACH 2900 EASTLAKE AVE E, SUITE 230 SEATTLE, WA 98102-3012	91-2088484	501(C)(3)	687,045.	0.			GLOBAL HEALTH PROGRAMS
THE SCRIPPS RESEARCH INSTITUTE 10550 N. TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	756,375.	0.			ESSENTIAL MEDICINE
INVENTPRISE LLC 18133 NE 68TH STREET, SUITE D 150 REDMOND, WA 98052	45-4927373	N/A	789,523.	0.			ESSENTIAL MEDICINE
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHL OF PUB. HLTH, 615 N. WOLFE STREET - BALTIMORE, MD 21205	52-0595110	501(C)(3)	831,856.	0.			GLOBAL HEALTH PROGRAMS & ESSENTIAL MEDICINE
UNIVERSITY OF WASHINGTON GRANT & CONTRACT ACCOUNTING, 12455 COLLECTIONS DRIVE - CHICAGO, IL 60693	91-6001537	501(C)(3)	1,225,899.	0.			GLOBAL HEALTH PROGRAMS, ESSENTIAL MEDICINE, & TECHNOLOGY, ANALYTICS AND MARKET INNOVATION
BECTON DICKINSON & COMPANY ONE BECTON DRIVE FRANKLIN LAKES, NJ 07417		N/A	1,386,791.	0.			TECHNOLOGY, ANALYTICS AND MARKET INNOVATION

Schedule I (Form 990)

**Part II** 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
NAT'L INST. OF ALLERGY & INFECTIOUS DISEASES - 6610 ROCKLEDGE DR, ROOM 2800 - BETHESDA, MD 20892-6606	52-0858115	GOV	1,387,280.	0.			ESSENTIAL MEDICINE
JSI RESEARCH AND TRAINING INSTITUTE, INC. - 1616 NORTH FORT MYER DR, 16TH FLOOR - ARLINGTON, VA 22209-3100	04-2679824	N/A	1,390,705.	0.			GLOBAL HEALTH PROGRAMS
WALTER REED ARMY INSTITUTE OF RESEARCH - US TREASURY, 503 ROBERT GRANT AVE. - SILVER SPRING, MD 20910	52-0664528	GOV	2,994,916.	0.			ESSENTIAL MEDICINE
YALE UNIVERSITY GRANT AND CONTRACT FINANCIAL ADMIN, PO BOX 1873 - NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	-182,082.	0.			ESSENTIAL MEDICINE
WORLD VISION P.O. BOX 9716, DPT.W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	-86,473.	0.			GLOBAL HEALTH PROGRAMS
HELEN KELLER INTERNATIONAL, INC. 352 PARK AVENUE SOUTH, FLOOR 12 NEW YORK, NY 10010	13-5562162	501(C)(3)	-18,449.	0.			GLOBAL HEALTH PROGRAMS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANT	1	9,313.	0.		

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

PART I, LINE 2:

PATH HAS A SUBRECIPIENT POLICY AND PROCEDURES IN PLACE TO GUIDE THE WAY OUR

PROJECT TEAMS MONITOR SUBRECIPIENTS. THIS INCLUDES BOTH FINANCIAL AND

TECHNICAL MONITORING.

PATH USES RISK ASSESSMENTS, REPORTING, SITE VISITS, REGULAR CONTACT, AND

OTHER MEANS TO PROVIDE THE MONITORING REQUIRED BY FUNDERS AND TO ENSURE

GOOD PROJECT STEWARDSHIP. THESE ACTIVITIES ALSO PROVIDE RESPONSIBLE

ASSURANCE THAT THE SUBRECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH LAWS,

**Part IV Supplemental Information**

REGULATIONS, AND PRIME AWARD TERMS AND ACHIEVES PERFORMANCE GOALS. PATH HAS

ESTABLISHED COMPREHENSIVE POLICIES AND PROCEDURES TO PROMOTE BEST BUSINESS

PRACTICES AND ENSURE EFFICIENT AND EFFECTIVE INTERNAL CONTROL. THESE ARE

COMBINED WITH AN INTERNAL AUDIT FUNCTION THROUGH WHICH PATH CONDUCTS AUDITS

ON GRANT-FUNDED PROGRAMS TO ENSURE COMPLIANCE WITH REGULATORY REQUIREMENTS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN B. DAVIS PRESIDENT AND CEO	(i)	512,010.	152,067.	1,800.	32,200.	30,580.	728,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) OLIVIA D. POLIUS CHIEF FINANCIAL OFFICER	(i)	318,546.	0.	2,100.	32,400.	19,536.	372,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL LASTER COO AND GENERAL COUNSEL	(i)	308,869.	0.	1,800.	32,400.	9,144.	352,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID C. KASLOW VP - PRODUCT DEVELOPMENT	(i)	377,245.	0.	1,800.	32,400.	33,278.	444,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMIE E. BATSON CHIEF STRATEGY OFFICER	(i)	194,527.	0.	183,623.	21,347.	1,230.	400,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHY CAHILL VP - INTERNATIONAL DEVELOPMENT	(i)	195,454.	0.	149,559.	23,454.	3,166.	371,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID W. FLEMING VP - PUBLIC HEALTH IMPACT	(i)	286,869.	0.	0.	32,400.	18,211.	337,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHRYN A. O'DRISCOLL CHIEF HUMAN RESOURCES OFFICER	(i)	152,146.	0.	127,674.	18,452.	9,262.	307,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERICA J. SESSLE CHIEF OF STAFF	(i)	212,878.	0.	1,500.	23,510.	11,224.	249,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PRAVEEN RAJA VP - TECH. DEV. & INNOVATION	(i)	332,163.	0.	840.	20,239.	11,173.	364,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELAINE L. GIBBONS VP - GLOBAL ENGAGEMENT	(i)	264,986.	0.	840.	32,400.	33,413.	331,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEFFREY D. BERSON ASSOCIATE DIRECTOR II	(i)	170,197.	0.	261,254.	24,555.	57,549.	513,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES B. MCKENNA ASSOCIATE DIRECTOR II	(i)	141,788.	0.	254,520.	21,650.	53,582.	471,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) TRAD M. HATTON CHIEF OF PARTY	(i)	134,488.	0.	186,718.	17,173.	31,611.	369,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BRUCE LAMONT INNIS GLOBAL DISEASE AREA HEAD	(i)	310,536.	0.	840.	27,312.	-667.	338,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JOHN O. KONZ GLOBAL INT. PORT/FIN MGMT. CVIA HEAD	(i)	298,375.	0.	840.	32,400.	32,203.	363,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part III Supplemental Information**

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

PART I, LINE 1A:

HOUSING ALLOWANCES & TAX INDEMNIFICATIONS ARE ONLY PROVIDED TO THOSE

INDIVIDUALS WHO ARE EXPATRIATE EMPLOYEES. ALL BENEFIT PAYMENTS ARE MADE

ACCORDING TO OUR EXPATRIATE POLICY.

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

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

ANNUAL SALARY ADJUSTMENT EACH JANUARY BASED ON THE OVERALL LABOR MARKET

MOVEMENT.

PART I, LINE 4A:

THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS IN 2018:

- KATHRYN A. O'DRISCOLL \$126,624

- AMIE BATSON \$162,501

- KATHY CAHILL \$143,503

PART I, LINE 7:

BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  PATH	Employer identification number  91-1157127
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Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	19	242,558.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SUPPLIES ) .....	X	3	17,356.	COST
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....	<b>29</b>	0
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	<b>30a</b>		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>32a</b>		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PATH

Employer identification number

91-1157127

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PATH IS A GLOBAL ORGANIZATION THAT WORKS TO ACCELERATE HEALTH EQUITY BY

BRINGING TOGETHER PUBLIC INSTITUTIONS, BUSINESSES, SOCIAL ENTERPRISES,

AND INVESTORS TO SOLVE THE WORLD'S MOST PRESSING HEALTH CHALLENGES.

WITH EXPERTISE IN SCIENCE, HEALTH, ECONOMICS, TECHNOLOGY, ADVOCACY, AND

DOZENS OF OTHER SPECIALTIES, PATH DEVELOPS AND SCALES

SOLUTIONS-INCLUDING VACCINES, DRUGS, DEVICES, DIAGNOSTICS, AND

INNOVATIVE APPROACHES TO STRENGTHENING HEALTH SYSTEMS WORLDWIDE.

SINCE 2011, PATH AND OUR PARTNERS AND SUPPORTERS HAVE REACHED AN

AVERAGE OF MORE THAN 150 MILLION PEOPLE EACH YEAR WITH LIFESAVING

HEALTH SOLUTIONS.

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

MALARIA AND NEGLECTED TROPICAL DISEASES

PATH PARTNERS WITH GOVERNMENTS, THE PRIVATE SECTOR, AND FUNDERS ACROSS

THE GLOBE TO BRING THE WORLD CLOSER TO MALARIA ERADICATION. MORE THAN

200 PATH STAFF MEMBERS WORK ON MALARIA IN MORE THAN 30 COUNTRIES. OUR

STRATEGY INCLUDES OPTIMIZING THE DELIVERY OF CURRENT TOOLS AND

APPROACHES TO ENSURE THEY REACH THE PEOPLE WHO NEED THEM, DEVELOPING

NEW STRATEGIES FOR ELIMINATION, DEVELOPING NEXT-GENERATION TOOLS TO

OVERCOME EMERGING CHALLENGES, AND CREATING INNOVATIVE PARTNERSHIPS AND

FUNDING MODELS TO ENSURE THAT OUR PROGRAMS ARE SUSTAINABLE AND

EFFECTIVE. APPROACHES PIONEERED BY PATH HAVE CONTRIBUTED TO REMARKABLE

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

Schedule O (Form 990 or 990-EZ) (2018)

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PROGRESS TOWARD CONTROLLING AND ELIMINATING MALARIA, WITH NEARLY 7  
MILLION LIVES SAVED SINCE 2000.

IN 2018, OUR MALARIA CONTROL AND ELIMINATION PARTNERSHIP IN AFRICA  
(MACEPA) PROGRAM CONTINUED TO SUPPORT THE GOVERNMENTS OF ETHIOPIA,  
SENEGAL, AND ZAMBIA AS THEY STRIVE TO ACHIEVE THEIR MALARIA ELIMINATION  
GOALS. WE HELPED BY SCALING UP PREVENTION AND TREATMENT, EVALUATING  
SENSITIVE DIAGNOSTIC TOOLS, ESTABLISHING RAPID REPORTING SYSTEMS, AND  
SUPPORTING POPULATION-WIDE, DRUG-BASED STRATEGIES, SUCH AS MASS DRUG  
ADMINISTRATION.

THROUGH OUR PROGRAM FOR THE ADVANCEMENT OF MALARIA OUTCOMES, PATH  
ASSISTED THE GOVERNMENT OF ZAMBIA IN REACHING ITS GOALS FOR ELIMINATING  
LOCAL MALARIA INFECTION AND DISEASE. THIS WORK FOCUSED ON BEDNETS,  
MALARIA IN PREGNANCY, SOCIAL BEHAVIOR CHANGE, CASE MANAGEMENT,  
SURVEILLANCE, AND MONITORING & EVALUATION. THE PROGRAM'S GEOGRAPHIC  
FOCUS IS ON PROVINCES WITH THE HIGHEST MALARIA PREVALENCE AMONG  
CHILDREN.

PATH ALSO WORKED TO IMPROVE DATA FOR MALARIA CONTROL DECISION-MAKING  
AND SURVEILLANCE. IN ZAMBIA, FOR EXAMPLE, THE VISUALIZE NO MALARIA  
PROJECT-A GROUNDBREAKING PARTNERSHIP WITH A SEATTLE-BASED SOFTWARE  
COMPANY AND A COALITION OF OTHER TECHNOLOGY COMPANIES-CONTINUED TO  
EXPAND. THIS PROJECT EQUIPS HEALTH WORKERS AND OFFICIALS WITH REAL-TIME  
DATA VISUALIZATION TOOLS TO SEE WHERE MALARIA IS APPEARING SO THEY CAN  
DEPLOY RESOURCES TO HALT ITS SPREAD. IN WESTERN KENYA, PATH ASSESSED  
THE POTENTIAL CONTRIBUTION OF MALARIA TESTING DATA FROM PREGNANT WOMEN  
ATTENDING ANTENATAL CLINICS AS A MEANS TO BOLSTER SURVEILLANCE.

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IN 2018, PATH ALSO WORKED WITH THE WORLD HEALTH ORGANIZATION (WHO) AND OTHER PARTNERS TO PREPARE FOR PILOT IMPLEMENTATION OF THE RTS,S MALARIA VACCINE IN SELECTED AREAS OF GHANA, KENYA, AND MALAWI. VACCINATIONS ARE DUE TO BEGIN IN 2019.

