

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH. D Employer identification number: 91-1157127. E Telephone number: (206) 285-3500. F Accounting method: Accrual.

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

G Website: WWW.PATH.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [ ] Yes [ ] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 215,689,857.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? SEE STATEMENT 43 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>VACCINES AND IMMUNIZATIONS (VI) - SEE STATEMENT 2</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>31,685,296.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	59,362,610.
<b>b</b> <u>EMERGING AND EPIDEMIC DISEASES (EED) - SEE STATEMENT 2</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>2,412,445.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29,298,596.
<b>c</b> <u>HEALTH TECHNOLOGIES (HI) - SEE STATEMENT 2</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>1,898,792.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	9,294,463.
<b>d</b> <u>REPRODUCTIVE HEALTH (RH) - SEE STATEMENT 2</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>1,790,886.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	8,228,785.
<b>e</b> Other program services (attach schedule) <u>SEE STATEMENT 44</u> (Grants and allocations \$ <u>509,754.</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	5,128,035.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	111,312,489.

**Part IV Balance Sheets** (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing . . . . .		2,582,529.	45	2,175,492.	
	46	Savings and temporary cash investments . . . . .		62,906,805.	46	38,917,968.	
	47 a	Accounts receivable . . . . .	47 a	2,569,615.			
	b	Less: allowance for doubtful accounts . . . . .	47 b		1,369,155.	47 c	2,569,615.
	48 a	Pledges receivable . . . . .	48 a	364,598.			
	b	Less: allowance for doubtful accounts . . . . .	48 b	36,460.	884,512.	48 c	328,138.
	49	Grants receivable . . . . .		140,755,884.	49	197,619,992.	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				50 a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .				50 b	
	51 a	Other notes and loans receivable (attach schedule) . . . . . STMT. 45	51 a	928,514.			
	b	Less: allowance for doubtful accounts . . . . .	51 b	773,460.	340,450.	51 c	155,054.
	52	Inventories for sale or use . . . . .				52	
	53	Prepaid expenses and deferred charges . . . . .			911,538.	53	1,205,828.
	54 a	Investments - publicly-traded securities . STMT. 47	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		199,084,353.	54 a	218,168,284.
	b	Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			54 b	
	55 a	Investments - land, buildings, and equipment: basis . . . . .	55 a				
	b	Less: accumulated depreciation (attach schedule) . . . . .	55 b			55 c	
	56	Investments - other (attach schedule) . . . . .				56	
	57 a	Land, buildings, and equipment: basis . . . . .	57 a	12,130,673.			
b	Less: accumulated depreciation (attach schedule) . . . . .	57 b	6,872,720.	5,169,989.	57 c	5,257,953.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 48 ) . . . . .			1,657,397.	58	1,478,219.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .			415,662,612.	59	467,876,543.	
Liabilities	60	Accounts payable and accrued expenses . . . . .		8,695,363.	60	9,565,789.	
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				63	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .				64 a	
	b	Mortgages and other notes payable (attach schedule) . . . . . STMT. 49			4,172,500.	64 b	1,842,500.
	65	Other liabilities (describe <input type="checkbox"/> ) . . . . .				65	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .			12,867,863.	66	11,408,289.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted . . . . .		11,343,691.	67	14,347,051.	
	68	Temporarily restricted . . . . .		388,134,421.	68	438,788,461.	
	69	Permanently restricted . . . . .		3,316,637.	69	3,332,742.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds . . . . .				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .				71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .				72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .			402,794,749.	73	456,468,254.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .			415,662,612.	74	467,876,543.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	270,431,617.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	253,006.
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	108,666.
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE STATEMENT 51</u>	<b>b4</b>	91,759,312.
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	92,120,984.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	178,310,633.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): <u>SEE STATEMENT 52</u>	<b>d2</b>	2,216,541.
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	2,216,541.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	180,527,174.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	127,263,970.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	108,666.
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE STATEMENT 53</u>	<b>b4</b>	-306,546.
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-197,880.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	127,461,850.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	127,461,850.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 54		516,506.	53,567.	360.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 12

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . **75b** X

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . . **75c** X

If "Yes," attach a statement that includes the information described in the instructions.

**d** Does the organization have a written conflict of interest policy? . . . . . **75d** X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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**Part VI Other Information** (See the instructions.)

**76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . . **76** X

**77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . . STMT. 56 . . . **77** X

If "Yes," attach a conformed copy of the changes.

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . **78a** X

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . . **78b** N/A

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . **79** X

**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . **80a** X

**b** If "Yes," enter the name of the organization ► STMT 57  
----- and check whether it is  exempt or  nonexempt

**81a** Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . **81a** NONE

**b** Did the organization file **Form 1120-POL** for this year? . . . . . **81b** X

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational activities, financials, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country SEE GENERAL EXPLANATION STATEMENT 1
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (a-e), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate (a-b), Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue (a-e), Subtotal, and Total.

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

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

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 CHRISTOPHER J. ELIAS PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	CLARK NUBER P.S. 10900 NE 4TH, SUITE 1700 BELLEVUE, WA 98004		EIN <input type="checkbox"/> 91-1194016 Phone no. <input type="checkbox"/> 425 454-4919

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2006**

Name of the organization <b>PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH</b>	Employer identification number <b>91-1157127</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 60				

Total number of other employees paid over \$50,000 . . ▶	210
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**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 61		

Total number of others receiving over \$50,000 for professional services . . . . . ▶	0
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**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 62		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	7
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Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (Yes: X); 2. Transactions with substantial contributors; 2a-e. Specific transaction types; 3a-d. Grants and services; 4a-c. Donor advised funds; 4d-f. Fund ownership and assets.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	44,729.
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	102,870.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	147,599.
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	127,362,880.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	127,510,479.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	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>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	250,000.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					6,000,000.
<b>47</b> Total lobbying expenditures	147,599.	43,787.	75,049.	40,106.	306,541.
<b>48</b> Grassroots nontaxable amount . . . . .	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					1,500,000.
<b>50</b> Grassroots lobbying expenditures . . . . .	44,729.	2,250.	33,365.	131.	80,475.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

NOT APPLICABLE

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .			
<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 other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash . . . . .		X
(ii)	Other assets . . . . .		X
<b>b</b>	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization . . . . .		X
(ii)	Purchases of assets from a noncharitable exempt organization . . . . .		X
(iii)	Rental of facilities, equipment, or other assets . . . . .		X
(iv)	Reimbursement arrangements . . . . .		X
(v)	Loans or loan guarantees . . . . .		X
(vi)	Performance of services or membership or fundraising solicitations . . . . .		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
PACTEC, INC.	501(C)(2)	PATH OWNS PACTEC, INC., A REAL ESTATE HOLDING ORGANIZATION.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2006**

Name of organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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 foundation

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

**General Rule -**

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

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

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

**Employer identification number**  
91-1157127

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		115,795,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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FINANCIAL ACCOUNTS AND OFFICES IN FOREIGN COUNTRIES  
FORM 990, PART VI, LINE 91 B&C

LINE 91 B:

- BELGIUM
- CAMBODIA
- CHINA
- FRANCE
- INDIA
- INDONESIA
- KENYA
- NICARAGUA
- SENEGAL
- SOUTH AFRICA
- TANZANIA
- THAILAND
- UGANDA
- UKRAINE
- VIETNAM
- ZAMBIA

LINE 91 C:

- BELGIUM
- CAMBODIA
- CHINA
- FRANCE
- INDIA
- INDONESIA
- KENYA
- NICARAGUA
- SENEGAL
- SOUTH AFRICA
- TANZANIA
- THAILAND
- UGANDA
- UKRAINE
- VIETNAM
- ZAMBIA

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

PROGRAM SERVICES ACCOMPLISHMENTS  
FORM 990, PART III, LINES A, B, C, D, AND E

PATH IS AN INTERNATIONAL, NONPROFIT ORGANIZATION THAT CREATES SUSTAINABLE, CULTURALLY RELEVANT SOLUTIONS TO GLOBAL HEALTH CHALLENGES, ENABLING COMMUNITIES WORLDWIDE TO BREAK LONGSTANDING CYCLES OF POOR HEALTH. BY COLLABORATING WITH DIVERSE PUBLIC- AND PRIVATE-SECTOR PARTNERS, WE HELP PROVIDE VITAL TOOLS AND STRATEGIES THAT CHANGE THE WAY PEOPLE THINK AND ACT.