PATH CONTINUED TO DEVELOP AND EVALUATE NEW VECTOR-CONTROL TOOLS SUCH AS NEXT-GENERATION INDOOR RESIDUAL SPRAYING (IN PARTNERSHIP WITH THE INNOVATIVE VECTOR CONTROL CONSORTIUM, THE US PRESIDENT'S MALARIA INITIATIVE, ABT ASSOCIATES, AND THE GLOBAL FUND). THIS WORK IS GENERATING EVIDENCE TO SUPPORT TIMELY DECISION-MAKING AROUND THE ADOPTION OF NEW INSECTICIDES THAT ARE EFFECTIVE AGAINST PYRETHROID-RESISTANT MOSQUITOES. PATH ALSO LED EVALUATION AND DATA-FOR-DECISION-MAKING ACTIVITIES UNDER VECTORLINK, THE US AGENCY FOR INTERNATIONAL DEVELOPMENT'S (USAID'S) FLAGSHIP VECTOR-CONTROL PARTNERSHIP. IN ADDITION, WE DIRECTED EVIDENCE-GENERATION ACTIVITIES UNDER THE NEW NETS PROJECT, FUNDED BY UNITAID AND THE GLOBAL FUND, TO HELP SCALE UP ACCESS TO AND USE OF NEW LONG-LASTING INSECTICIDE-TREATED NETS.

TO ADDRESS THE TWIN THREATS OF INSECTICIDE RESISTANCE AND OUTDOOR BITING BY MOSQUITOES, PATH CONTINUED THE DEVELOPMENT AND EVALUATION OF ATTRACTIVE TARGETED SUGAR BAITS, WHICH PRESENT A SUGAR MEAL FOR MOSQUITOES THAT IS LACED WITH AN INSECTICIDE. PATH ALSO SUPPORTED THE DEVELOPMENT OF A NEW, HIGHLY SENSITIVE RAPID DIAGNOSTIC TEST THAT OFFERS A GREATER THAN TENFOLD IMPROVEMENT IN DETECTION OF THE MOST COMMON MALARIA PARASITE. FINALLY, WE ADVANCED WORK ON A POINT-OF-CARE DIAGNOSTIC TEST FOR GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY, A

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CONDITION THAT CAN COMPLICATE MALARIA TREATMENT.

IN PATH'S EFFORTS TO FIGHT NEGLECTED TROPICAL DISEASES, OUR WORK INCLUDES DEFINING PRODUCT NEEDS; DEVELOPING TARGET PRODUCT PROFILES; ENGAGING WITH STAKEHOLDERS; CONDUCTING LABORATORY AND FIELD TESTS AND EVALUATIONS; TRANSFERRING TECHNOLOGY AND SECURING MANUFACTURING, DEVELOPMENT, AND COMMERCIALIZATION AGREEMENTS; COMMERCIALIZING PRODUCTS AND COLLATERAL; AND SUPPORTING PRODUCT LAUNCH. MUCH OF THIS WORK IS ACCOMPLISHED VIA PATH'S TECHNOLOGY, ANALYTICS, AND MARKET INNOVATION DIVISION.

HIV AND TUBERCULOSIS

PATH CONTINUED TO CONTRIBUTE TO HIV PREVENTION AND EPIDEMIC CONTROL IN 2018 BY FOCUSING PROGRAMMING ON THE KEY AND HIGH-PRIORITY POPULATIONS OF ADOLESCENT GIRLS AND YOUNG WOMEN, PEOPLE WITH BOTH HIV AND TUBERCULOSIS (TB), SEX WORKERS AND THEIR CLIENTS, MEN WHO HAVE SEX WITH MEN, PEOPLE WHO INJECT DRUGS, AND TRANSGENDER INDIVIDUALS. WE ADVANCED PROGRAMMING ACROSS MULTIPLE TECHNOLOGY AND SERVICE DELIVERY PLATFORMS-FROM DEVICES, TOOLS, AND DIAGNOSTICS TO SERVICE DELIVERY INNOVATIONS AND ADVOCACY.

PATH'S WORK IN DIAGNOSTICS FOCUSED ON FILLING GAPS IN FOUR CRITICAL AREAS: SELF-TESTING, EARLY INFANT DIAGNOSIS, TB DETECTION AMONG PEOPLE LIVING WITH HIV, AND VIRAL LOAD DETECTION. WE FOCUSED ON UNDERSTANDING THE BARRIERS THAT RESTRICT ACCESS TO HIGH-QUALITY DIAGNOSTICS AND ADVANCING NEW PRODUCTS TO OVERCOME THESE OBSTACLES. TO INFORM DESIGN AND DELIVERY OF NEXT-GENERATION HIV SELF-TESTS, PATH EMPLOYED USER-CENTERED DESIGN METHODOLOGIES TO CREATE USER PERSONAS REPRESENTING



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KEY POPULATIONS. PATH ALSO WORKED TO EVALUATE AND ADVANCE DEVICES TO PROVIDE LONG-TERM ANTIRETROVIRAL DELIVERY FOR PRE-EXPOSURE PROPHYLAXIS (PREP) AND HIV TREATMENT. THESE DEVICES INCLUDE MICROARRAY PATCHES FOR TRANSDERMAL DELIVERY AND AN APPLICATOR TO SUBCUTANEOUSLY INSERT BIODEGRADABLE IMPLANTS. WE ALSO WORKED ON A PEDIATRIC-FRIENDLY DOSAGE FORM OF ANTIRETROVIRAL DRUGS, USING OUR FAST-DISSOLVING TABLET TECHNOLOGY.

THROUGH THE AIDS, POPULATION, AND HEALTH INTEGRATED ASSISTANCE PROGRAM PLUS (APHIAPLUS PROJECT), PATH HELPED TO INTEGRATE HEALTH SERVICES IN WESTERN KENYA AND ENABLE MORE PEOPLE TO ACCESS A GREATER SPECTRUM OF SERVICES. SINCE 2011, THE PATH-LED TEAM HAS BUILT THE CAPACITY OF HEALTH CARE WORKERS AND FACILITIES TO DELIVER HIGH-QUALITY SERVICES FOR HIV, TB, SEXUAL AND REPRODUCTIVE HEALTH, AND ADOLESCENT HEALTH; STRENGTHENED LINKAGES BETWEEN HEALTH FACILITIES AND COMMUNITIES TO EXPEDITE ACCESS TO HIV CARE AND TREATMENT; ESTABLISHED COMMUNITY SUPPORT SYSTEMS FOR PEOPLE LIVING WITH HIV AND THEIR FAMILIES; AND EMPOWERED AND MOBILIZED COMMUNITIES AROUND HIV PREVENTION AND OUTREACH.

IN 2018, PATH TRANSITIONED HIV ACTIVITIES IN KENYA'S FORMER NYANZA PROVINCE TO USAID'S PATH-LED AFYA ZIWANI PROJECT, WHILE CONTINUING HIV AND TB SERVICE DELIVERY IN THE FORMER WESTERN PROVINCE THROUGH APHIAPLUS. WITH FUNDING FROM THE US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF DREAMS INITIATIVE, APHIAPLUS AND THE AFYA ZIWANI PROJECT INTENSIFIED EFFORTS TO REACH MORE THAN 77,500 ADOLESCENT GIRLS AND YOUNG WOMEN IN KENYA WITH INTERVENTIONS TO REDUCE THEIR VULNERABILITY TO HIV AND IMPROVE THEIR ACCESS TO SERVICES. THIS WORK INCLUDED THE CREATION OF MORE THAN 200 SAFE SPACES AND IMPROVED ACCESS TO

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YOUTH-FRIENDLY FAMILY PLANNING, HIV, AND GENDER-BASED VIOLENCE SERVICES.

IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC), PATH CONTINUED TO LEAD USAID-FUNDED EFFORTS TO IMPROVE HIV/AIDS SERVICES. IN 2018, THIS WORK FOCUSED ON TWO HIGH-PREVALENCE PROVINCES UNDER THE INTEGRATED HIV/AIDS PROJECT IN HAUT-KATANGA AND LUALABA. PATH PROVIDED TECHNICAL ASSISTANCE TO 162 HEALTH FACILITIES, 18 HEALTH ZONES, AND 5 NONGOVERNMENTAL ORGANIZATIONS TO INCREASE TARGETED TESTING EFFORTS, ENROLL ALL IDENTIFIED HIV-POSITIVE INDIVIDUALS ON TREATMENT, SCALE UP VIRAL LOAD TESTING, AND ROLL OUT DIFFERENTIATED CARE MODELS TO IMPROVE RETENTION IN TREATMENT. AT THE END OF DECEMBER 2018, PATH WAS SUPPORTING MORE THAN 33,000 INDIVIDUALS IN THE DRC ON ANTIRETROVIRAL THERAPY.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

PATH CONTINUED TO PILOT INNOVATIONS TO REACH MOST-AT-RISK POPULATIONS IN VIETNAM. WE EQUIPPED SOCIAL AND SUPPORT GROUPS OPERATED BY MEMBERS OF KEY POPULATIONS TO GENERATE DEMAND FOR SERVICES AMONG THEIR PEERS THROUGH TARGETED OUTREACH VIA SOCIAL MEDIA, LINKAGES TO HIV TESTING SERVICES THROUGH MOBILE APPLICATIONS, AND SCALE-UP OF HIV SELF-TESTING AND PREP. PATH ALSO ENGAGED THE GOVERNMENT OF VIETNAM TO INTRODUCE NEW MODELS OF HIV TESTING, INCLUDING EXPANDING ACCESS TO HIV LAY- AND SELF-TESTING AND PARTNER NOTIFICATION SERVICES, INTRODUCING AND SCALING FEE-BASED PREP, LAUNCHING THREE LOCAL CONDOM BRANDS MARKETED FOR KEY POPULATIONS, AND DEVELOPING BETTER LOW-DEAD-SPACE SYRINGES FOR PEOPLE WHO INJECT DRUGS.

PATH ALSO BRINGS GLOBAL HEALTH EXPERTISE AND INNOVATIVE APPROACHES TO

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THE FIGHT AGAINST TB. WE WORK DIRECTLY WITH PUBLIC- AND PRIVATE-SECTOR LABORATORIES TO STRENGTHEN CAPACITY TO QUICKLY DIAGNOSE DRUG-SUSCEPTIBLE, MULTIDRUG-RESISTANT, AND EXTENSIVELY DRUG-RESISTANT TB PATIENTS. WE ALSO SUPPORT FACILITIES AND LABORATORIES WITH INFRASTRUCTURE, SUCH AS SOLAR PANELS AND COMPUTER SYSTEMS, TO RUN TB DIAGNOSTIC EQUIPMENT AND ENSURE A SUSTAINABLE PLAN FOR MAINTENANCE AND CARE.

IN UKRAINE, PATH LED THE USAID-FUNDED SERVING LIFE PROJECT, WORKING TO REDUCE TB, HIV, AND HEPATITIS C TRANSMISSION IN PRE-TRIAL DETENTION CENTERS, PRISONS, POST-PRISON SETTINGS, AND THE COMMUNITY. STRATEGIES INCLUDED INCREASING CASE DETECTION, STRENGTHENING LINKAGES TO CARE, AND EMPLOYING A CASE-MANAGEMENT APPROACH TO ENSURE THAT INSTITUTIONALIZED OR COMMUNITY-BASED KEY POPULATIONS WHO HAVE TB, HIV, OR HEPATITIS C CAN COMPLETE TREATMENT. IN A RELATED EFFORT, PATH PARTNERED WITH THE MINISTRY OF JUSTICE TO ENSURE THAT ALL NEWLY INCARCERATED INDIVIDUALS ARE ROUTINELY SCREENED FOR TB UPON ENTRY, ANNUALLY, AND PRIOR TO RELEASE, AND THAT THOSE CONFIRMED WITH ACTIVE TB RECEIVE TREATMENT DURING INCARCERATION OR A REFERRAL TO A TB TREATMENT FACILITY AFTER RELEASE.

UNDER THE USAID-FUNDED ERADICATE TB PROJECT IN ZAMBIA, PATH ENGAGED DIRECTLY WITH PRISON ADMINISTRATORS TO PROMOTE TB SCREENING UPON ENTRY, ANNUALLY, AND PRIOR TO RELEASE.

IN TANZANIA, UNDER THE CHALLENGE TB PROJECT, PATH STRENGTHENED THE CAPACITY OF SIX CIVIL-SOCIETY ORGANIZATIONS TO PROVIDE COMMUNITY-BASED TB TREATMENT ADHERENCE SUPPORT. PATH ALSO DEVELOPED A TREATMENT

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ADHERENCE APP THAT SENDS TREATMENT AND APPOINTMENT REMINDERS TO PEOPLE WITH TB VIA TEXT MESSAGE. AFTER ITS LAUNCH IN SEPTEMBER 2018, MORE THAN 7,500 PEOPLE ENROLLED IN THE APP. IN ADDITION, PATH DEVELOPED AND LAUNCHED A SELF-SCREENING APP TO RAISE AWARENESS ABOUT TB AND INCREASE TB CASE DETECTION. THOSE WHO SELF-REPORT AS PRESUMPTIVE FOR TB RECEIVE REFERRAL MESSAGES TO GO TO A NEARBY HEALTH FACILITY FOR CONFIRMATORY TESTING.