PATH IS ORGANIZATIONALLY STRONG AND WELL POSITIONED FOR CONTINUED SUCCESS. HEADQUARTERED IN SEATTLE, WASHINGTON, PATH OPERATES 26 OFFICES IN 17 COUNTRIES AND WORKS IN MORE THAN 65 COUNTRIES. APPROXIMATELY HALF OF OUR STAFF ARE BASED IN COUNTRIES OUTSIDE OF THE UNITED STATES. WE REGULARLY WORK WITH A RANGE OF PARTNERS-THE WORLD HEALTH ORGANIZATION, OTHER UNITED NATIONS AGENCIES, GOVERNMENTS, COMMUNITY GROUPS, NONGOVERNMENTAL ORGANIZATIONS, FOUNDATIONS, AND PRIVATE-SECTOR ENTITIES-TO OFFER SOLUTIONS THAT ARE DESIGNED FOR THE HEALTH NEEDS AND SOCIAL CONTEXT OF THE REGIONS WE SERVE.

## A. VACCINES AND IMMUNIZATIONS

PATH IS WORKING TO CLOSE GAPS IN ACCESS TO LIFESAVING VACCINES. BY STRENGTHENING HEALTH SYSTEMS, EXPANDING ACCESS TO NEW VACCINES, ACCELERATING RESEARCH AND DEVELOPMENT, AND CREATING INNOVATIVE TECHNOLOGY SOLUTIONS, WE ARE HELPING TO MAKE SAFE AND EFFECTIVE VACCINES AFFORDABLE AND AVAILABLE TO THOSE MOST IN NEED.

OUR WORK IS HAVING A FAR-REACHING IMPACT. FOR EXAMPLE, IN 2006 PATH HELPED PROTECT MORE THAN 11 MILLION CHILDREN AND ADOLESCENTS IN INDIA AND NEPAL AGAINST JAPANESE ENCEPHALITIS. WE ARE ALSO WORKING AGAINST OTHER GLOBAL THREATS, SUCH AS MALARIA, MENINGITIS, ROTAVIRUS, HAEMOPHILUS INFLUENZAE TYPE B, AND HUMAN PAPILLOMAVIRUS.

## B. EMERGING AND EPIDEMIC DISEASES

IN ADDITION TO VACCINES AND IMMUNIZATIONS, PATH WORKS ON THE MULTIPLE FACTORS THAT CONTRIBUTE TO EPIDEMIC DISEASES-PARTICULARLY HIV, TUBERCULOSIS, AND MALARIA-AND EMERGING THREATS SUCH AS AVIAN INFLUENZA.

OUR WORK ON MALARIA ILLUSTRATES PATH'S APPROACH TO OVERCOMING BOTH SCIENTIFIC AND CULTURAL CHALLENGES. WORKING WITH SOME OF THE WORLD'S LARGEST PRIVATE-SECTORS COMPANIES, WE ARE LEADING THE DEVELOPMENT OF A

## FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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MALARIA VACCINE THAT WILL ONE DAY PROTECT EVERY CHILD AT RISK OF THE DISEASE. AT THE SAME TIME, WE ARE PUTTING IN PLACE MALARIA CONTROL MEASURES THAT WILL SAVED LIVES TODAY, BY WORKING WITH GLOBAL LEADERS AS WELL AS COMMUNITIES THROUGHOUT ZAMBIA TO NATIONALLY SCALE UP INTERVENTIONS THAT HAVE PROVEN SUCCESSFUL AT THE LOCAL LEVEL.

## C. HEALTH TECHNOLOGIES

PATH ADVANCES HEALTH TECHNOLOGIES THAT ARE NOT JUST STOPGAPS, BUT LASTING, USER-CENTERED SOLUTIONS. OVER THE PAST 25 YEARS, WE HAVE WORKED ON MORE THAN 55 HEALTH TECHNOLOGIES THAT ARE APPROPRIATE FOR LOW-RESOURCE SETTINGS-MEANING THAT THEY ARE EFFECTIVE, CULTURALLY ACCEPTABLE, AVAILABLE, AND AFFORDABLE TO THE PEOPLE WHO NEED THEM MOST.

THESE TECHNOLOGIES RANGE FROM RELATIVELY SIMPLE, PHYSICAL PRODUCTS, SUCH AS A SYRINGE THAT AUTOMATICALLY DISABLES AFTER A SINGLE USE, TO TECHNOLOGIES THAT MAY BECOME TRUE SCIENTIFIC BREAKTHROUGHS-SUCH AS A MICROBICIDE THAT WILL ONE DAY PREVENT HIV TRANSMISSION. SEVERAL OF THESE TECHNOLOGIES ARE ALREADY USED GLOBALLY. FOR EXAMPLE, HUNDREDS OF THOUSANDS OF WOMEN IN AFGHANISTAN, GHANA, AND MALI HAVE RECEIVED TETANUS TOXOID VACCINE VIA PATH'S UNIJECT DEVICE.

## D. REPRODUCTIVE HEALTH

PATH HAS BEEN A FRONTRUNNER IN THE RACE TO OFFER WOMEN BETTER HEALTH SOLUTIONS SINCE THE LATE 1970S. AS RECOGNITION OF THE HEALTH NEEDS OF WOMEN IN POOR COUNTRIES HAS INCREASED, PATH'S INVOLVEMENT IN WOMEN'S HEALTH HAS EXPANDED CORRESPONDINGLY.

TODAY PATH HAS PROJECTS THAT IMPROVE PREVENTION AND TREATMENT OF CERVICAL AND BREAST CANCER, GIVE WOMEN TOOLS TO PROTECT THEMSELVES AND THEIR FAMILIES AGAINST HIV, AND INCREASE OPTIONS FOR AND AWARENESS OF CONTRACEPTION. WE DEVELOP TOOLS THAT PROVIDE BETTER HEALTH INFORMATION FOR WOMEN AND THEIR COMMUNITIES, COMPLEMENTING THESE EFFORTS WITH ADVOCACY AND INFORMATION-SHARING AT THE GLOBAL LEVEL.

## E. OTHER PROGRAM SERVICES

BECAUSE FAR TOO MANY WOMEN IN DEVELOPING COUNTRIES DIE FROM CHILDBIRTH, PATH ALSO FOCUSES ON MATERNAL AND CHILD HEALTH AND NUTRITION. FOR EXAMPLE, TO PREVENT UNNECESSARY MATERNAL DEATHS, WE ARE SPREADING THE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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WORD INTERNATIONALLY ABOUT THE LATEST TECHNIQUES FOR PREVENTING EXCESSIVE POSTPARTUM HEMORRHAGE. TO HELP ENSURE THAT CHILDREN GROW UP WITH THE NUTRITIONAL RESOURCES THEY NEED, OUR WORK PROMOTES EXCLUSIVE BREASTFEEDING AND MICRONUTRIENT FORTIFICATION THROUGH MANUFACTURED ULTRA RICE GRAINS.

FOR MORE INFORMATION ABOUT PATH AND ITS PROGRAMS, PLEASE VISIT [WWW.PATH.ORG](http://WWW.PATH.ORG) OR CONTACT [INFO@PATH.ORG](mailto:INFO@PATH.ORG).

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

FACTS AND CIRCUMSTANCES TEST  
SCHEDULE A, PART IV-A, LINE 26F

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (D.B.A. PATH) NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS OR THE GENERAL PUBLIC UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) AND UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF TREASURY REGULATIONS SECTION 1.170A-9(A)(3).

1. REGULATION §1.170A-9(E)(3)(I): PUBLIC SUPPORT > OR = 10%.

PATH'S PUBLIC SUPPORT PERCENTAGE FOR THE FOUR YEAR PERIOD ENDING DECEMBER 31, 2005 IS 30.8448%. THIS IS SUBSTANTIALLY MORE THAN THE 10% MINIMUM AMOUNT OF PUBLIC SUPPORT REQUIRED IN REGULATION §1.170A-9(E)(3)(I).

2. REGULATION §1.170A-9(E)(3)(II): ATTRACTION OF PUBLIC SUPPORT.

PATH ACTIVELY AND CONTINUOUSLY OPERATES TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT FOR ITS PROGRAMS. CURRENTLY, WE EMPLOY SEVEN STAFF MEMBERS DEVOTED TO GENERAL PUBLIC FUNDRAISING ACTIVITIES. THESE INCLUDE THE VICE PRESIDENT OF EXTERNAL RELATIONS, DIRECTOR OF DEVELOPMENT, SENIOR DEVELOPMENT ASSOCIATE, EVENT COORDINATOR, TELEFUNDING COORDINATOR, DEVELOPMENT/EVENTS ASSISTANT, AND DEVELOPMENT ASSISTANT. IN ADDITION, WE HAVE RECENTLY FORMED A WORK UNIT DEVOTED TO US GOVERNMENT FUNDING EFFORTS. THIS UNIT IS COMPRISED BY A DIRECTOR OF NEW BUSINESS DEVELOPMENT AND A PROPOSAL PRODUCTION MANAGER. PATH'S FUNDRAISING PROGRAM ACTIVELY SOLICITS GRANTS AND GIFTS FROM GOVERNMENTAL AGENCIES, CORPORATIONS, AND INDIVIDUALS.

PATH'S GENERAL PUBLIC FUNDRAISING ACTIVITIES HAVE GROWN SUBSTANTIALLY OVER THE LAST SEVERAL YEARS. THE TOTAL NUMBER OF INDIVIDUALS AND FAMILIES GIVING TO PATH HAS GROWN FROM 209 IN 2004; 694 IN 2005; TO 1,004 IN 2006. UNRESTRICTED GIFTS FROM INDIVIDUALS AND FAMILIES HAVE SHOWN THE SAME PROGRESSION, FROM \$250,000 IN 2004; \$855,000 IN 2005; TO \$1,709,000 IN 2006. WE HAVE ALSO SEEN MARKED INCREASES IN DONORS GIVING OVER \$1,000 IN A YEAR, WHO WE CALL PATH ASSOCIATES. IN 2004, PATH HAD 80 ASSOCIATES GIVING \$1,000 OR MORE. BY 2006, THIS NUMBER HAD GROWN TO 210. IN 2005, PATH LAUNCHED A SIGNATURE FUNDRAISING EVENT CALLED THE BREAKFAST FOR GLOBAL HEALTH. THIS EVENT RAISED \$196,000 IN 2005, \$633,000 IN 2006 AND, IN 2007 WE HAD OUR MOST SUCCESSFUL EVENT, RAISING OVER \$762,000.

THE SCOPE OF PATH'S FUNDRAISING ACTIVITIES IS REASONABLE IN LIGHT OF ITS CHARITABLE PROGRAMS, AND INCLUDES PROPOSAL WRITING, ON-LINE AND DIRECT MAIL APPEALS, AND EVENTS AIMED TO ENCOURAGE SUPPORT FROM INDIVIDUALS. PATH'S FUNDRAISING ACTIVITIES HELP RAISE AWARENESS OF ITS CHARITABLE

## FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

PROGRAMS SUPPORTING VACCINES AND IMMUNIZATIONS, EMERGING AND EPIDEMIC DISEASES, HEALTH TECHNOLOGIES, REPRODUCTIVE HEALTH, AND MATERNAL AND CHILD HEALTH.

3. REGULATION §1.170A-9(E) (3) (III): PERCENTAGE OF PUBLIC SUPPORT.

AS PROVIDED IN REGULATION §1.170A-9(E) (3) (III), THE HIGHER THE PERCENTAGE OF PUBLIC SUPPORT OVER THE 10% MINIMUM REQUIREMENT AT REGULATION §1.170A-9(E) (3) (I), "THE LESSER WILL BE THE BURDEN OF ESTABLISHING THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION THROUGH OTHER FACTORS." PATH'S PUBLIC SUPPORT IS SUBSTANTIALLY ABOVE THE 10% MINIMUM AND ONLY SLIGHTLY BELOW THE ONE-THIRD LEVEL. PATH ACCORDINGLY HAS A LOW BURDEN IN ESTABLISHING ITS PUBLICLY SUPPORTED NATURE ON THE BASIS OF OTHER FACTORS.

4. REGULATION §1.170A-9(E) (3) (IV): SOURCES OF SUPPORT.

PATH HAS A WIDE VARIETY OF FUNDING SOURCES INCLUDING GOVERNMENTS, FOUNDATIONS, CORPORATIONS, AND PRIVATE INDIVIDUALS. IN 2006, PATH RECEIVED 21.6% OF ITS SUPPORT FROM THE US GOVERNMENT, 10.0% FROM OTHER GOVERNMENTS, NGOS AND MULTILATERAL ORGANIZATIONS, AND 1.9% FROM INDIVIDUALS. PATH IS ACTIVELY WORKING TO FURTHER DIVERSIFY ITS SOURCES OF SUPPORT. PATH HAS EXPERIENCED TREMENDOUS GROWTH IN THE AREA OF GOVERNMENT GRANTS. IN 2006, TOTAL GOVERNMENTS GRANTS TOTALED MORE THAN \$44 MILLION, COMPARED TO \$29 MILLION IN 2005, AND \$20 MILLION IN 2004. CHARITABLE CONTRIBUTIONS FROM PRIVATE INDIVIDUALS AND FAMILIES REPRESENT A GROWING SEGMENT OF PATH'S CONTRIBUTION BASE. INDIVIDUAL CONTRIBUTIONS HAVE GROWN FROM APPROXIMATELY \$40,000 IN 2000 TO OVER \$1.6 MILLION IN 2006.

5. REGULATION §1.170A-9(E) (3) (V): REPRESENTATIVE GOVERNING BODY.

THE COMPOSITION OF PATH'S 13-MEMBER BOARD OF DIRECTORS TRULY REPRESENTS A BROAD CROSS-SECTION FROM THE WORLD COMMUNITY INTERESTED IN PUBLIC HEALTH AND HEALTH TECHNOLOGY ISSUES. BOARD MEMBERS COME FROM AROUND THE GLOBE, INCLUDING BANGLADESH, BRAZIL, EGYPT, INDIA, KENYA, SENEGAL, THAILAND AND THE UNITED STATES. THEY REPRESENT A BROAD RANGE OF INTERESTS AND EXPERTISE, INCLUDING INVOLVEMENT IN ACADEMIA, INTERNATIONAL HEALTH CARE, PUBLIC HEALTH, AND DISEASE CONTROL. NONE OF THE BOARD MEMBERS ARE RELATED TO EACH OTHER.

6. REGULATION §1.170A-9(E) (3) (VI): AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES.



## FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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PATH HAS 30 YEARS OF EXPERIENCE IN GLOBAL HEALTH. PATH'S STAFF PROVIDE EXPERTISE IN PUBLIC HEALTH, EPIDEMIOLOGY, TECHNOLOGY DESIGN, TECHNOLOGY DEVELOPMENT AND TRANSFER, TECHNOLOGY INTRODUCTION, IMMUNODIAGNOSTICS AND VACCINE DEVELOPMENT, VACCINE DISTRIBUTION SYSTEMS, BUSINESS DEVELOPMENT, EDUCATION AND TRAINING, COMMUNICATION, ADVOCACY, AND PROCUREMENT. HEADQUARTERED IN SEATTLE, WASHINGTON, PATH OPERATES 26 OFFICES IN 17 COUNTRIES AND IS WORKING IN MORE THAN 65 COUNTRIES. APPROXIMATELY HALF OF PATH'S STAFF ARE BASED IN COUNTRIES OUTSIDE OF THE UNITED STATES.

PATH'S SEATTLE OFFICE HAS A LEVEL-TWO BIOSAFETY LABORATORY AND A PRODUCT DEVELOPMENT SHOP FOR FABRICATING PROTOTYPES, TESTING MATERIALS, AND EVALUATING TECHNOLOGIES APPROPRIATE FOR USE IN LOW-RESOURCE SETTINGS. TECHNOLOGIES DEVELOPED IN THESE FACILITIES INCLUDE CONTRACEPTIVES, INJECTION DEVICES, AND DIAGNOSTIC TESTS FOR INFECTIOUS DISEASES.