IN INDIA, WE CONTINUED TO IMPLEMENT THE PUBLIC-PRIVATE INTERFACE AGENCY (PPIA) PROJECT TO IMPROVE PRIVATE HEALTH CARE PROVIDERS' CONTRIBUTIONS TO TB CONTROL ACROSS 15 WARDS IN THE URBAN SLUMS OF MUMBAI. IN 2018, THE PROJECT FURTHER ENGAGED WITH FORMAL AND INFORMAL PRACTITIONERS, LABORATORIES, CHEMISTS, AND HOSPITALS TO PROVIDE STANDARDIZED TB DIAGNOSIS AND TREATMENT SERVICES. PATH ALSO SUPPORTED A VOUCHER MECHANISM TO CONNECT PATIENTS FROM LOCAL INFORMAL PROVIDERS TO QUALIFIED PHYSICIANS, DIAGNOSTIC SERVICES, AND TREATMENT SUPPORT. THE PROJECT HAS DRAMATICALLY IMPROVED ACCESS TO TB SERVICES.

THE BREATH FOR LIFE PROJECT IN VIETNAM DEVELOPED AND TESTED A MODEL THAT ADDRESSES HEALTH SYSTEM CHALLENGES CONTRIBUTING TO LOW DETECTION OF TB AMONG CHILDREN. OUR EFFORTS THROUGH THIS PROJECT RESULTED IN DECENTRALIZED PEDIATRIC TB DIAGNOSIS AND TREATMENT, A DOUBLING OF TB DIAGNOSIS AMONG CHILDREN, AND A FOURFOLD INCREASE IN ELIGIBLE CHILDREN ON TB PREVENTIVE THERAPY. BUILDING ON OUR PEDIATRIC WORK UNDER BREATH FOR LIFE, PATH COORDINATED WITH THE ZAMBIA MINISTRY OF HEALTH IN 2018 TO FINALIZE CHILDHOOD TB TRAINING MATERIALS.

MEASUREMENT AND LEARNING CONTINUED TO SERVE AS CORNERSTONES FOR PATH'S

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TB PROGRAMMING. UNDER THE ERADICATE TB PROJECT IN ZAMBIA, PATH COORDINATED WITH THE MINISTRY OF HEALTH AND NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAM TO UPDATE THEIR MONITORING SYSTEMS, INCLUDING SECONDING A MONITORING AND EVALUATION (M&E) ADVISOR WHO PROVIDES ON-SITE MENTORSHIP TO NATIONAL-LEVEL GOVERNMENT OFFICIALS TO ANALYZE DATA FOR PROGRAMMATIC DECISION-MAKING. IN INDIA, PATH DEVELOPED M&E AND REPORTING GUIDELINES FOR PUBLIC-PRIVATE MIX NETWORKS AND PROVIDED DIRECT TECHNICAL ASSISTANCE TO THE GOVERNMENT TO STRENGTHEN CAPACITY IN DATA ANALYSIS AND USE. IN VIETNAM, PATH HELPED THE MINISTRY OF HEALTH TO INTEGRATE PUBLIC-PRIVATE MIX AND PEDIATRIC TB DATA-CAPTURE INTO NATIONAL M&E SYSTEMS.

MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION PATH WORKS WITH PARTNERS TO IMPROVE MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION AROUND THE WORLD. TOGETHER WE DEVELOP, ADAPT, AND SCALE TECHNOLOGIES AND APPROACHES TO REDUCE ILLNESS AND DEATH AND GIVE CHILDREN THE BEST POSSIBLE START IN LIFE. IN ALL OUR EFFORTS, WE PUT THE LOCAL GOVERNMENT IN THE DRIVER'S SEAT TO ENSURE BOTH SCALE AND SUSTAINABILITY.

IN 2018, PATH CONTINUED TO EXPAND OUR GLOBAL AND NATIONAL LEADERSHIP IN EARLY CHILDHOOD DEVELOPMENT (ECD). WITH PATH'S SUPPORT, THE GOVERNMENTS OF ETHIOPIA, KENYA, MOZAMBIQUE, AND ZAMBIA INCORPORATED ECD SERVICES INTO BASIC HEALTH CARE FOR CAREGIVERS AND YOUNG CHILDREN. ALONG WITH WHO, UNICEF, THE WORLD BANK, AND OTHERS, PATH ALSO CONTRIBUTED TO THE DEVELOPMENT, LAUNCH, AND INTRODUCTION OF THE NURTURING CARE FOR ECD FRAMEWORK, WHICH SETS THE STRUCTURE FOR COUNTRIES TO ADOPT, ADAPT, AND SCALE ECD SERVICES. PATH'S PIONEERING WORK TO INTEGRATE ECD INTO HEALTH

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SYSTEMS HAS FOCUSED ON BUILDING AN ENABLING LEADERSHIP AND POLICY ENVIRONMENT WHILE SUPPORTING AND BUILDING THE CAPACITY OF EXISTING HEALTH SERVICE SYSTEMS AND PROVIDERS AT BOTH THE FACILITY AND COMMUNITY LEVELS AND STRENGTHENING REFERRAL SYSTEMS.

PATH ALSO CONTINUED EFFORTS TO ENSURE THAT ALL INFANTS RECEIVE HUMAN MILK. OUR EFFORTS CENTER AROUND AN INTEGRATED MODEL FOR BREASTFEEDING PROMOTION, INCLUDING THE PROVISION OF SAFE DONOR MILK THROUGH HUMAN MILK BANKS. PATH DEVELOPED STRENGTHENING HUMAN MILK BANKING: A RESOURCE TOOLKIT FOR ESTABLISHING AND OPERATING HUMAN MILK BANK PROGRAMS, THE FIRST-EVER STANDARD TO ENSURE QUALITY AND SAFETY. PATH CONTINUED TO ADVOCATE FOR POLICIES TO GUIDE APPROPRIATE AND ETHICAL USE OF DONOR HUMAN MILK, WORKING WITH GLOBAL TECHNICAL AND POLICY LEADERS TO DRIVE SCALE-UP. PATH WORKED WITH THE KENYA MINISTRY OF HEALTH TO PREPARE FOR THE LAUNCH OF THE FIRST HUMAN MILK BANK IN THE EAST AFRICAN REGION.

IN GHANA, THE MAKING EVERY BABY COUNT INITIATIVE STRENGTHENS LEADERSHIP AND CAPACITY AT THE NATIONAL AND LOCAL LEVELS TO MANAGE AND SUSTAIN BEST PRACTICES IN NEWBORN CARE. IN 2018, PATH SUPPORTED GHANA'S CENTRAL GOVERNMENT AND REGIONS TO REDUCE NEONATAL MORTALITY THROUGH SPECIFIC ACTIVITIES THAT IMPROVED AND STANDARDIZED NEWBORN CARE.

RECOGNIZING THAT NUTRITION IS AFFECTED BY A VARIETY OF ECONOMIC AND ENVIRONMENTAL FACTORS, PATH'S NUTRITION TEAM CONTINUED TO DRIVE NOVEL APPROACHES TO ADDRESS THE MASSIVE BURDEN OF MALNUTRITION IN COMMUNITIES AROUND THE WORLD. WE ENGAGED STAKEHOLDERS WITH EXPERTISE SPANNING GLOBAL HEALTH, DEVELOPMENT, AND THE ENVIRONMENT, FROM BOTH THE PUBLIC AND PRIVATE SECTORS.

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IN ADDITION, PATH CONTINUED TO SUPPORT A PROJECT KNOWN AS MAXIMIZING THE QUALITY OF SCALING UP NUTRITION PLUS (MQSUN+). IN THIS PROJECT, PATH LEADS A CONSORTIUM OF FIVE ORGANIZATIONS THAT ARE EXPANDING THE EVIDENCE BASE ON THE CAUSES OF UNDERNUTRITION, ENHANCING THE SKILLS AND CAPACITY OF PARTICIPATING GOVERNMENTS TO SCALE UP NUTRITION-RELATED PROGRAMS AND POLICIES, AND PROVIDING TECHNICAL GUIDANCE ON PROGRAM DESIGN, IMPLEMENTATION, AND M&E.

OTHER NUTRITION-RELATED ACTIVITIES IN 2018 INCLUDED COLLABORATION WITH THE NATURE CONSERVANCY, DUKE UNIVERSITY, AND THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE TO ADVANCE THE USE OF ALTERNATIVE PROTEINS; THIS WORK WAS FUNDED BY THE ROCKEFELLER FOUNDATION. IN INDIA, WE EXPANDED OUR FORTIFIED RICE SCHOOL FEEDING PROGRAM IN KARNATAKA AND GUJARAT STATES.

WE CONTINUED TO DRIVE MULTISECTORAL COLLABORATION IN 2018 BY FURTHERING THE BRIDGE COLLABORATIVE, A TRAILBLAZING, CROSS-DISCIPLINARY EFFORT TO ENGAGE MORE THAN 150 LEADING TECHNICAL EXPERTS FROM THE HEALTH, DEVELOPMENT, AND ENVIRONMENTAL SECTORS TO ADDRESS HUMAN AND PLANETARY HEALTH. WE PUBLISHED SEVERAL PEER-REVIEWED PAPERS AND HELD SEVERAL HIGH-LEVEL MEETINGS ON THE INTERSECTION OF HUMAN AND PLANETARY HEALTH IN CONJUNCTION WITH THE UNITED NATIONS DEVELOPMENT PROGRAM.

IN 2018, SEVERAL PATH STAFF MEMBERS PRESENTED AT KEY GLOBAL AND NATIONAL MEETINGS, EMPHASIZING OUR GLOBAL THOUGHT-LEADERSHIP. PATH STAFF ALSO AUTHORED, EDITED, AND CONTRIBUTED TO VARIOUS HIGH-PROFILE PEER-REVIEWED JOURNAL ARTICLES, BOOK CHAPTERS, GLOBAL REPORTS, AND

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SYSTEMATIC REVIEWS. THESE EFFORTS ADVANCED THINKING ON BROAD, EFFECTIVE SOLUTIONS TO DEEPLY CHALLENGING MATERNAL,

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

NEWBORN, AND CHILD HEALTH AND NUTRITION PROBLEMS.

SEXUAL AND REPRODUCTIVE HEALTH

PATH'S WORK IN SEXUAL AND REPRODUCTIVE HEALTH IS GUIDED BY THE KEY PRINCIPLES OF CHOICE, EQUITY, AND DIGNITY FOR ALL WOMEN. BECAUSE WE UNDERSTAND THE COMPLEX SOCIAL, BEHAVIORAL, AND GENDER DIMENSIONS OF WOMEN'S REPRODUCTIVE HEALTH, WE BUILD EVIDENCE AROUND TOOLS AND SERVICES THAT ARE BEST SUITED TO ADDRESS WOMEN'S DIVERSE NEEDS AND CIRCUMSTANCES. WE SPECIALIZE IN REDUCING BARRIERS TO ACCESS.

PATH CONTINUES TO CHAMPION THE RIGHT OF WOMEN TO MANAGE THEIR OWN SEXUAL AND REPRODUCTIVE HEALTH NEEDS BY CREATING AND ADVANCING IMPROVED TOOLS AND PRACTICES THAT MAKE WOMEN'S SELF-CARE POSSIBLE. AN INTEGRATED APPROACH TO WOMEN'S HEALTH INCLUDES ATTENTION TO CONTRACEPTION, CERVICAL AND BREAST CANCER, SEXUALLY TRANSMITTED INFECTIONS, THE RIGHT TO DECIDE WHETHER AND WHEN TO BECOME A MOTHER, AND GENDER-BASED VIOLENCE PREVENTION AND CARE SERVICES. WE SPEARHEAD DISCUSSIONS ON THE PRACTICES, BEHAVIORS, AND TOOLS THAT ENABLE WOMEN TO SELF-ASSESS AND SELF-MANAGE THEIR SEXUAL AND REPRODUCTIVE HEALTH NEEDS.

AMONG THE RECENT WOMAN-INITIATED PRODUCTS INTRODUCED BY PATH ARE AN ALL-IN-ONE INJECTABLE CONTRACEPTIVE THAT CAN BE SELF-ADMINISTERED AND A VAGINAL SELF-SAMPLING KIT FOR HUMAN PAPILLOMAVIRUS (HPV) TESTING IN CERVICAL CANCER SCREENING PROGRAMS, AS DESCRIBED BELOW.



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PATH'S RESEARCH AND COORDINATION TO EXPAND ACCESS TO THE INJECTABLE CONTRACEPTIVE SUBCUTANEOUS DMPA (DMPA-SC, OR SAYANA PRESS) CONTINUED IN 2018, PRIMARILY THROUGH THE SELF-INJECTION BEST PRACTICES AND ACCESS COLLABORATIVE PROJECTS. THE SELF-INJECTION PROJECT IN UGANDA LAUNCHED TO GATHER INFORMATION ABOUT HOW THE PRACTICE CAN BE DESIGNED AND IMPLEMENTED AT SCALE. BY THE END OF 2018, AT LEAST 7,000 WOMEN WERE SELF-INJECTING ACROSS FOUR DISTRICTS THROUGH THIS PROGRAM.

THE DMPA-SC ACCESS COLLABORATIVE WORKS WITH MINISTRIES OF HEALTH AND PARTNERS ACROSS SECTORS IN TEN COUNTRIES TO FACILITATE DMPA-SC COUNTRY INTRODUCTION AND SCALE-UP PLANNING FOR A RANGE OF CONTRACEPTIVE OPTIONS. IN 2018, THE COLLABORATIVE PROVIDED TECHNICAL ASSISTANCE TO ENSURE IMPLEMENTATION OF EACH COUNTRY'S TOTAL MARKET PLAN. FURTHERMORE, THE COLLABORATIVE FACILITATED LEARNING ACROSS COUNTRIES BY EXCHANGING INFORMATION, RESULTS, AND LESSONS LEARNED; TROUBLESHOOTING CHALLENGES; AND ACCELERATING THE ADOPTION OF BEST PRACTICES.

PATH ALSO WORKED WITH PARTNERS WORLDWIDE AND IN SEVERAL COUNTRIES TO IMPROVE THE PREVENTION, DETECTION, AND TREATMENT OF CERVICAL PRECANCER, WHICH IS CAUSED BY INFECTION WITH HPV. WE CONTINUED OUR PARTNERSHIP WITH THE MINISTRIES OF HEALTH IN GUATEMALA, HONDURAS, AND NICARAGUA TO SUPPORT THE SCALE-UP OF HPV TESTING IN THE PUBLIC-SECTOR HEALTH SYSTEM. WE PROVIDED TECHNICAL SUPPORT FOR PROCUREMENT OF TESTS, SUPPORTED ADVOCACY AND DISSEMINATION EVENTS AT THE MINISTRIES OF HEALTH, AND MADE PROGRESS TOWARD TRANSITIONING LEADERSHIP OF THE PROGRAM TO THE MINISTRIES THEMSELVES AS THE PROJECT BEGAN ITS FINAL YEAR. WE DEDICATED ADDITIONAL EFFORTS TO EVALUATING FOLLOW-UP AND TREATMENT STRATEGIES TO

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ENSURE WOMEN RECEIVE APPROPRIATE CARE DURING EACH STAGE OF A  
 COMPREHENSIVE CERVICAL CANCER PREVENTION PROGRAM.

IN MYANMAR, WE ENGAGED WITH THE MINISTRY OF HEALTH AND OTHER  
 STAKEHOLDERS TO DESIGN AN OPERATIONAL PLAN FOR CERVICAL CANCER CONTROL.

PATH EXPERTS ALSO PARTICIPATED ACTIVELY IN WHO'S CALL FOR GLOBAL  
 CERVICAL CANCER ELIMINATION BY ATTENDING INTERNATIONAL MEETINGS TO  
 DEFINE ELIMINATION TARGETS AND SHAPE STRATEGIES FOR LOW- AND  
 MIDDLE-INCOME COUNTRIES.

TO COMBAT BREAST CANCER, WE WORKED WITH THE NATIONAL CANCER INSTITUTE  
 IN PERU AND OTHER REGIONAL STAKEHOLDERS TO IMPLEMENT A MODEL FOR EARLY  
 DETECTION OF BREAST CANCER THAT IS APPROPRIATE AND FEASIBLE FOR LOW-  
 AND MIDDLE-RESOURCE SETTINGS. WE BUILT THE CAPACITY OF NUMEROUS HEALTH  
 PROFESSIONALS TO IMPLEMENT THIS MODEL AND CONDUCTED ADVOCACY ACTIVITIES  
 AMONG HEALTH OFFICIALS TO ENSURE BREAST CANCER STAYS ON THE AGENDA AND  
 WOMEN RECEIVE SCREENING AND TREATMENT EVEN IN THE ABSENCE OF  
 MAMMOGRAPHY SERVICES.

PATH ALSO CONTINUED TO SERVE AS THE SECRETARIAT FOR THE REPRODUCTIVE  
 HEALTH SUPPLIES COALITION. THIS IS A GLOBAL PARTNERSHIP OF MORE THAN  
 400 PUBLIC, PRIVATE, AND NONGOVERNMENTAL ORGANIZATIONS WORKING TO  
 EXPAND ACCESS TO SUPPLIES, SERVICES, AND OPTIONS FOR PREVENTING  
 UNINTENDED PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS.

NONCOMMUNICABLE DISEASES

PATH IS AT THE FOREFRONT OF THE FIGHT IN LOW- AND MIDDLE-INCOME  
 COUNTRIES AGAINST NONCOMMUNICABLE DISEASES (NCDS), INCLUDING DIABETES,

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CARDIOVASCULAR DISEASE, AND WOMEN'S CANCERS. THESE DISEASES ARE RESPONSIBLE FOR TWO-THIRDS OF DEATHS WORLDWIDE, AND ALMOST 75 PERCENT OF THESE DEATHS OCCUR IN LOWER-RESOURCE SETTINGS. IN 2018, PATH CONTINUED TO EXPAND OUR NCD PROGRAM.

THROUGH THIS PROGRAM, PATH SERVES AS THE SECRETARIAT OF THE COALITION FOR ACCESS TO NCD MEDICINES & PRODUCTS, WHICH WAS LAUNCHED IN 2017. THIS GLOBAL, MULTISECTORAL COALITION IS DEDICATED TO INCREASING ACCESS TO NCD MEDICINES AND HEALTH PRODUCTS IN LOW- AND MIDDLE-INCOME COUNTRIES. MEMBERS INCLUDE GOVERNMENT AGENCIES, PRIVATE-SECTOR ENTITIES, NONGOVERNMENTAL ORGANIZATIONS, PHILANTHROPIC FOUNDATIONS, AND ACADEMIC INSTITUTIONS. IN ADDITION TO ITS GLOBAL ADVOCACY EFFORTS, THE COALITION BEGAN IMPLEMENTATION ACTIVITIES IN EAST AFRICA, STARTING WITH KENYA AND UGANDA, FOCUSING ON SUPPLY CHAIN STRENGTHENING, LANDSCAPING, AND A COSTING STUDY.

IN KENYA, PATH CONTINUED TO IMPLEMENT A FIRST-OF-ITS-KIND PROGRAM THAT INTEGRATES SCREENING AND CARE FOR HYPERTENSION INTO HIV/AIDS SERVICES. THE PROGRAM WAS IN FULL IMPLEMENTATION IN 2018, WITH 51 PARTICIPATING FACILITIES. FURTHERMORE, IN PARTNERSHIP WITH KENYA'S MINISTRY OF HEALTH, PATH LAUNCHED THE NCD NAVIGATOR (PREVIOUSLY CALLED THE GLOBAL ASSESSMENT FRAMEWORK) TO MAP NCD INITIATIVES IN KENYA AND INFORM STRATEGIC PLANNING EFFORTS, IDENTIFY GAPS AND AREAS OF OVERLAP, AND SUPPORT GREATER ALIGNMENT WITH THE NATIONAL STRATEGY.

IN SENEGAL, IN COLLABORATION WITH INTRAHEALTH AND THE MINISTRY OF HEALTH AND SOCIAL ACTION, PATH IMPLEMENTED THE BETTER HEARTS BETTER CITIES PROJECT. THE PROJECT'S AMBITIOUS AIM IS TO IMPROVE THE

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HYPERTENSION CONTROL RATE IN DAKAR.

IN VIETNAM, PATH IMPLEMENTED THE COMMUNITIES FOR HEALTHY HEARTS PROJECT TO IMPROVE BLOOD PRESSURE CONTROL AMONG ADULTS BY INCREASING ACCESS TO AND USE OF HIGH-QUALITY HYPERTENSION SERVICES THAT ARE SUSTAINABLE AND SCALABLE. THE PROJECT DIRECTLY BENEFITS 700,000 PEOPLE IN FOUR DISTRICTS IN HO CHI MINH CITY. BY THE END OF 2018, NEARLY 33 PERCENT OF PEOPLE SCREENED WERE FOUND TO HAVE HIGH BLOOD PRESSURE MEASUREMENTS AND WERE REFERRED FOR HYPERTENSION DIAGNOSIS, TREATMENT, AND MANAGEMENT (IF REQUIRED).

PATH IS ALSO IMPLEMENTING A PROJECT FOCUSED ON HYPERTENSION SCREENING IN URBAN SLUMS IN MUMBAI, INDIA, IN PARTNERSHIP WITH RESOLVE TO SAVE LIVES. THE PROJECT USES A PRIVATE-SECTOR ENGAGEMENT MODEL TO IMPROVE HYPERTENSION SCREENING, DIAGNOSIS, AND CARE.

IN ADDITION, PATH LED AND CONTRIBUTED TO CONVENINGS TO RAISE AWARENESS OF NCDS AND ORCHESTRATE ACTION TO IMPROVE ACCESS TO PREVENTION AND CARE FOR PEOPLE AT RISK FOR OR LIVING WITH THESE DISEASES.

HEALTH SYSTEMS INNOVATION AND DELIVERY

PATH'S HEALTH SYSTEMS INNOVATION AND DELIVERY PROGRAM IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE IN LOW- AND MIDDLE-INCOME COUNTRIES BY STRENGTHENING HEALTH SYSTEMS AND ENHANCING COUNTRY CAPACITY FOR DATA-DRIVEN DECISION-MAKING. OUR PORTFOLIO SERVES AS AN ORGANIZING MECHANISM FOR PATH PROJECTS, INITIATIVES, AND UNITS THAT STRENGTHEN HEALTH SYSTEMS.

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THE HEALTH SYSTEMS ANALYTICS UNIT PROMOTES SYSTEMS THINKING IN THE DESIGN, IMPLEMENTATION, SCALE-UP, AND EVALUATION OF HEALTH PROGRAMS AND TECHNOLOGIES. WITHIN AND OUTSIDE OF PATH, THIS UNIT LEADS COMPLEX EVALUATIONS, ENGAGES IN IMPLEMENTATION SCIENCE RESEARCH, FACILITATES HEALTH TECHNOLOGY INTRODUCTION AND SCALE-UP, AND WORKS TO IMPROVE DATA QUALITY AND USE FOR DECISION-MAKING. IN 2018, AS PART OF THE GLOBAL FUND'S PROSPECTIVE COUNTRY EVALUATIONS, THE UNIT CONTINUED EVALUATING THE GLOBAL FUND'S BUSINESS MODEL IN THE DRC, GUATEMALA, AND UGANDA USING A MIXED-METHODS APPROACH. STAFF ENGAGED IN SEVERAL NETWORK ANALYSES TO INFORM THE OPTIMAL STRUCTURE AND FUNCTION OF VARIOUS COALITIONS AND INFORMAL AND FORMAL NETWORKS. PATH STAFF CONTRIBUTED TECHNICAL EXPERTISE TO THE EXPANDED PROGRAM ON IMMUNIZATION'S LEADERSHIP AND MANAGEMENT PROGRAM, LED BY YALE UNIVERSITY AND FUNDED BY GAVI, THE VACCINE ALLIANCE.

THE HEALTH SYSTEMS STRENGTHENING IMPACT TEAM CONTINUED TO SERVE AS A HUB FOR STAFF WORKING IN HEALTH SYSTEMS. THE GROUP CONVENED TO PLAN FOR FUTURE WORK IN STRENGTHENING URBAN HEALTH SYSTEMS, IMPROVING COMMUNITY-LEVEL DATA USE, AND DEVELOPING RESOURCES FOR SUCCESSFUL INTRODUCTION AND SCALE-UP OF INTERVENTIONS AND TECHNOLOGIES. THIS TEAM ALSO DEVELOPED PATH'S PRIMARY HEALTH CARE STRATEGY.

THE GLOBAL HEALTH SECURITY TEAM CONTINUED TO INNOVATE SYSTEMS FOR THE PREVENTION, DETECTION, AND CONTROL OF INFECTIOUS DISEASE

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OUTBREAKS. WITH SUPPORT FROM THE US CENTERS FOR DISEASE CONTROL AND PREVENTION, THE TEAM WORKED WITH NATIONAL LEADERS IN THE DRC, SENEGAL,

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TANZANIA, AND VIETNAM TO STRENGTHEN THEIR PUBLIC HEALTH SYSTEMS AND BUILD THEIR CAPACITY IN EPIDEMIC PREPAREDNESS AND RESPONSE.

THE TEAM ALSO BEGAN WORK AS A MAJOR SUBGRANTEE UNDER ICF INTERNATIONAL FOR SURVEILLANCE ACTIVITIES IN THE USAID-SUPPORTED INFECTIOUS DISEASE DETECTION & SURVEILLANCE PROJECT. THIS PROJECT WORKS TO IMPROVE THE DETECTION OF HIGH-PRIORITY INFECTIOUS DISEASES AND IDENTIFICATION OF ANTIMICROBIAL RESISTANCE THROUGH IMPROVED DIAGNOSTIC AND SURVEILLANCE SYSTEMS.

OUR CROSS-ORGANIZATIONAL IMPACT TEAM FOCUSING ON EPIDEMIC PREPAREDNESS AND RESPONSE CONTINUED TO BE AT THE FOREFRONT OF THE EBOLA RESPONSE IN THE DRC, PROVIDING A KEY ROLE IN SURVEILLANCE, DETECTION, AND RESOURCE MOBILIZATION. THE TEAM IS DEVELOPING AND INTRODUCING INNOVATIONS TO STRENGTHEN ELECTRONIC HEALTH INFORMATION SYSTEMS, ADVANCING NOVEL VACCINE PLATFORMS, PREPARING MEDICAL COUNTERMEASURES FOR PANDEMIC INFLUENZA, AND DEFINING PATH'S ROLE IN COMBATING ANTIMICROBIAL RESISTANCE.

DIGITAL HEALTH SOLUTIONS  
PATH USES INFORMATION AND COMMUNICATION TECHNOLOGIES TO IMPROVE HEALTH AND SAVE LIVES. IN 2018, OUR GROWING DIGITAL HEALTH TEAM APPLIED ITS EXPERTISE TO SEVERAL PROJECTS. KEY ACCOMPLISHMENTS INCLUDED LAUNCHING THE WHO-PATH STRATEGIC COLLABORATION ON INNOVATION AND GLOBAL DIGITAL HEALTH. THIS COLLABORATION WILL BRING TOGETHER A CROSS-SECTOR NETWORK OF DIGITAL HEALTH EXPERTS AND INVESTORS TO SUPPORT WHO IN DEVELOPING A GLOBAL DIGITAL HEALTH PORTFOLIO. PATH ALSO LAUNCHED THE CENTER OF DIGITAL AND DATA EXCELLENCE, A BODY DESIGNED TO COORDINATE DIGITAL

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HEALTH EFFORTS ACROSS PATH.

WE CONTINUED WORK UNDER DIGITAL SQUARE, A PATH-LED INITIATIVE. THIS IS A PARTNERSHIP OF THE WORLD'S LEADING DIGITAL HEALTH EXPERTS FROM MORE THAN 40 ORGANIZATIONS AND COUNTRIES WORKING TOGETHER TO STRENGTHEN DIGITAL HEALTH SYSTEMS IN EMERGING ECONOMIES.

IN ADDITION, WE COLLABORATED WITH THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE TO CONTINUE A PEER LEARNING NETWORK THAT INCLUDES PROFESSIONALS FROM MINISTRIES OF HEALTH AND NATIONAL HEALTH INSURANCE AGENCIES IN TEN COUNTRIES. THESE PROFESSIONALS ARE WORKING TO IMPROVE THEIR HEALTH CARE DATA SYSTEMS, WHICH WILL HELP THEIR COUNTRIES ACHIEVE UNIVERSAL HEALTH COVERAGE.

WE CONTINUED IMPLEMENTATION OF THE TANZANIA DATA USE PARTNERSHIP, WHICH SUPPORTS THE GOVERNMENT OF TANZANIA TO IMPROVE COUNTRYWIDE HEALTH INFORMATION SYSTEMS AND IMPLEMENT ITS DIGITAL HEALTH INVESTMENT ROAD MAP.

THE BID INITIATIVE, A COLLABORATION BETWEEN PATH AND THE GOVERNMENTS OF TANZANIA AND ZAMBIA, HAS EMPOWERED THESE COUNTRY GOVERNMENTS TO ENHANCE IMMUNIZATION THROUGH IMPROVED DATA COLLECTION, QUALITY, AND USE. THIS PROJECT ENDED IN 2018, AND PROJECT CLOSE-OUT ACTIVITIES INCLUDED THE DOCUMENTATION AND SHARING OF PROJECT LEARNINGS.

THE DIGITAL HEALTH TEAM ALSO SUPPORTED THE IMMUNIZATION DATA: EVIDENCE FOR ACTION REVIEW. THIS INITIATIVE REVIEWED AVAILABLE EVIDENCE ON WHAT WORKS TO IMPROVE THE USE OF IMMUNIZATION DATA, SYNTHESIZED THE

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FINDINGS, AND DISTRIBUTED THE FINDINGS THROUGH AN ADVOCACY AND COMMUNICATIONS CAMPAIGN.

COUNTRY PROGRAMS

PATH'S COUNTRY PROGRAMS SUPPORT WORK RANGING FROM SMALL-SCALE PILOTS TO LARGE, MULTICOUNTRY EFFORTS. IN 2018, WE OPERATED FULL-SCALE "COUNTRY" OFFICES IN THE DRC, ETHIOPIA, INDIA, KENYA, MYANMAR, SENEGAL, TANZANIA, UGANDA, UKRAINE, VIETNAM, AND ZAMBIA, AS WELL AS SMALLER "PROJECT" OFFICES IN MANY OTHER COUNTRIES. EXAMPLES OF OUR COUNTRY PROGRAM WORK ARE HIGHLIGHTED BELOW, FOCUSING ON THE DRC, KENYA, AND INDIA.

IN RESPONSE TO RECURRING EBOLA OUTBREAKS IN THE DRC, PATH HAS FOCUSED ON STRENGTHENING GLOBAL HEALTH SECURITY AND EPIDEMIC PREPAREDNESS IN COLLABORATION WITH THE MINISTRY OF HEALTH (MOH).

IN MAY 2018, THE DRC EXPERIENCED ITS SECOND EBOLA OUTBREAK IN LESS THAN 12 MONTHS. IN COLLABORATION WITH THE MOH, PATH DEPLOYED THE FIRST WAVE OF 12 MOH INVESTIGATORS, 10 EPIDEMIOLOGISTS, AND 6 COMMUNICATIONS EXPERTS TO THE CITY OF MBANDAKA TO ASSESS THE OUTBREAK. PATH ALSO ADVISED THE MOH ON IMPLEMENTATION OF A STRATEGY FOR DATA COLLECTION. THIS METHOD USED SATELLITE IMAGERY TO REFINE MAPS SO THE MOH, PATH, AND OTHER KEY PARTNERS COULD BETTER TRACK THE OUTBREAK. UNDER A GLOBAL HEALTH SECURITY EBOLA OUTBREAK RESPONSE GRANT, PATH CONTINUED TO PROVIDE SUPPORT THROUGHOUT THE 2018 OUTBREAK, BUILDING DATA MANAGEMENT AND VISUALIZATION CAPACITY AT THE EMERGENCY OPERATIONS CENTER IN KINSHASA AND COORDINATING WORK ACROSS KEY RESPONDERS, SUCH AS WHO, THE UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, AND THE US CENTERS FOR DISEASE CONTROL AND PREVENTION.



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CONCURRENTLY, PATH CONTINUED TO EXPAND SCREENING FOR HUMAN AFRICAN TRY PANOSOMIASIS (HAT; ALSO CALLED SLEEPING SICKNESS) IN BANDUNDU PROVINCE. IN RECENT YEARS, UP TO 60 TO 80 PERCENT OF ALL CASES WORLDWIDE HAVE BEEN REPORTED FROM THE DRC. RESEARCH HAS SHOWN THAT DISEASE CONTROL HINGES ON ACTIVE POPULATION SCREENING AND VECTOR CONTROL. IN 2018, THIS PROJECT FOCUSED ON EXPANDING ANNUAL SCREENING CAPACITY TO ENSURE THAT AS CASES DECLINE, PEOPLE CONTINUE TO PARTICIPATE IN SCREENINGS. IN PARTNERSHIP WITH PATH AND REGIONAL STAKEHOLDERS, THE MOH ESTABLISHED THE FIRST NATIONAL HAT ELIMINATION DAY ON JANUARY 30, 2018, RE-INVIGORATING LOCAL AUTHORITIES TO ACHIEVE THE GOAL OF ELIMINATION.

PATH'S WORK TO IMPROVE HIV/AIDS SERVICE DELIVERY IN THE DRC WAS FIRST CONDUCTED THROUGH THE USAID-FUNDED PROVIC PROJECT AND THEN THROUGH ITS FOLLOW-ON, THE INTEGRATED HIV/AIDS PROJECT IN HAUT-KATANGA AND LUALABA. FROM APRIL 2017 THROUGH JUNE 2018, THE PROJECT TESTED AND INFORMED MORE THAN 286,000 PEOPLE OF THEIR HIV STATUS AND ENROLLED MORE THAN 97 PERCENT OF IDENTIFIED HIV-POSITIVE INDIVIDUALS ON ANTIRETROVIRAL THERAPY.

IN KENYA, PATH WORKED TO IMPROVE HIV PREVENTION AND TREATMENT THROUGH A PROJECT CALLED "IMPLEMENTING ASSISTED PARTNER SERVICES SCALE-UP STUDY TO HIV TEST AND TREAT MEN." IN 2018, PROJECT START-UP AND IMPLEMENTATION ACTIVITIES FOCUSED ON ENROLLMENT OF WOMEN AND THEIR MALE SEXUAL CONTACTS IN TWO COUNTIES IN WESTERN KENYA WITH A HIGH HIV BURDEN. WOMEN RECEIVED COUNSELING ON PARTNER NOTIFICATION AND PARTNER ELICITATION CONDUCTED BY THE HIV TESTING SERVICE PROVIDER. ELICITED

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MALE SEXUAL PARTNERS WERE THEN CONTACTED, NOTIFIED OF THE HIV EXPOSURE, AND OFFERED HIV TESTING. ALL CLIENTS NEWLY IDENTIFIED WERE LINKED TO CARE AND STARTED ON ANTIRETROVIRAL THERAPY. EACH ENROLLED PARTICIPANT WAS FOLLOWED UP PERIODICALLY TO ASSESS HIS OR HER LINKAGE TO CARE, ANTIRETROVIRAL TREATMENT INITIATION, AND VIRAL SUPPRESSION. ALL IDENTIFIED PARTNERS WHO DID NOT HAVE HIV WERE REFERRED FOR PRE-EXPOSURE PROPHYLAXIS TO HELP PREVENT FUTURE INFECTION.

PATH ALSO CONTINUED WORK UNDER THE APHIAPLUS PROJECT TO HELP INTEGRATE SERVICE DELIVERY FOR HIV/AIDS AND OTHER HEALTH CONCERNS AND INCREASE THE AVAILABILITY OF SERVICES FOR MARGINALIZED POPULATIONS IN WESTERN KENYA. FROM 2011 THROUGH JUNE 2018, APHIAPLUS AND THE PATH-LED AFYA ZIWANI PROJECT PROVIDED HIV TESTING SERVICES TO MORE THAN 6.7 MILLION INDIVIDUALS IN KENYA, IDENTIFIED MORE THAN 102,600 NEW HIV-POSITIVE INDIVIDUALS, AND SUPPORTED MORE THAN 120,000 PEOPLE LIVING WITH HIV/AIDS ON ANTIRETROVIRAL THERAPY, WITH MORE THAN 80 PERCENT ACHIEVING VIRAL SUPPRESSION.

TO STRENGTHEN NEWBORN NUTRITION IN KENYA, PATH IMPLEMENTED A PROJECT CALLED THE "MOTHER-BABY FRIENDLY INITIATIVE-PLUS MODEL FOR HUMAN MILK BANKING." FOR VULNERABLE INFANTS, PATH ADVOCATED FOR A HOLISTIC APPROACH OF BREASTFEEDING PROMOTION AND PROVISION OF SAFE DONOR HUMAN MILK WHEN A MOTHER'S MILK IS NOT AVAILABLE. IN 2018, THE PROJECT WORKED TO ESTABLISH LOCAL OWNERSHIP AND TECHNICAL COMPETENCY IN HUMAN MILK BANKING BY DEVELOPING LEARNING EXCHANGES, CONDUCTING FORMATIVE ASSESSMENTS, AND DEVELOPING A COUNTRY-SPECIFIC STRATEGY FOR HUMAN MILK BANKING. THE PROJECT THEN WORKED TO OPERATIONALIZE THIS STRATEGY TO SET UP A HUMAN MILK BANK FOR LAUNCH IN MARCH 2019.

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IN INDIA, PATH HAS HELPED TO IMPROVE CHILD NUTRITION THROUGH RICE FORTIFICATION. FOR A DECADE, PATH HAS WORKED CLOSELY WITH INDIAN PARTNERS ON THE FORMULATION OF A FORTIFIED RICE PRODUCT (ULTRA RICE) TO REDUCE THE PREVALENCE OF ANEMIA AND MICRONUTRIENT DEFICIENCIES. IN 2018, PATH WORKED WITH LOCAL PROVIDERS TO BRING FORTIFIED RICE TO SCHOOLCHILDREN ACROSS THE STATE OF GUJARAT. THIS FORTIFIED RICE PROVIDED CHILDREN WITH VITAL MICRONUTRIENTS THAT MAY OTHERWISE BE LACKING IN THEIR DIETS, INCLUDING IRON, FOLIC ACID, VITAMIN A, AND B COMPLEX VITAMINS.

IN THE STATE OF UTTAR PRADESH, PATH SUPPORTED LOCAL GOVERNMENT EFFORTS TO ELIMINATE VISCERAL LEISHMANIASIS, ALSO KNOWN AS KALA-AZAR, IN NINE AFFECTED DISTRICTS. KALA-AZAR IS A PARASITIC DISEASE TRANSMITTED BY INFECTED SAND FLIES THAT HAS A HIGH FATALITY RATE WITHOUT PROPER TREATMENT. IN 2018, PATH DEVELOPED TOOLS TO ASSESS THE USE OF PREVENTIVE MEASURES, SUCH AS INDOOR RESIDUAL SPRAYING, AND THE AVAILABILITY

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:  
OF DIAGNOSTIC KITS AND DRUGS TO TREAT THE DISEASE. THE PROJECT ALSO STRENGTHENED THE QUALITY OF SURVEILLANCE SYSTEMS BY BUILDING THE CAPACITY OF LOCAL GOVERNMENT. WE SUPPORTED THE GOVERNMENT TO REGULARLY PERFORM DATA QUALITY CHECKS AND CONDUCT DATA VISUALIZATION TO IDENTIFY NEWLY AFFECTED VILLAGES. THIS ENABLED MORE TIMELY DECISION-MAKING AND ACTIONS ON PREVENTION AND TREATMENT.

PATH ALSO CONTINUED INNOVATIVE URBAN TB CONTROL EFFORTS IN INDIA. THE

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PPIA PROJECT, WORKING TO ENHANCE THE ROLE OF PRIVATE HEALTH CARE PROVIDERS IN TB CONTROL, PROVIDED FREE OR SUBSIDIZED SERVICES TO PATIENTS IN MUMBAI WHO WOULD OTHERWISE BE UNABLE TO AFFORD THIS CARE. FROM THE PROJECT'S LAUNCH THROUGH 2018, 202,468 PRESUMPTIVE TB CASES WERE SCREENED AFTER BEING REFERRED FROM THE PRIVATE SECTOR, AND 62,633 PEOPLE (31 PERCENT) WERE DIAGNOSED AND NOTIFIED. A TOTAL OF 49,856 PATIENTS WERE SUPPORTED FOR TREATMENT ADHERENCE MONITORING, AND 2,790 TB PATIENTS WERE LINKED TO PUBLIC-SECTOR SUPPORT.

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

CENTER FOR VACCINE INNOVATION AND ACCESS  
 PATH'S CENTER FOR VACCINE INNOVATION AND ACCESS (CVIA) ALIGNS EXPERTISE ACROSS EVERY STAGE OF VACCINE RESEARCH, DEVELOPMENT, AND INTRODUCTION TO MAKE VACCINES GLOBALLY AVAILABLE TO MORE COMMUNITIES, PARTICULARLY IN LOW- AND MIDDLE-INCOME COUNTRIES. OUR PORTFOLIO INCLUDES MORE THAN TWO DOZEN VACCINE PRODUCTS IN DEVELOPMENT OR ALREADY IN USE, WITH AN EMPHASIS ON THE LEADING INFECTIOUS CAUSES OF CHILD DEATHS AND DISEASES WORLDWIDE.

FOR EXAMPLE, IN 2018 WE CONTINUED TO PARTNER WITH COUNTRIES TO EXPAND COVERAGE OF JAPANESE ENCEPHALITIS (JE) VACCINE, WHICH PATH HELPED SHEPHERD THROUGH THE GLOBAL REGULATORY PROCESS AND SCALE UP. WITH SUPPORT FROM PATH, THE GOVERNMENT OF INDONESIA LAUNCHED JE VACCINATION CAMPAIGNS IN THE PROVINCE OF BALI. PATH ALSO PROVIDED TECHNICAL ASSISTANCE IN THE LEAD-UP TO JE VACCINATION CAMPAIGNS IN SELECT, HIGH-RISK REGIONS IN THE PHILIPPINES.

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IN 2018, WE CONTINUED A PHASE 2 STUDY OF A POLYVALENT MENINGOCOCCAL  
 MENINGITIS VACCINE IN YOUNG CHILDREN IN MALI. THE VACCINE, DEVELOPED BY  
 SERUM INSTITUTE OF INDIA PVT. LTD., BUILDS ON THE SUCCESS OF  
 MENAFRIVAC, A VACCINE AGAINST MENINGOCOCCAL MENINGITIS SEROGROUP A THAT  
 WAS LICENSED AND INTRODUCED IN 2010. THE POLYVALENT VACCINE TARGETS  
 SEROGROUPS A, C, W, X, AND Y. THE VACCINE IS DESIGNED FOR USE IN THE  
 AFRICAN "MENINGITIS BELT" REGION AND WILL BE THE FIRST VACCINE TO  
 TARGET SEROGROUP X.

TO PREVENT MALARIA, PATH IS ACCELERATING THE DEVELOPMENT OF A WIDE  
 VARIETY OF MALARIA VACCINE CANDIDATES AND APPROACHES. IN 2018, PATH  
 CONTINUED TO WORK WITH WHO AND OTHER PARTNERS TO PREPARE FOR PILOT  
 IMPLEMENTATION OF THE RTS,S VACCINE IN SELECTED AREAS OF GHANA, KENYA,  
 AND MALAWI. WITH PARTNERS, PATH CONTINUED TO ADVANCE RESEARCH INTO  
 WHETHER REDUCING THE DOSE LEVEL OF RTS,S AND DELAYING THE  
 ADMINISTRATION OF DOSES HAS THE POTENTIAL TO FURTHER AID MALARIA  
 ELIMINATION EFFORTS BY STRETCHING LIMITED VACCINE SUPPLIES AND  
 PROTECTING AS MANY PEOPLE AS POSSIBLE. FIELD TESTING OF THE DELAYED  
 FRACTIONAL DOSE REGIMEN BEGAN AT A RESEARCH CENTER IN KENYA IN 2018.

PATH'S DEFEAT DIARRHEAL DISEASE INITIATIVE, HOUSED WITHIN CVIA,  
 CONTINUED ITS ONGOING WORK TO GENERATE INVESTMENTS IN ROTAVIRUS,  
 ENTEROTOXIGENIC ESCHERICHIA COLI, AND SHIGELLA VACCINES WITHIN THE  
 CONTEXT OF AN INTEGRATED PREVENTION AND TREATMENT APPROACH. THE PROJECT  
 RECEIVED STANDALONE FUNDING IN LATE 2018 TO CONTINUE EDUCATING OUR  
 TARGET AUDIENCES ON THE LIFELONG CONSEQUENCES OF REPEATED INFECTIONS.

IN 2018, PATH ALSO HELPED INTRODUCE AND ADVANCE ACCESS TO CURRENTLY  
 AVAILABLE ENTERIC VACCINES, INCLUDING THE NEWLY WHO-PREQUALIFIED

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ROTAVAC AND ROTASIIL ROTAVIRUS VACCINES AND TYPBAR-TCV TYPHOID  
 CONJUGATE VACCINE. PATH LED AND/OR SUPPORTED ONGOING PHASE 4 CLINICAL  
 TRIALS, CONDUCTED VACCINE IMPACT AND COST-EFFECTIVENESS ANALYSES, AND  
 DISSEMINATED EVIDENCE THROUGH ADVOCACY AND COMMUNICATIONS TO INFORM  
 COUNTRY DECISION-MAKING AROUND VACCINE INTRODUCTION AND PRODUCT  
 SWITCHES.

IN 2018, PATH CONTINUED TO SUPPORT SOUTH AFRICAN VACCINE MANUFACTURER  
 THE BIOVAC INSTITUTE IN PRECLINICAL DEVELOPMENT OF A VACCINE AGAINST  
 GROUP B STREPTOCOCCUS, THE LEADING CAUSE OF BACTERIAL SEPSIS AND  
 MENINGITIS IN YOUNG INFANTS WORLDWIDE. THE INTENDED VACCINE POPULATION  
 IS PREGNANT WOMEN-PART OF A STRATEGY THAT BOOSTS IMMUNITY AGAINST THE  
 BACTERIUM AND TRANSFERS PROTECTIVE ANTIBODIES TO THE DEVELOPING BABY.

ALSO IN 2018, PATH CONTINUED A PROJECT TO COORDINATE A CONSORTIUM OF  
 NINE INDEPENDENT RESEARCH INSTITUTIONS TO COLLATE AND SYNTHESIZE  
 EXISTING EVIDENCE AND EVALUATE NEW DATA ON THE POTENTIAL FOR  
 SINGLE-DOSE HPV VACCINATION. ALTHOUGH MANY COUNTRIES HAVE INTRODUCED  
 HPV VACCINES INTO THEIR NATIONAL IMMUNIZATION SCHEDULES, SOME LOW- AND  
 LOWER-MIDDLE-INCOME COUNTRIES HAVE DELAYED INTRODUCTION BECAUSE OF  
 FINANCIAL, LOGISTICAL, OR OTHER BARRIERS. FOR THESE COUNTRIES, A  
 SINGLE-DOSE REGIMEN COULD ACCELERATE INTRODUCTION OF HPV VACCINES INTO  
 NATIONAL IMMUNIZATION SCHEDULES.

DRUG DEVELOPMENT  
 THROUGH OUR WORK ON DRUG DEVELOPMENT AND INTRODUCTION, PATH HELPS TO  
 ENSURE THAT PEOPLE AROUND THE WORLD, ESPECIALLY CHILDREN LIVING IN  
 LOW-RESOURCE SETTINGS, HAVE RELIABLE ACCESS TO LIFESAVING MEDICINES. WE

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WORK TO ADVANCE THE MOST PROMISING SOLUTIONS FOR A RANGE OF URGENT GLOBAL HEALTH CHALLENGES, INCLUDING ENTERIC AND DIARRHEAL DISEASES, NEGLECTED TROPICAL DISEASES, HIV/AIDS, AND MALARIA. DRAWING ON AN ENDURING COMMITMENT TO HEALTH EQUITY AND A UNIQUE PARTNERSHIP APPROACH THAT SPANS THE ACADEMIC, PRIVATE, NONPROFIT, AND GOVERNMENT SECTORS, OUR WORK OVERTURNS BARRIERS TO HEALTH AT EVERY STAGE OF DRUG DEVELOPMENT AND USE-FROM EARLY RESEARCH TO POLICY INTRODUCTION.

IN 2018, IN COLLABORATION WITH PARTNERS, PATH CONTINUED TO ADVANCE A PORTFOLIO OF DRUG PROJECTS TO REDUCE THE GLOBAL BURDEN OF ENTERIC AND DIARRHEAL DISEASE AMONG YOUNG CHILDREN. FOR EXAMPLE, WE MADE SIGNIFICANT PROGRESS IN VALIDATING A NEW RESEARCH ASSESSMENT TOOL FOR ENVIRONMENTAL ENTERIC DYSFUNCTION (EED)-AN INTESTINAL DISORDER COMMON AMONG CHILDREN LIVING IN LOW-RESOURCE SETTINGS THAT IS ASSOCIATED WITH INCREASED RISK OF STUNTING, COGNITIVE DEFICITS, AND REDUCED RESPONSIVENESS TO ORAL VACCINES. THE TOOL IS DESIGNED TO MEASURE MULTIPLE BIOMARKERS, INCLUDING THOSE OF EED, SYSTEMIC INFLAMMATION, GROWTH HORMONE RESISTANCE, AND MICRONUTRIENTS, AND COULD BE AN ASSET FOR EED CLINICAL RESEARCH IN LOW-INCOME COUNTRIES.

THE DIARRHEA INNOVATIONS GROUP (DIG), AN INTERNATIONAL NETWORK OF CHILD HEALTH STAKEHOLDERS HOUSED WITHIN AND CO-CHAired BY PATH, CONTINUED ITS WORK TO IMPROVE COLLABORATION FOR DIARRHEAL DISEASE RESEARCH AND ACCELERATE PROGRESS THROUGH PARTNERSHIPS. IN NOVEMBER 2018, DIG MEMBERS PETITIONED WHO TO INCLUDE CO-PACKAGED ORAL REHYDRATION SOLUTION (ORS) AND ZINC IN ITS MODEL LIST OF ESSENTIAL MEDICINES. JOINT ADMINISTRATION OF ORS AND ZINC HAS LONG BEEN RECOMMENDED FOR MANAGEMENT OF PEDIATRIC

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DIARRHEA, YET NO FORMAL GUIDANCE ON CO-PACKAGED ORS-ZINC EXISTED, AND THE NUMBER OF CHILDREN WITH DIARRHEA RECEIVING THE OPTIMAL TREATMENT REMAINS UNACCEPTABLY LOW AT LESS THAN 7 PERCENT. ONCE ADOPTED BY WHO, THIS GLOBAL POLICY CHANGE WILL HELP PRIORITIZE BOTH ORS AND ZINC AS THE DIARRHEA MANAGEMENT STANDARD AT THE NATIONAL LEVEL, ULTIMATELY IMPROVING COVERAGE AND SAVING LIVES.

ALSO IN 2018, WE CONTINUED OUR WORK TO DEVELOP NEW THERAPEUTICS FOR CRYPTOSPORIDIUM, ONE OF THE KEY PATHOGENS RESPONSIBLE FOR DIARRHEAL MORBIDITY IN CHILDREN UNDER FIVE YEARS OF AGE. IN ADDITION, WE PREPARED FOR A STUDY TO TEST THE INVESTIGATIONAL NEW DRUG IOWH032 AS AN ANTISECRETORY THERAPY FOR THE TREATMENT OF CHOLERA.

PARALLEL TO DRUG RESEARCH AND DEVELOPMENT, PATH CONTINUED OUR WORK TO ENSURE THAT ESSENTIAL MEDICINES ARE RELIABLY ACCESSIBLE TO THE PEOPLE WHO NEED THEM. OUR ACCESS TO ESSENTIAL MEDICINES INITIATIVE CARRIED OUT AN IN-DEPTH ANALYSIS OF THE WHO ESSENTIAL MEDICINES LISTS AND DEVELOPED A TOOL TO HELP IDENTIFY AND PRIORITIZE MEDICINES WITH SUBOPTIMAL ACCESS AND USE. THE TOOL IS DESIGNED TO HELP GLOBAL AND COUNTRY STAKEHOLDERS BETTER UNDERSTAND ACCESS GAPS AND THE HEALTH IMPACT POTENTIAL OF ESSENTIAL MEDICINES. THIS, IN TURN, CAN GUIDE DECISION-MAKING ON ACTIVITIES AND INVESTMENTS. IN 2018, WE INTRODUCED THE TOOL TO A NUMBER OF PARTNERS AND FUNDERS AND EXPLORED OPPORTUNITIES TO MAKE IT PUBLICLY AVAILABLE.

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

DEVICES AND TOOLS



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THE DEVICES AND TOOLS PROGRAM WITHIN TAMI IS PATH'S INNOVATIVE PRODUCT DEVELOPMENT ARM. THE PROGRAM WORKS WITH PUBLIC- AND PRIVATE-SECTOR PARTNERS AROUND THE WORLD TO DEVELOP, TEST, REFINE, INTRODUCE, AND SCALE AFFORDABLE TECHNOLOGIES TO IMPROVE THE HEALTH OF PEOPLE IN LOW- AND MIDDLE-INCOME COUNTRIES.

IN 2018, THE PROGRAM'S MILESTONES INCLUDED TRANSFERRING THE DESIGN OF THE BUBBLE CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE AND OXYGEN BLENDER TO A MANUFACTURER, BEGINNING FIELD EVALUATIONS FOR A FREEZE-SAFE VACCINE CARRIER IN NEPAL WITH A STUDY PARTNER, AND COMPLETING A PROGRAMMATIC AND HUMAN FACTORS EVALUATION OF THREE BLOW-FILL-SEAL VACCINE CONTAINERS IN AFRICA AND ASIA, AS WELL AS RECLASSIFICATION OF THE FEMALE CONDOM BY THE US FOOD & DRUG ADMINISTRATION FROM A CATEGORY III TO CATEGORY II MEDICAL DEVICE. STAFF PRODUCED 17 JOURNAL ARTICLES AND REPORTS ON RESEARCH FINDINGS, RANGING FROM ASSESSMENTS OF TECHNOLOGIES TO IMPROVE IMMUNIZATION TO EVALUATIONS OF NEONATAL RESUSCITATORS.

DIAGNOSTICS  
PATH'S WORK TO ADVANCE ACCURATE DIAGNOSTIC TECHNOLOGIES THAT STRENGTHEN HEALTH EQUITY INCLUDES TOOLS TO DETECT AND MONITOR NEGLECTED TROPICAL DISEASES, MALARIA, HIV, POLIO, AND NONCOMMUNICABLE DISEASES.

IN 2018, OUR PIONEERING WORK IN MALARIA DIAGNOSTICS INCLUDED DEVELOPING NEW TOOLS TO IMPROVE DETECTION OF THE MALARIA PARASITE AND TESTS TO GUIDE THE CLINICAL CARE OF PATIENTS. WITH OUR RESEARCH AND DEVELOPMENT PARTNERS, PATH ADVANCED SEVERAL POINT-OF-CARE TESTS FOR GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY, A CONDITION THAT

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CAN COMPLICATE TREATMENT OF PLASMODIUM VIVAX MALARIA. THIS INCLUDED COMPLETING FIELD-BASED STUDIES OF A QUANTITATIVE BIOSENSOR AND FACILITATING A COMMUNITY OF PRACTICE FOR GLOBAL RESEARCHERS WORKING TO ADVANCE G6PD DIAGNOSTICS. PATH DEVELOPED GEODX, A COMPUTER PROGRAM THAT ESTIMATES THE PLASMODIUM VIVAX BURDEN PER HEALTH FACILITY, THE TOTAL QUANTITY OF G6PD TESTS THAT WOULD BE REQUIRED PER COUNTRY, AND THE ASSOCIATED COST. ADDITIONALLY, WE COMPLETED VALIDATION OF A MULTIPLEXED ARRAY THAT MEASURES MULTIPLE MALARIA ANTIGENS AT LOW CONCENTRATIONS TO SUPPORT THE DEVELOPMENT OF IMPROVED RAPID DIAGNOSTIC TESTS.

WITH PARTNERS, PATH ESTABLISHED A BIOREPOSITORY TO SUPPORT THE DEVELOPMENT OF IMPROVED PREECLAMPSIA DIAGNOSTICS. ADDITIONALLY, PATH CREATED NEW TRAINING MATERIALS, INCLUDING A USER AID, TO SUPPORT OPERATIONS RESEARCH ON AN IMPROVED PREECLAMPSIA TEST.

IN COLLABORATION WITH A PRIVATE-SECTOR PARTNER, PATH WORKED TO SIGNIFICANTLY LOWER THE PRICE PER ANALYTE FOR A MULTIPLEXED TOOL THAT DETECTS UP TO SEVEN NUTRITION- AND DISEASE-RELATED BIOMARKERS FOR POPULATION-BASED SURVEILLANCE OF MICRONUTRIENT DEFICIENCIES.

FURTHER, PATH AND OUR PARTNERS CONDUCTED FIELD STUDIES AND MARKET RESEARCH TO ASSESS AND VALIDATE THE APPLICATION OF A BOVINE ESTRUS DETECTION TEST IN LOW- AND MIDDLE-INCOME COUNTRIES TO IMPROVE LIVELIHOODS AND NUTRITION. THE PRODUCT WAS LAUNCHED WITH DISTRIBUTION PARTNERS IN KENYA, TANZANIA, AND UGANDA.

IMPACT LABS  
PATH'S IMPACT LABS IN INDIA, KENYA, AND SOUTH AFRICA HELP TO ADVANCE

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THE MOST PROMISING HEALTH TECHNOLOGIES. THESE COUNTRIES HAVE RICH INNOVATION ECOSYSTEMS WITH UNIVERSITIES, PRIVATE-SECTOR FIRMS, AND A GROWING NUMBER OF ENTREPRENEURS FOCUSED ON INNOVATIVE PRODUCTS AND SERVICES THAT MAKE HEALTH CARE MORE AFFORDABLE, ACCESSIBLE, AND EFFECTIVE. THROUGH OUR NETWORK OF IMPACT LABS, PATH CAN LEVERAGE WORLD-CLASS GLOBAL AND COUNTRY EXPERTISE TO ACCELERATE THE DEVELOPMENT AND INTRODUCTION OF SCALABLE DEVICES, TOOLS, AND DIAGNOSTICS FOR HEALTH. THE KENYA IMPACT LAB WAS IN NASCENT STAGES IN 2018; ACTIVITIES FOR INDIA AND SOUTH AFRICA ARE DESCRIBED BELOW.

THE INDIA IMPACT LAB WAS OFFICIALLY LAUNCHED IN JANUARY 2018 IN PARTNERSHIP WITH TATA TRUSTS AND THE INDIAN INSTITUTE OF TECHNOLOGY DELHI AS A PLATFORM TO ENABLE LATE-STAGE MEDICAL TECHNOLOGY (MEDTECH) INNOVATIONS TO ACHIEVE MARKET ENTRY, ADOPTION, AND SCALE-UP. IN JULY 2018, THE IMPACT LAB LAUNCHED A 12-MONTH INTENSIVE PROGRAM: SOCIAL ALPHA QUEST FOR HEALTHCARE INNOVATIONS. THE QUEST FEATURED A SYSTEMATIC, COHORT-BASED ENGAGEMENT MODEL WITH TEN SELECTED MEDTECH PRODUCT START-UPS. THE PROGRAM PROVIDED THE START-UPS WITH CONTEXTUAL SUPPORT, GUIDANCE, AND MENTORSHIP IN PRODUCT DEVELOPMENT, CLINICAL EVIDENCE GENERATION, REGULATIONS, QUALITY MANAGEMENT, MARKET UNDERSTANDING, AND PROCUREMENT CHANNELS.

THE IMPACT LAB PARTNERED AND SIGNED MEMORANDUMS OF UNDERSTANDING WITH FIVE TOP INDIAN TECHNOLOGY AND BUSINESS INCUBATORS IN THE LIFE SCIENCE AND HEALTH CARE INDUSTRIES TO CONDUCT JOINT PROGRAMS FOR THE DEVELOPMENT OF THE INNOVATION ECOSYSTEM. THE IMPACT LAB ALSO DELIVERED EIGHT CURATED AND FOCUSED KNOWLEDGE PLATFORMS (FOR EXAMPLE, WORKSHOPS, ROUNDTABLES, AND MENTOR MIXERS). FOR THESE, THE IMPACT LAB ENGAGED

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EXPERTS FROM NUMEROUS LARGE AND SMALL MEDTECH COMPANIES. IN 2018, 60 TO 100 START-UPS PARTICIPATED IN EACH KNOWLEDGE PLATFORM (PRODUCT DEVELOPMENT, LOCAL AND GLOBAL REGULATIONS, STANDARDS, TESTING AND CALIBRATIONS, CERTIFICATION, VENDOR MANAGEMENT, QUALITY MANAGEMENT, AND MARKET ENTRY ASPECTS)-ALL HIGHLY RELEVANT TO THE GROWTH OF MEDTECH START-UPS AND THE INNOVATION ECOSYSTEM.

FOR THE SOUTH AFRICA IMPACT LAB, A PRIMARY FOCUS OF 2018 WAS TO RE-ENGAGE AND RE-AFFIRM PATH'S RELATIONSHIP WITH THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL (SAMRC) AND COMMITMENT TO OUR JOINT GLOBAL HEALTH INNOVATION ACCELERATOR (GHIA) PARTNERSHIP. FOR EXAMPLE, PATH FACILITATED A WORKSHOP WITH THE SAMRC REGARDING KEY COMMERCIALIZATION AND MARKET DYNAMICS CONCEPTS. WE ALSO PROVIDED TECHNICAL ASSISTANCE TO THE SAMRC AND OTHER PARTNERS ON A SUCCESSFUL GRAND CHALLENGES CANADA APPLICATION FOR A MATERNAL HEALTH MEDICAL DEVICE. THESE AND OTHER ACTIVITIES WERE CONDUCTED UNDER A GRANT FROM THE BILL & MELINDA GATES FOUNDATION TO THE SAMRC. THE GRANT WAS AIMED AT BUILDING GHIA'S CAPACITY TO IMPROVE THE AFFORDABILITY AND AVAILABILITY OF HEALTH CARE SERVICES BY SUPPORTING THE DEVELOPMENT AND COMMERCIALIZATION OF MEDICAL TECHNOLOGIES DESIGNED FOR RESOURCE-LIMITED SETTINGS IN SOUTH AFRICA AND BEYOND.

MARKET DYNAMICS  
PATH'S MARKET DYNAMICS PROGRAM ENCOMPASSES EFFORTS TO CHARACTERIZE MARKETS, ASSESS SHORTCOMINGS, AND DESIGN MARKET-BASED INTERVENTIONS TO IMPROVE HEALTH OUTCOMES. THIS WORK COMPLEMENTS PATH'S OTHER EFFORTS, SUCH AS PRODUCT DEVELOPMENT AND INTRODUCTION. IT BUILDS UPON OUR EXISTING STRENGTH IN COMMERCIALIZATION, ALIGNS EXPERTISE ACROSS TEAMS,

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AND EXPANDS OUR CAPACITY TO ADDRESS MARKET-BASED ISSUES. IN 2018, OUR WORK FOCUSED ON ASSESSING MARKETS AND IMPROVING MARKET FUNCTIONING FOR MALARIA DRUGS AND DRUG INTERMEDIATES, MALARIA DIAGNOSTICS, OXYGEN THERAPY DEVICES, AND DEVICES FOR TREATMENT OF PRECANCEROUS CERVICAL LESIONS. THE MARKET DYNAMICS PROGRAM ALSO COLLABORATED WITH THE ADVOCACY AND PUBLIC POLICY TEAM TO STRENGTHEN MARKETS FOR MATERNAL AND NEWBORN HEALTH PRODUCTS THROUGH POLICY ADVOCACY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
ADVOCACY AND PUBLIC POLICY:  
PATH'S ADVOCACY AND PUBLIC POLICY TEAM WORKS IN THE UNITED STATES, GLOBALLY WITH MULTILATERAL AGENCIES ENGAGED IN HEALTH POLICY AND PLANNING, AND IN COUNTRIES AND COMMUNITIES AROUND THE WORLD. WE HELP POLICYMAKERS UNDERSTAND ISSUES AND MOTIVATE THEM TO COMMIT FUNDING, CRAFT POLICIES, AND SPONSOR INITIATIVES TO STRENGTHEN GLOBAL HEALTH EFFORTS.

IN 2018, PATH LED ADVOCACY EFFORTS TO ENSURE SUPPORT AMONG POLICYMAKERS IN THE UNITED STATES AND EUROPE FOR RESEARCH AND DEVELOPMENT, MATERNAL AND CHILD HEALTH, IMMUNIZATION, AND GLOBAL HEALTH SECURITY. ONE EXAMPLE OF OUR SUCCESS WAS PASSAGE OF TWO POLICIES IN THE UNITED STATES THAT SOLIDIFIED US GOVERNMENT SUPPORT FOR RESEARCH AND DEVELOPMENT IN ITS GLOBAL HEALTH PROGRAMS. THANKS IN PART TO PATH'S EFFORTS TO EDUCATE MEMBERS OF CONGRESS, US GOVERNMENT FUNDING WAS MAINTAINED OR INCREASED FOR MATERNAL AND CHILD HEALTH, IMMUNIZATION, AND GLOBAL HEALTH RESEARCH AND DEVELOPMENT PROGRAMS.

WORKING WITH PARTNERS IN AFRICAN COUNTRIES, WE HELPED ADVANCE POLICIES

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TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN. AMONG MANY ACHIEVEMENTS DURING 2018, IN KENYA, YEARS OF ADVOCACY BY PATH RESULTED IN PASSAGE OF THE FIRST COMPREHENSIVE POLICY THAT HARMONIZES DELIVERY OF HEALTH CARE FOR CHILDREN FROM BIRTH THROUGH ADOLESCENCE. IN THE DRC, A NATIONAL STRATEGY AND A SUBNATIONAL POLICY WERE ADOPTED TO PRIORITIZE ELIMINATION OF HUMAN AFRICAN TRY PANOSOMIASIS, ALSO KNOWN AS SLEEPING SICKNESS. IN SOUTH AFRICA, PATH'S ADVOCACY INFLUENCED THE PRIORITIZATION OF RESEARCH AND DEVELOPMENT FOR HEALTH IN A NATIONAL POLICY FOR SCIENCE, TECHNOLOGY, AND INNOVATION. AND IN UGANDA, PATH SUCCESSFULLY ADVOCATED FOR FUNDS TO BE ALLOCATED FOR VACCINE DISTRIBUTION.

SPECIAL INITIATIVES:

PATH IS ENGAGED IN A VARIETY OF SPECIAL INITIATIVES THAT GALVANIZE OUR EXPERTISE AND RESOURCES AND THOSE OF OUR GLOBAL PARTNERS TO SAVE MORE LIVES, MORE QUICKLY. BY THE END OF 2018, WE HAD ACTIVE HEALTH IMPACT TEAMS IN SEVEN HEALTH AREAS: MALARIA; HIV/AIDS; MATERNAL, NEWBORN, AND CHILD HEALTH; NUTRITION; SEXUAL AND REPRODUCTIVE HEALTH; EPIDEMIC PREPAREDNESS AND RESPONSE/GLOBAL HEALTH SECURITY INNOVATION; AND HEALTH SYSTEMS STRENGTHENING/PRIMARY HEALTH CARE. EACH HEALTH IMPACT TEAM GOES THROUGH A STAGED PROCESS OF SCALE-UP AND GROWTH. THESE TEAMS DEVELOP AND EVOLVE STRATEGY, STRENGTHEN AND CONNECT PATH TALENT ACROSS GEOGRAPHIES AND PROGRAMS, AND FOCUS ON REVENUE GENERATION FOR PATH THROUGH EXTERNAL ENGAGEMENT AND POSITIONING WITH KEY PARTNERS AND DONORS.

EXPENSES \$ 25,764,391. INCLUDING GRANTS OF \$ 5,244,395. REVENUE \$ 0.

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

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BELGIUM, CHINA, CONGO, DEM REP, ETHIOPIA,  
 GHANA, INDIA, KENYA, BURMA,  
 MOZAMBIQUE, PERU, SENEGAL, SOUTH AFRICA,  
 SWITZERLAND, TANZANIA, UGANDA, UNITED KINGDOM,  
 UKRAINE, VIETNAM, ZAMBIA

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY PATH ACCOUNTING SERVICES STAFF. PATH SENIOR MANAGEMENT REVIEWED THE DRAFT FORM. A COPY OF THE DRAFT WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE CHIEF OF ACCOUNTING SIGNED THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

PATH HAS POLICIES AND PROCEDURES TO ADDRESS CONFLICTS OF INTEREST. PATH MANAGEMENT AND ALL STAFF AT A DESIGNATED LEVEL OR HIGHER WITHIN THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEE WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST.

PATH ALSO HAS A WELL-DEFINED PROCEDURE FOR IDENTIFYING AND REPORTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS. NEW BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WITHIN 30 DAYS OF JOINING THE BOARD AND TO COMPLETE A NEW FORM ANNUALLY THEREAFTER. IN ADDITION, MEMBERS ARE REMINDED TO REPORT ANY NEW ISSUES THAT ARISE OUTSIDE OF THE ANNUAL DISCLOSURE PERIOD. THE DISCLOSURE FORMS ARE REVIEWED BY PATH'S GENERAL COUNSEL, AND IF ANY ACTUAL OR POTENTIAL CONFLICTS ARE IDENTIFIED, GENERAL COUNSEL MAKES A RECOMMENDATION TO THE CHAIR OF THE

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GOVERNANCE COMMITTEE AND THE CHAIR OF THE BOARD FOR A MANAGEMENT PLAN TO PROPERLY MANAGE ANY CONFLICTS. A FORMAL MANAGEMENT PLAN IS THEN AGREED UPON WITH THE BOARD MEMBER, AND THE ENTIRE BOARD OF DIRECTORS IS INFORMED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:  
THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS SALARIES AND BENEFITS FOR EXECUTIVE EMPLOYEE POSITIONS AND PROVIDES GUIDANCE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER (CEO) ON COMPENSATION DECISIONS FOR EXECUTIVE POSITIONS.

THE COMPENSATION AND BENEFITS FOR PATH'S PRESIDENT/CEO ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS EACH YEAR.

PATH ROUTINELY USES THE SERVICES OF EXTERNAL FIRMS TO ASSESS AND BENCHMARK EXECUTIVE COMPENSATION (PRESIDENT/CEO, VICE PRESIDENTS, AND EXECUTIVE TEAM MEMBERS). THE MOST RECENT MAJOR REVIEW WAS COMPLETED BY THE BOARD COMPENSATION COMMITTEE IN 2017. AT THE REQUEST OF THE BOARD, PATH ENGAGED MERCER (A COMPENSATION, BENEFITS, AND HUMAN RESOURCES CONSULTING FIRM) TO REVIEW CURRENT AND PROPOSED BASE SALARIES OF PATH'S PRESIDENT/CEO, VICE PRESIDENTS, AND EXECUTIVE TEAM MEMBERS.

MERCER USED DATA FROM MULTIPLE SOURCES TO EVALUATE CURRENT AND PROPOSED BASE SALARIES FOR THESE POSITIONS. THE BOARD'S EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE MERCER REPORT AND APPROVED THE USE OF THE REPORT TO ESTABLISH A FRAMEWORK WITHIN WHICH THE PRESIDENT/CEO IS DELEGATED AUTHORITY TO ESTABLISH THE TOTAL COMPENSATION PACKAGES OF THE VICE PRESIDENTS AND EXECUTIVE TEAM MEMBERS.



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ADDITIONALLY, MERCER REVIEWED THE PROPOSED TOTAL COMPENSATION AND BENEFITS PACKAGE FOR THE PRESIDENT/CEO POSITION AND OBTAINED A SIGNIFICANT NUMBER OF DATA POINTS TO ASCERTAIN ITS REASONABLENESS AND APPROPRIATENESS. THE BOARD APPROVED THE COMMITTEE'S RECOMMENDATION FOR THE PRESIDENT/CEO'S TOTAL COMPENSATION PACKAGE.

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

AL, AR, CA, CT, FL, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT  
VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

PATH GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; MOST DOCUMENTS ARE ALSO AVAILABLE ONLINE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOR THE YEAR ENDED DECEMBER 31, 2018, THE ORGANIZATION ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE (ASU) NO. 2018-08 - NOT-FOR-PROFIT ENTITIES (TOPIC 958): CLARIFYING THE SCOPE AND THE ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE FOR REVENUE TRANSACTIONS. THE UPDATE ASSISTS ENTITIES IN (1) EVALUATING WHETHER TRANSACTIONS SHOULD BE ACCOUNTED FOR AS CONTRIBUTIONS (NONRECIPROCAL TRANSACTIONS) OR AS EXCHANGE (RECIPROCAL) TRANSACTIONS AND (2) DETERMINING WHETHER A CONTRIBUTION IS CONDITIONAL. THE PRIMARY EFFECT OF ADOPTION OF THIS ASU FOR THE ORGANIZATION IS THAT CERTAIN AWARDS RECEIVED THAT WERE PREVIOUSLY TREATED AS UNCONDITIONAL ARE NOW TREATED AS CONDITIONAL. AS A RESULT, REVENUE FOR THESE AWARDS IS RECOGNIZED

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WHEN THE CONDITIONS ARE MET DURING THE AWARD TERM, WHEREAS PREVIOUSLY  
REVENUE HAD BEEN RECOGNIZED WHEN THE AWARDS WERE AWARDED. PATH HAS  
ELECTED TO ADOPT THE CHANGES FROM THIS ASU RETROSPECTIVELY TO THE 2017  
FINANCIAL STATEMENTS. THE NET EFFECT OF THIS CHANGE IS PRESENTED AS AN  
OTHER CHANGE IN NET ASSETS. -378,755,643.  
TOTAL TO FORM 990, PART XI, LINE 9 -378,755,643.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization <p style="text-align: center;">PATH</p>	<b>Employer identification number</b> 91-1157127
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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)	LINE 12A, I	PATH	X	
PATH DRUG SOLUTIONS - 94-3384500 280 UTAH AVENUE, SUITE 250 SAN FRANCISCO, CA 94080	DEVELOPMENT & DISTRIBUTION OF SAFE, EFFECTIVE, AND AFFORDABLE MEDICINES	CALIFORNIA	501(C)(3)	LINE 12A, I	PATH	X	
FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND, 207 ROUTE DE FERNEY 1218 LE GRAND-SACONNEX, GENEVA, SWITZERLAND	EDUCATIONAL AND SCIENTIFIC PROMOTION OF HEALTH	SWITZERLAND	501(C)(3)		PATH	X	

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

Schedule R (Form 990) 2018



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PATH VACCINE SOLUTIONS	C	20,062,779.FMV	
(2) PATH DRUG SOLUTIONS	C	2,964,636.FMV	
(3) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	C	520,410.FMV	
(4) FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND	B	3,321,058.FMV	
(5)			
(6)			