PATH VIEWS COLLABORATION AS THE KEY TO THE SUCCESS AND SUSTAINABILITY OF EVERY PROJECT. PATH REGULARLY WORKS WITH THE WORLD HEALTH ORGANIZATION, UNICEF, UNFPA, GOVERNMENT MINISTRIES, COMMUNITY GROUPS, OTHER NONGOVERNMENTAL ORGANIZATIONS, FOUNDATIONS, AND PRIVATE-SECTOR PARTNERS. AS A RESULT, OUR WORK HAS IMPACTED THE HEALTH AND LIVES OF MILLIONS OF PEOPLE WORLDWIDE.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
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DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS ON SECURITIES	253,006.
RETURNED SUB-AWARD FUNDS	355,175.
TOTAL	----- 608,181. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
ACTION IEC	NONE	EMERGING AND EPIDEMIC DISEASES	16,880.
1C ST. 368 BOEUNG KENG KANG 3 12000 PHNOM PENH PHNOM PENH CAMBODIA	CORPORATION		
ADVERTISING AGENCY "AVRORA"	NONE	EMERGING AND EPIDEMIC DISEASES	89,855.
SPD ZOLOTARENKO T.O. 83000 DONETSK DONETSK UKRAINE	CORPORATION		
AGA KHAN UNIVERSITY STADIUM ROAD, P.O. BOX 3500 74200 KARACHI SOUTHERN SINDH, KARACHI PAKISTAN	NGO	VACCINES AND IMMUNIZATIONS	20,266.
AIDS ACCESS FOUNDATION 48/282 CENTER, RAMKAMHAENG RD 10700 BANGKOK NOI BANGKOK THAILAND	NGO	EMERGING AND EPIDEMIC DISEASES	129,226.
AIDS ACTION COMMITTEE OF MASSACHUSETTS 294 WASHINGTON STREET, 5TH FLOOR BOSTON, MA 02108	NGO	EMERGING AND EPIDEMIC DISEASES	3,000.
AIDS FOUNDATION OF CHICAGO 411 SOUTH WELLS STREET, SUITE 300 CHICAGO, IL 60607	NGO	EMERGING AND EPIDEMIC DISEASES	6,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AKTIV-DRY LLC 6060 SPINE ROAD BOULDER, CO 80302	NONE CORPORATION	HEALTH TECHNOLOGIES	45,125.
ALLIANCE FOR MICROBICIDE DEVELOPMENT 8484 GEORGIA AVENUE, SUITE 940 SILVER SPRING, MD 20910	NONE NGO	EMERGING AND EPIDEMIC DISEASES	24,151.
AMERICAN MEDICAL STUDENT ASSOCIATION 1902 ASSOCIATION DRIVE RESTON, VA 20191	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,000.
ARBOR VITA CORPORATION 772 LUCERNE DRIVE SUNNYVALE, CA 94085	NONE CORPORATION	REPRODUCTIVE HEALTH	50,000.
ARMONIE 150 MTS SUR DEL LA FARMACIA KHUN 5707 SAN JOSE SAN JOSE COSTA RICA	NONE NGO	REPRODUCTIVE HEALTH	7,375.
ASIA PACIFIC COUNCIL OF AIDS SERVICE ORG (APCASO) #12, JALAN 13/48A, BLVD SHOP OFFICE 57000 KUALA LUMPUR WILAYAH PERSEKUTUAN MALAYSIA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,293.
ASSOCIATION BURKINABE DES SAGES-FEMMES BP 5053 02 OUAGADOUGOU OUAGADOUGOU BURKINA FASO	NONE NGO	MATERNAL AND CHILD HEALTH	5,926.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASSOCIATION DES SAGES - FEMMES DU MALI SIEGE BAMAKO-COURA BAMAKO BAMAKO KOURA MALI	NONE NGO	MATERNAL AND CHILD HEALTH	6,709.
ASSOCIATION OF MALAWIAN MIDWIVES P.O. BOX 31254 CHICHIRI, BLANTYRE 3 CHICHIRI MALAWI	NONE NGO	MATERNAL AND CHILD HEALTH	7,554.
ATLANTIS ASSOCIATES P.O. BOX 317, TIMES SQUARE STATION NEW YORK, NY 10108	NONE CORPORATION	REPRODUCTIVE HEALTH	42,028.
AURORA MEDICAL SERVICES, INC. PS 1001 BROADWAY, SUITE 320 SEATTLE, WA 98122	NONE CORPORATION	HEALTH TECHNOLOGIES	4,235.
BAIF DEVELOPMENT RESEARCH FOUNDATION NATIONAL HIGHWAY NO. 4 411 058 WARE PUNE INDIA	NONE NGO	MATERNAL AND CHILD HEALTH	71,560.
BECTON, DICKINSON AND COMPANY ONE BECTON DRIVE FRANKLIN LKS, NJ 07417	NONE CORPORATION	HEALTH TECHNOLOGIES	94,315.
BENIN MIDWIVES ASSOCIATION 04 BP 813 COTONOU COTONOU COTONOU BENIN	NONE NGO	MATERNAL AND CHILD HEALTH	4,740.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BHARAT BIOTECH INTERNATIONAL LIMITED BOX 16, ROAD NO. 1BANJARA HILLS 500 034 HYDERABAD ANDHRA PRADESH INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	238,575.
BHARTI, SHRAMIK 392, VIKAS NAGAR 208 010 KANPUR KANPUR URBAN INDIA	NONE INDIVIDUAL	MATERNAL AND CHILD HEALTH	20,850.
BIOJECT, INC. 20245 SW 95TH AVENUE TUALATIN, OR 97062	NONE CORPORATION	HEALTH TECHNOLOGIES	119,894.
BIOMEDICAL PRIMATE RESEARCH CENTER (BPRC) LANGE KLEIWEG 139 2288 GJ RIJSWIJK ZUID-HOLLAND NETHERLANDS	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	167,092.
BIOPHARMACEUTICAL CONSULTING SERVICES 2 WITMER ROAD CONESTOGA, PA 17516	NONE NGO	VACCINES AND IMMUNIZATIONS	75,000.
BIOSCIENCE AND AGRICULTURE NETWORK (BATE) AGRIBUSINESS MGMT CONSULTING IDABI IDABAN OYO STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	1,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BRIDGE PHARMACEUTICAL 610 PROFESSIONAL DRIVE GAITHERSBG, MD 20879	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	345,867.
BRIGHT MORNING STAR (WOMEN WING) ST. DAVID'S ANGLICAN ODE-OMU OSUN STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	440.
CALIFORNIA MICROBICIDES INITIATIVE 3450 WILSHIRE BLVD, SUITE 1000 LOS ANGELES, CA 90010	NONE NGO	EMERGING AND EPIDEMIC DISEASES	5,800.
CAMBODIA PEDIATRIC ASSOCIATION 100 RUSSIAN FEDERATION BLVD. 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE NGO	VACCINES AND IMMUNIZATIONS	14,327.
CAMBODIAN PEDIATRICIANS ASSOCIATION NATIONAL PEDIATRIC HOSPITAL 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE NGO	MATERNAL AND CHILD HEALTH	3,320.
CANCER INST, CHINESE ACADEMY OF MED. SCI. (CICAMS) 17 SOUTH PANJAYUAN LANE 100039 BEIJING BEIJING CHINA	NONE GOVERNMENT	REPRODUCTIVE HEALTH	293,463.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CARE 151 ELLIS STREET NE ATLANTA, GA 30030-2440	NONE NGO	MATERNAL AND CHILD HEALTH	105,659.
CATHOLIC RELIEF SERVICES 5, COMM CENTRE, ZAMRUPPUR 110 048 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL AND CHILD HEALTH	37,390.
CDC FOUNDATION 50 HURT PLAZA, SUITE 765 ATLANTA, GA 30303	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	89,924.
CDC FOUNDATION 50 HURT PLAZA, SUITE 765 ATLANTA, GA 30303	NONE FOUNDATION	VACCINES AND IMMUNIZATIONS	651,994.
CENTRO DE ESTUDIOS DE LA MUJER (CEM-H) COLONIA PALMIRA TEGUCIGALPA FRANCISCO MORAZAN HONDURAS	NONE NGO	REPRODUCTIVE HEALTH	5,000.
CENTRO DE ESTUDIOS Y PROMOCION SOCIAL (CEPS) EDIFICIO EL CARMEN, CANAL 4 DE TV MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	24,600.
CHARITABLE FOUNDATION ""UNITUS"" 17, MYRU ST, 54044 54044 MYKOLAYIV MYKOLAYIV UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,970.



FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHENGDU INSTITUTE OF BIOLOGICAL PRODUCTS (CDIBP) BAOJIANG BRIDGE 610023 CHENGDU SICHUAN CHINA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,158,537.
CHILDREN NGO, NEW SOCIAL TECHNOLOGIES 10 OREKHOVA ST. 98600 YALTA YALTA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,970.
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE NGO	VACCINES AND IMMUNIZATIONS	660,079.
CHINA CENTER FOR DISEASE CONTROL INST FOR VIRAL DISEASE CONTROL 100050 BEIJING BEIJING CHINA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	60,206.
CHINA CHILDREN AND TEENAGER'S FUND NO. 15 JIANGUOMENNEI ST. 100730 BEIJING BEIJING CHINA	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	113,750.
CHINA FAMILY PLANNING ASSOCIATION (CFPA) NO. 35 SHAOYAOJU 12TH FLOOR 100029 BEIJING BEIJING CHINA	NONE NGO	REPRODUCTIVE HEALTH	187,252.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMONS CAPITAL MANAGEMENT LLC 320 WASHINGTON STREET BROOKLINE, MA 02445	NONE CORPORATION	HEALTH TECHNOLOGIES	72,070.
COMMONWEALTH SCIENTIFIC & INDUST. RSRC. ORG-CSIRO CSIRO MOLEC SCIENCE, IAN WARK LAB 3169 CLAYTON SOUTH VICTORIA AUSTRALIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	235,083.
CTR FOR POP. ACTIV. & EDUC. FOR DVLPMNT (CEFAED) 1 NIGER ROAD, UNIV OF IBADAN IBADAN IDABAN OYO STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	487.
CTR FOR RSRCH ON ENVIRO. HEALTH AND POP. (CREHPA) P.O. BOX 9626 KATHMANDU KATHMANDU NEPAL	NONE NGO	REPRODUCTIVE HEALTH	20,613.
CURATIO INTERNATIONAL FOUNDATION P.O. BOX 56 179 TBILISI TBILISI GEORGIA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	128,736.
DEPT OF MEDICAL RESEARCH (LOWER MYANMAR) VIROLOGY RESEARCH DIVISION YANGON YANGON BURMA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DEVELOPMENT COMMUNICATIONS CENTER 104 ABA ROAD, IKOT EKPENE AKWA IBOM STATE AKWA IBOM STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	355.
DIGENE CORPORATION 1201 CLOPPER ROAD GAITHERSBG, MD 20878	NONE CORPORATION	REPRODUCTIVE HEALTH	365,498.
DR. A. S. JEJEDE DEPARTMENT OF SOCIOLOGY IBADAN IDABAN OYO STATE NIGERIA	NONE INDIVIDUAL	REPRODUCTIVE HEALTH	325.
ENERGETICS, INC. 7164 GATEWAY DRIVE COLUMBIA, MD 21046-2979	NONE CORPORATION	HEALTH TECHNOLOGIES	50,000.
ETHIOPIAN SOC OF OBSTETRICS AND GYNECOLOGISTS TSEHAFI TIZAZ TEFERAWORK KEDA BLDG ADDIS ABABA ADDIS ABABA ETHIOPIA	NONE NGO	MATERNAL AND CHILD HEALTH	6,800.
EUROPEAN AIDS TREATMENT GROUP (EATG) RUE WASHINGTON 40 (BOX 15) 1050 BRUSSELS BRU BELGIUM	NONE NGO	EMERGING AND EPIDEMIC DISEASES	12,686.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FAITH, HOPE, LOVE 18 CHERNOW, KAZACHESTVA ST 65000 ODESSA ODESSA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	6,545.
FAMILY HEALTH INTERNATIONAL (FHI) P.O. BOX 13950 RESEARCH TRIANGLE PARK, NC 27709	NONE NGO	REPRODUCTIVE HEALTH	8,308.
FAMILY PLANNING ASSOCIATION OF NEPAL KATHMANDU VALLEY BRANCH JADIBUTI KATHMANDU NEPAL	NONE NGO	REPRODUCTIVE HEALTH	9,874.
FDTN OF INT'L GYNECOLOGY AND OBSTETRICS (FIGO) FIGO HOUSE, SUITE 3 SE1 8ST LONDON LONDON UNITED KINGDOM	NONE NGO	MATERNAL AND CHILD HEALTH	10,068.
FEDERACION RED NICASALUD A WASAYA 1/2 C. , MANO IZQUIERDA MANAGUA MANAGUA NICARAGUA	NONE NGO	VACCINES AND IMMUNIZATIONS	44,950.
FOOD & DRUG ADMINISTRATION (FDA) DHHS/FDA/CDRH/OST/DWMS 9200 CORPORATE BOULEVARD (HFZ-100) ROCKVILLE, MD 20850	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	45,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH PO BOX 19024 SEATTLE, WA 98109	NONE NGO	HEALTH TECHNOLOGIES	6,512.
FUNDACIO CLINIC PER A LA RECERCA BIOMEDICA CALLE VILLARROEL, 170 08036 BARCELONA CATALONIA SPAIN	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	44,218.
FUNDACION DOMINICANA DE INFECTOLOGIA AV ABRAHAM LINCOLN NO. 2 SANTO DOMINGO SANTO DOMINGO DOMINICAN REPUBLIC	NONE NGO	HEALTH TECHNOLOGIES	20,000.
GADJAH MADA UNIVERSITY JL. FARMAKO 1 12950 YOGYAKARTA JAVA INDONESIA	NONE NGO	VACCINES AND IMMUNIZATIONS	46,263.
GAY MEN'S HEALTH CRISIS 119 WEST 24TH STREET NEW YORK, NY 10011	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,800.
GENDER AIDS FORUM (GAF) 417 SMITH STREET 4001 DURBAN KWAZULU-NATAL SOUTH AFRICA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	20,995.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GENERAL WELFARE PRATISTHAN P.O. BOX 3245 KATHMANDU KATHMANDU NEPAL	NONE NGO	VACCINES AND IMMUNIZATIONS	2,000.
GENVEC, INC. 65 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	31,150.
GLAXOSMITHKLINE BIOLOGICALS S.A. 89, RUE DE L'INSTITUT 1000 BRUSSELS BRU BELGIUM	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	4,295,000.
GLOBAL HEALTH CONSULTANTS, NORTHWEST 10431 NE 52ND STREET KIRKLAND, WA 98033	NONE CORPORATION	REPRODUCTIVE HEALTH	39,906.
GLOBAL HEALTH STRATEGIES LLC 27 WEST 24 STREET, STE 900 NEW YORK, NY 10010	NONE CORPORATION	REPRODUCTIVE HEALTH	5,400.
GRUPO GUATEMALTECO DE MUJERES 2A CALLE 8-28, ZONA 1 01001 GUATEMALA GUATEMALA GUATEMALA	NONE NGO	REPRODUCTIVE HEALTH	7,825.
GSMF INTERNATIONAL LEVY HOUSE, #255, 4TH DZORWUJU ACCRA GREATER ACCRA GHANA	NONE NGO	REPRODUCTIVE HEALTH	56,179.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HARVARD SCHOOL OF PUB HEALTH/DEPT OF POPULAT. INTERNATIONAL HEALTH 665 HUNTINGTON AVENUE BOSTON, MA 02115	NONE NGO	REPRODUCTIVE HEALTH	16,453.
HEALTH COUNTERPARTS CONSULTING 5 PATTANAKARN 56 ROAD 10400 BANGKOK BANGKOK THAILAND	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	44,821.
HEALTH STRATEGIES INTERNATIONAL, LLC 120 BRIARCLIFF ROAD DURHAM, NC 27707	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	148,289.
HUMAN EMPOWERMENT & DEVLPT PROJ (HEMADEP) DEPT RELIG SDIES, FACULTY OF ARTS AKWA IBORN STATE AKWA IBORN STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	277.
IFAKARA HEALTH RESEARCH AND DEV CENTRE (IHRDC) 360 KIKO AVENUE MIKEOCHENI DAR-ES-SALAAM TANZANIA	NONE NGO	VACCINES AND IMMUNIZATIONS	850,000.
INDONESIAN MIDWIVES ASSOCIATION (IBI) JL. JOHAR BARU V/13D 10650 JAKARTA JAVA INDONESIA	NONE NGO	MATERNAL AND CHILD HEALTH	3,392.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INSTITUTO BIOLOGICO ARGENTINO PTE JOSE E URIBURU 153 1027 BUENOS AIRES BUENOS AIRES ARGENTINA	NONE CORPORATION	HEALTH TECHNOLOGIES	45,391.
INSTITUTO PROMUNDO RUA MEXICO, 311502, BLOCO D 20031-144 RIO DE JANEIRO RJ BRAZIL	NONE NGO	REPRODUCTIVE HEALTH	10,000.
INTERACT WORLDWIDE 325 HIGHGATE STUDIOS NW5 1TL LONDON LONDON UNITED KINGDOM	NONE NGO	EMERGING AND EPIDEMIC DISEASES	13,286.
INTERCELL AG CAMPUS VIENNA BIOCENTER 6 1030 VIENNA WIEN AUSTRIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	2,000,000.
INTL AGENCY FOR RESEARCH ON CANCER (IARC) 150 COURS ALBERT THOMAS 69372 LYON RHONE-ALPES FRANCE	NONE NGO	REPRODUCTIVE HEALTH	492,045.
INTL CTR FOR DIARRHOEAL DISEASE RESEARCH (ICDDR) GPO 128 MOHAKHALI 1000 DHAKA DHAKA DIVISION BANGLADESH	NONE NGO	VACCINES AND IMMUNIZATIONS	21,220.



## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INTL CENTRE FOR GENETIC ENGINEERING (ICGEB) P. O. BOX 10504 110 067 NEW DELHI NCTD INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	376,002.
INTERNATIONAL PROJECTS ASSISTANCE SERVICE (IPAS) 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	NONE NGO	REPRODUCTIVE HEALTH	5,000.
ISIS INTERNACIONAL JOSE M. INFANTE 85, PROVIDENCIA SANTIAGO SANTIAGO CHILE	NONE NGO	REPRODUCTIVE HEALTH	2,000.
JOHNS HOPKINS BLOOMBERG SCHOOL PUBLIC HEALTH SCHOOL OF HYGIENE AND PUBLIC HEALTH 615 N. WOLFE STREET BALTIMORE, MD 21205	NONE NGO	VACCINES AND IMMUNIZATIONS	84,420.
KAMPONG CHAM PUBLIC HEALTH DEPARTMENT 151-153 AVENUE, KAMPUCHEA KROM 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	500.
KENDU ADVENTIST HOSPITAL P.O. BOX 20 00100 KENDU BAY WESTERN KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,245.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KENYA SCOUTS ASSOCIATION P. O. BOX 41422 00100 NAIROBI NAIROBI KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	82,721.
KENYAN MEDICAL RESEARCH INSTITUTE-KILIFI CENTRE P. O. BOX 230 00100 KILIFI KILIFI KENYA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,000,000.
KGMC INSTITUTE OF CLINICAL EPIDEMIOLOGY KING GEORGE MEDICAL UNIVERSITY 226 001 LUCKNOW UTTAR PRADESH INDIA	NONE GOVERNMENT	HEALTH TECHNOLOGIES	109,276.
KIEV INTERNATIONAL INSTITUTE OF SOCIOLOGY 8/5 VOLOSKA STREET 04070 KIEV KIEV UKRAINE	NONE NGO	REPRODUCTIVE HEALTH	12,835.
KIEV SCHOOL OF EQUAL OPPORTUNITIES ST. BANKOVA 2 04070 KIEV KIEV UKRAINE	NONE NGO	REPRODUCTIVE HEALTH	1,560.
KINTAMPO HEALTH RESEARCH CENTRE MINISTRY OF HEALTH BRONG AHAFO REGION BRONG AHAFO REGION GHANA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,219,952.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KUMASI CENTER FOR COLLABORATIVE RESEARCH KWAME NKUMAH UNIV- SCIENCE & TECH KUMASI ASHANTI GHANA	NONE NGO	VACCINES AND IMMUNIZATIONS	1,001,710.
LELAND STANFORD JUNIOR UNIVERSITY 251 CAMPUS DRIVE, MSOB-X226 PALO ALTO, CA 94305	NONE NGO	VACCINES AND IMMUNIZATIONS	153,307.
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE KEPPEL STREET WC1E 7HT LONDON LONDON UNITED KINGDOM	NONE NGO	EMERGING AND EPIDEMIC DISEASES	11,840.
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE KEPPEL STREET WC1E 7HT LONDON LONDON UNITED KINGDOM	NONE NGO	VACCINES AND IMMUNIZATIONS	650,000.
MALIAN ASSOC. FOR MON TRADITNL PRACTICS (AMSOPT) BP E1543 BAMAKO BAMAKO KOURA MALI	NONE NGO	REPRODUCTIVE HEALTH	26,550.
MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD B-5, GREATER KAILASH ENCLAVE-II 110 048 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL AND CHILD HEALTH	46,492.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MANAGEMENT SCIENCES FOR HEALTH (MSH) 784 MEMORIAL DRIVE CAMBRIDGE, MA 02139-4613	NONE NGO	EMERGING AND EPIDEMIC DISEASES	19,202.
MDS PHARMA (FRANCE) 6 AVENUE DE LA CRISTALLERIE 92310 SEVRES CEDEX IL DE FRANCE FRANCE	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	18,832.
MEDICAL INFORMATION CENTER "VECTOR" APP 57. 13, KNYAZHYI ZATON ST 04070 KYIV KIEV UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	97,769.
MEDICAL RESEARCH COUNCIL 20 PARK CRESCENT W1B 1AL LONDON LONDON UNITED KINGDOM	NONE NGO	VACCINES AND IMMUNIZATIONS	165,000.
MEDICAL SCIENTIFIC ADVISORY SERVICES LTD. (MEDSA) 38 HOLLYCROFT AVENUE NW3 7GB LONDON LONDON UNITED KINGDOM	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	21,455.
MEDICAL UNIV OF SOUTHERN AFRICA TRUST (MEDUNSA) P.O. BOX 1857, PARKLANDS 2121 PRETORIA GAUTENG SOUTH AFRICA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	15,925.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MEDICAM NO. 14, STREET PASTEUR (51) 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE NGO	VACCINES AND IMMUNIZATIONS	1,400.
MICRONICS, INC. 8463 154TH AVE NE REDMOND, WA 98052	NONE CORPORATION	HEALTH TECHNOLOGIES	908,674.
MINISTRY OF HEALTH - GOVT. OF REPUBLIC OF ZAMBIA PO BOX 30135, INDEPENDENCE AVE 10101 LUSAKA LUSAKA ZAMBIA	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	600,000.
MINISTRY OF HEALTH AND FAMILY WELFARE, GOAP GOV OF ANDHRA PRADESH, INDIA 500 034 HYDERABAD ANDHRA PRADESH INDIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,472,838.
MINISTRY OF HEALTH, KINGDOM OF CAMBODIA #125-129 ST 134, SGKAT VEAL VONG 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	19,225.
MINISTRY OF HEALTH, PEOPLE'S REPUBLIC OF CHINA #1 NAN LU, XI ZHI MEN WAI 100050 BEIJING BEIJING CHINA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	122,807.

## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MINISTRY OF HEALTH, REPUBLIC OF INDONESIA JL. PERCETAKAN NEGARA 29 12950 JAKARTA PUSAT JAVA INDONESIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	177,004.
MINISTRY OF HEALTH, SOCIALIST REPUBLIC OF VIETNAM B.C. 10.200, TU-LIEM HANOI HANOI VIETNAM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	155,000.
MINISTRY OF PUBLIC HEALTH, THAILAND DEPT. OF COMMUNICABLE DISEASE 11000 NONTABURI NONTABURI THAILAND	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	40,000.
MULTILATERAL INITIATIVE ON MALARIA (MIM) WENNER-GREN INSTITUTE S-106 91 STOCKHOLM STOCKHOLM SWEDEN	NONE NGO	VACCINES AND IMMUNIZATIONS	10,000.
MURDOCH CHILDREN'S RESEARCH INSTITUTE ROYAL CHILDREN'S HOSPITAL 3052 VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE NGO	VACCINES AND IMMUNIZATIONS	20,180.
NAMUNA INTEGRATED DEVELOPMENT COUNCIL WARD #8, SALIGRAM PATH BHAI RAHAWA RUPANDEHI BHAI RAHAWA NEPAL	NONE NGO	REPRODUCTIVE HEALTH	8,497.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL AIDS/STD CONTROL PROGRAMME (NASCO) MINISTRY OF HEALTH, KENYA 00100 NAIROBI NAIROBI KENYA	NONE GOVERNMENT	MATERNAL AND CHILD HEALTH	14,340.
NATIONAL COMMITTEE OF UKRAINIAN RED CROSS 30 PUSHKINSKA STREET 04070 KYIV KIEV UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	90,498.
NATIONAL INSTITUTE OF IMMUNOLOGY ARUNA ASAF ALI MARG 110 048 NEW DELHI NCTD INDIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	21,401.
NATIONAL INSTITUTE OF PUBLIC HEALTH BLVD. KIM YL SUNG, TUOL KORK 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	11,540.
NATIONAL INSTITUTES OF HEALTH (NIH) 6701 ROCKLEDGE DRIVE, ROOM 1040-MSC 7710 BETHESDA, MD 20892	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	319,110.
NATIONAL PUBLIC HEALTH INSTITUTE (KTL) MANNERHEIMINTIE 166 FIN-00300 HELSINKI SOUTHERN FINLAND FINLAND	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	656,619.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATL IMMUNIZATION PRGM (NIP), MINISTRY OF HEALTH #125-129 ST 134, SGKAT VEAL VONG 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	169,000.
NATL REF LABORATORY OF REPUBLIC OF UZBEKISTAN 2 RESHETOVA STREET TASHKENT TOSHKENT VILOYATI UZBEKISTAN	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	2,216.
NAVRONGO HEALTH RESEARCH CENTER, GHANA MOH P.O. BOX 114 NAVRONGO KASSENA-NANKANA GHANA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	6,690.
NEPAL SOCIETY OF OBSTETRICIANS & GYNAECOLOGISTS GPO 8975 EPC 2365 KATHMANDU KATHMANDU NEPAL	NONE NGO	MATERNAL AND CHILD HEALTH	1,601.
NOGUCHI MEMORIAL INST FOR MEDICAL RESEARCH UNIVERSITY OF GHANA LEGON GREATER ACCRA GHANA	NONE NGO	VACCINES AND IMMUNIZATIONS	4,180.
OFFICE OF VOCATIONAL EDUC COMMISSION (OVEC) MINISTRY OF EDUCATION 10400 BANGKOK BANGKOK THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	92,748.



## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OFFICE ON NON-FORMAL EDUCATION COMMISSION RATCHADAMNOEN NOK AVENUE 10300 BANGKOK BANGKOK THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	11,734.
OKON WIDOWS NETWORK IKOT IGWE-OKON, ESSIEN UDIM IGA AKWA IBOM STATE AKWA IBOM STATE NIGERIA	NONE NGO	REPRODUCTIVE HEALTH	5,002.
PAN AMERICAN HEALTH ORGANIZATION (PAHO) 525 TWENTY-THIRD STREET, N.W. WASHINGTON, DC 20037	NONE NGO	VACCINES AND IMMUNIZATIONS	39,832.
PEOPLE'S ACTION FOR NATIONAL INTEGRATION 1/13/190, CIVIL LINES 224 141 FAIZABAD UTTAR PRADESH INDIA	NONE NGO	MATERNAL AND CHILD HEALTH	39,444.
PERUVIAN MIDWIFE ASSOCIATION AV. PARQUE SAN MARTIN 127 18 LIMA LIMA PERU	NONE NGO	MATERNAL AND CHILD HEALTH	3,400.
PHARMACISTS ASSOCIATION OF CAMBODIA (PAC) #111, ST MONIRETH, KHAN TL KORK 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE NGO	REPRODUCTIVE HEALTH	5,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PHRANAKHON SI AYUTTHAYA RAJABHAT UNIVERSITY 96 ROJANA ROAD, PHRANAKHON SI 13000 AYUTTHAYA AYUTTHAYA THAILAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	13,701.
POPULATION SERVICES INTERNATIONAL (PSI) C-445, CHITTARANJAN PARK 110 001 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL AND CHILD HEALTH	48,488.
PORTASCIENCE INC. 337 TOM BROWN ROAD MOORESTOWN, NJ 08057	NONE CORPORATION	HEALTH TECHNOLOGIES	25,082.
PRA SRI MAHAPOTHI HOSPITAL TRAIN CNTR - COUNSELING AND BCC 34000 UBON RATCHATHANI UBON RATCHATHANI THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	45,706.
PRINCE OF SONGKLA UNIVERSITY 15 KANJANAVANICH ROAD 90112 SONGKLA SONGKHLA THAILAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	158,115.
PROFAMILIA CALLE 34, NO. 14-52 SANTAFE DE BOGOTA D.C. COLOMBIA	NONE NGO	HEALTH TECHNOLOGIES	20,507.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PUBLIC ORGANIZATION ALTERNATIVA 23/3 KOSMONAVTAV ST 65000 ODESSA ODESSA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,959.
PUNTOS DE ENCUENTRO DE LA ROTUNDA DE PLAZA ESPANA MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	5,000.
PUSLITBANG PELAYANAN & TEKNO KESEHETAN (P4TK) NIHRD, MINISTRY OF HEALTH R.I. 12950 JAKARTA JAVA INDONESIA	NONE GOVERNMENT	MATERNAL AND CHILD HEALTH	2,286.
REPRO. HEALTH TRAINING & RSRCH ACADEMY (RHTRA) JWAGAL, KUPONDOL LILITPUR KATHMANDU NEPAL	NONE NGO	REPRODUCTIVE HEALTH	17,660.
ROCKHOPPER PRODUCTIONS THE PALL MALL DEP, BARLBY RD W10 6BL LONDON LONDON UNITED KINGDOM	NONE NGO	REPRODUCTIVE HEALTH	7,495.
ROTA-037 CONSORTIUM CLINICAL RSRCH CENTRES SA 0002 MEYERSPARK, PRETORIA GAUTENG SOUTH AFRICA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	1,513,287.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SABIN VACCINE INSTITUTE 1718 CONNECTICUT AVENUE NW, SUITE 700 WASHINGTON, DC 20009	NONE NGO	VACCINES AND IMMUNIZATIONS	15,000.
SANARIA INC. 12115 PARKLAWN DRIVE, SUITE L ROCKVILLE, MD 20852	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	1,706,310.
SERUM INSTITUTE OF INDIA 212/2 HADAPSAR 411 001 PUNE MAHARASHTRA INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	486,163.
SEVASTOPOL CITY YOUTH NGO 10-A KOMMUNISTICHESKAYA ST. OF 62 99003 SEVASTOPOL SEVASTOPOL UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,000.
SEXUALLY TRANSMITTED INFECTION (STI) CENTER OFF OF DISEASE CONTROL, RN 10 50000 CHIANG MAI CHIANG MAI THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	3.
SHANGHAI FAMILY PLANNING ASSOCIATION 122 SHANXI NANLU, 5TH FL 200040 SHANGHAI SHANGHAI CHINA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	840.

## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SHEIKH AHMED NABAHANY PO BOX 90697 00100 MOMBASA COAST KENYA	NONE INDIVIDUAL	REPRODUCTIVE HEALTH	982.
SIMFEROPOL COAL. OF HIV-SERVICE ORGANIZATIONS 15 GEROEV 95000 SIMFEROPOL SIMFEROPOL UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	996.
SOC OF OBSTETRICIANS & GYNECOLOGISTS OF GHANA P.O. BOX KB361 ACCRA GREATER ACCRA GHANA	NONE NGO	MATERNAL AND CHILD HEALTH	6,400.
SOCIEDAD BOLIVIANA DE OBSTETRICIA Y GINECOLOGIA PASTOR SAINZ NO. 273 380 SUCRE CHUQUISACA BOLIVIA	NONE NGO	MATERNAL AND CHILD HEALTH	8,068.
SOCIEDAD DOMINICANA DE OBSTETRICIA GINECOLOGIA MAXIMO GOMEZ ESQ JOSE CONTRE GAZCE SANTO DOMINICO SANTO DOMINGO DOMINICAN REPUBLIC	NONE NGO	MATERNAL AND CHILD HEALTH	6,800.
SOCIETY FOR APPLIED STUDIES (SAS) 108 MANIKTALA MAIN ROAD 700 001 KOLKATA WEST BENGAL INDIA	NONE NGO	VACCINES AND IMMUNIZATIONS	468,687.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOCIETY OF OB-GYNS OF CAMEROON B.P 1803 YAOUNDE CENTRE CAMEROON	NONE NGO	MATERNAL AND CHILD HEALTH	6,671.
SOCIOCONSULTING ANALYTICAL CENTER 44A, KHRESCHATYK STREET 04070 KYIV KIEV UKRAINE	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	11,219.
STRAIGHT TALK FOUNDATION LIMITED 45 BUKOTO STREET, KAMWOKYA KAMPALA KAMPALA UGANDA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	95,775.
SWISS TROPICAL INSTITUTE UNIVERSITY OF BASEL 4002 BASEL BASEL-STADT SWITZERLAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	94,897.
SWISS TROPICAL INSTITUTE UNIVERSITY OF BASEL 4002 BASEL BASEL-STADT SWITZERLAND	NONE NGO	VACCINES AND IMMUNIZATIONS	7,749.
TANZANIA MIDWIVES ASSOCIATION (TAMA) P.O. BOX 65524 DAR ES SALAAM DAR-ES-SALAAM TANZANIA	NONE NGO	MATERNAL AND CHILD HEALTH	10,200.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THAI YOUTH ACTION FGRAMS FOUNDATION (YOUTHNET) 56/80 KOONMAKORNPING 50000 CHIANG MAI CHIANG MAI THAILAND	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	8,996.
THE INSTITUTE OF GENOMIC RESEARCH 9712 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	NONE NGO	VACCINES AND IMMUNIZATIONS	493,388.
THE POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	NONE NGO	HEALTH TECHNOLOGIES	65,000.
THE WELLCOME TRUST 183 EUSTON ROAD NW1 2GB LONDON LONDON UNITED KINGDOM	NONE FOUNDATION	VACCINES AND IMMUNIZATIONS	18,088.
TRA VINH PREVENTIVE MEDICINE CENTER 1 TO THI HUYNH ST, TRA VINH TOWN TRA VINH TRA VINH VIETNAM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	47,570.
UFOT A. IBANGA DEPT OF SOCIOLOGY, UNIV OF JOS PLATEAU STATE PLATEAU STATE NIGERIA	NONE INDIVIDUAL	REPRODUCTIVE HEALTH	3,750.

## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UGANDA PRIVATE MIDWIVES ASSOCIATION (UPMA) P.O. BOX 30962 KAMPALA KAMPALA UGANDA	NONE NGO	MATERNAL AND CHILD HEALTH	6,596.
UGANDA SCOUTS ASSOCIATION P.O. BOX 1294 KAMPALA KAMPALA UGANDA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	74,048.
UNIV OF WASHINGTON, OFFICE OF SPONSORED PGRAMS 1100 NE 45TH STREET, SUITE 300 SEATTLE, WA 98105	NONE GOVERNMENT	HEALTH TECHNOLOGIES	113,865.
UNIVERSITÄTSKLINIKUM TUBINGEN WILHELMSTRASSE 27 72016 D-72074 TUBINGEN BADEN-WÜRTTEMBERG GERMANY	NONE NGO	VACCINES AND IMMUNIZATIONS	750,000.
UNIVERSITY OF COLORADO P.O. BOX 6508 MS F411 AURORA, CO 80045	NONE GOVERNMENT	HEALTH TECHNOLOGIES	120,709.
UNIVERSITY OF LIVERPOOL DUNCAN BUILDING, DAULBY STREET L69 3BX LIVERPOOL MERSEYSIDE UNITED KINGDOM	NONE NGO	VACCINES AND IMMUNIZATIONS	416,920.



FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF MELBOURNE DEPARTMENT OF MICROBIOLOGY 3010 VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE NGO	VACCINES AND IMMUNIZATIONS	402,529.
UNIVERSITY OF MISSOURI-KANSAS CITY M1-105 MEDICAL SCHOOL 2411 HOLMES STREET KANSAS CITY, MO 64108	NONE GOVERNMENT	MATERNAL AND CHILD HEALTH	25,000.
UNIVERSITY OF WASHINGTON 1100 NE 45TH STREET, SUITE 300 SEATTLE, WA 98105	NONE GOVERNMENT	HEALTH TECHNOLOGIES	28,921.
UZIMA FOUNDATION GOLF CRSE EST MBARUK RD GATE 203 00100 NAIROBI NAIROBI KENYA	NONE FOUNDATION	REPRODUCTIVE HEALTH	17,159.
VINNITSA FAMILY PLANNING ASSOCIATION ST. PIROGOVA 46 21000 VINNITSA VINNYTSIA UKRAINE	NONE NGO	REPRODUCTIVE HEALTH	2,055.
VOXIVA INC 1110 VERMONT AVE NW, SUITE 240 WASHINGTON, DC 20005	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	143,969.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) 503 ROBERT GRANT AVENUE SILVER SPRING, MD 20919-7500	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	1,262,338.
WANXING BIO-PHARMACEUTICALS CO, LTD. LANE 4705, NO. 58, N YANG GAO ROAD 201206 SHANGHAI SHANGHAI CHINA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	1,160,000.
WA STATE COALITION AGAINST DOMESTIC VIOLENCE 1402 3RD AVENUE, SUITE 406 SEATTLE, WA 98101	NONE NGO	REPRODUCTIVE HEALTH	2,150.
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE, CAMPUS BOX 1054 ST. LOUIS, MO 63130	NONE NGO	HEALTH TECHNOLOGIES	49,216.
WOMEN'S HEALTH RESEARCH UNIT SCHOOL OF HEALTH & FAMILY MED 8000 CAPE TOWN WESTERN CAPE SOUTH AFRICA	NONE NGO	REPRODUCTIVE HEALTH	12,990.
WORLD HEALTH ORGANIZATION (WHO) 20 AVENUE APPIA 1211 1211 GENEVA 27 GENEVA SWITZERLAND	NONE NGO	REPRODUCTIVE HEALTH	10,000.
WORLD HEALTH ORGANIZATION (WHO) 20 AVENUE APPIA 1211 1211 GENEVA 27 GENEVA SWITZERLAND	NONE NGO	VACCINES AND IMMUNIZATIONS	3,850,780.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS

AND

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

38,297,173.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SUB-CONTRACTORS	12,136,521.	11,947,454.	187,446.	1,621.
OTHER PROFESSIONAL SERVICES	4,433,290.	3,801,991.	604,572.	26,727.
CONSULTANTS	541,657.	250,483.	276,767.	14,407.
RELOCATION/MOVING	638,945.	556,551.	82,394.	NONE
PROJECT PROCUREMENT	9,870,476.	9,870,476.	NONE	NONE
PATENT AMORTIZATION	179,178.	179,178.	NONE	NONE
INSURANCE	453,372.	219,043.	206,400.	27,929.
MISCELLANEOUS EXPENSES	290,170.	99,520.	190,650.	NONE
LEGISLATIVE EXPENSES	147,599.	50,622.	96,977.	NONE
SUBSCRIPTIONS/PUBLICATIONS	109,638.	37,603.	72,035.	NONE
RECRUITING	94,914.	32,553.	62,361.	NONE
PROFESSIONAL DUES	89,930.	30,843.	59,087.	NONE
TOTALS	28,985,690.	27,076,317.	1,838,689.	70,684.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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THE PRIMARY EXEMPT PURPOSE OF PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH IS TO CREATE SUSTAINABLE, CULTURALLY RELEVANT SOLUTIONS TO GLOBAL HEALTH CHALLENGES, ENABLING COMMUNITIES WORLDWIDE TO BREAK LONGSTANDING CYCLES OF POOR HEALTH. BY COLLABORATING WITH DIVERSE PUBLIC- AND PRIVATE-SECTOR PARTNERS, PATH HELPS PROVIDE VITAL TOOLS AND STRATEGIES THAT CHANGE THE WAY PEOPLE THINK AND ACT. PATH'S MISSION IS TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY BEHAVIORS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)  
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DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
MATERNAL AND CHILD HEALTH (MCH) - SEE STATEMENT 2	509,754.	4,702,453.
CROSS PROGRAM - SEE STATEMENT 2	NONE	425,582.
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TOTALS	509,754.	5,128,035.
	=====	=====

## FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

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BORROWER: DISPOSITEK AFRICA, LTD.  
ORIGINAL AMOUNT: 650,000.  
INTEREST RATE: 11.750000  
DATE OF NOTE: 02/15/2001  
REPAYMENT TERMS: QUARTERLY PRINCIPAL & INTEREST  
SECURITY PROVIDED: FIRST LIEN ON EQUIPMENT  
PURPOSE OF LOAN: EQUIPMENT/WORKING CAPITAL  
DESCRIPTION AND FMV CASH  
OF CONSIDERATION:  
RELATIONSHIP: NONE

BEGINNING BALANCE DUE ..... 758,514.  
ENDING BALANCE DUE ..... 758,514.  
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BORROWER: LIFELINES  
ORIGINAL AMOUNT: 600,000.  
INTEREST RATE: 7.250000  
DATE OF NOTE: 12/07/2001  
MATURITY DATE: 07/01/2006  
REPAYMENT TERMS: QUARTERLY PRINCIPAL & INTEREST  
SECURITY PROVIDED: FIRST LIEN ON EQUIPMENT  
PURPOSE OF LOAN: TECHNOLOGY TRANSFER  
DESCRIPTION AND FMV CASH  
OF CONSIDERATION:  
RELATIONSHIP: NONE

BEGINNING BALANCE DUE ..... 35,396.  
ENDING BALANCE DUE ..... NONE  
-----

BORROWER: FAMOSAL, S.A.  
ORIGINAL AMOUNT: 410,000.  
INTEREST RATE: 3.500000  
DATE OF NOTE: 10/01/2003  
MATURITY DATE: 07/01/2007  
REPAYMENT TERMS: QUARTERLY PRINCIPAL & INTEREST  
SECURITY PROVIDED: ASSETS OF COMPANY  
PURPOSE OF LOAN: IODIZED SALT PROD. FACILITATION  
DESCRIPTION AND FMV CASH  
OF CONSIDERATION:  
RELATIONSHIP: NONE

BEGINNING BALANCE DUE ..... 320,000.  
ENDING BALANCE DUE ..... 170,000.  
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TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE ..... 1,113,910.  
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TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES

928,514.

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## FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CORPORATE DEBT SECURITIES	97,407,353.	90,366,284.
MUTUAL FUNDS	3,321,000.	4,141,000.
US GOVERNMENT SECURITIES	46,399,000.	21,460,000.
ASSET-BACKED SECURITIES	51,957,000.	101,701,000.
BONDS	NONE	500,000.
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TOTALS	199,084,353.	218,168,284.
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FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ULTRA RICE PATENT	1,657,397.	1,478,219.
TOTALS	----- 1,657,397. =====	----- 1,478,219. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE  
 =====

LENDER: BANK OF AMERICA  
 ORIGINAL AMOUNT: 3,300,000.  
 INTEREST RATE: 3.110000  
 DATE OF NOTE: 10/15/2001  
 MATURITY DATE: 07/15/2007  
 REPAYMENT TERMS: \$330,000 EACH YEAR FOR 5 YEARS, BALANCE DUE 7/07  
 SECURITY PROVIDED: GENERAL RECOURSE TO ASSETS  
 PURPOSE OF LOAN: LEASEHOLD IMPROVEMENT  
 DESCRIPTION AND FMV CASH  
 OF CONSIDERATION:

BEGINNING BALANCE DUE .....	2,172,500.
ENDING BALANCE DUE .....	1,842,500.
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LENDER: MACARTHUR FOUNDATION  
 ORIGINAL AMOUNT: 1,000,000.  
 INTEREST RATE: 2.000000  
 DATE OF NOTE: 08/13/1993  
 MATURITY DATE: 01/01/2006  
 REPAYMENT TERMS: PRINCIPAL DUE 01/01/2006  
 SECURITY PROVIDED: GENERAL RECOURSE TO ASSETS  
 PURPOSE OF LOAN: PATH LOAN FUND  
 DESCRIPTION AND FMV CASH  
 OF CONSIDERATION:

BEGINNING BALANCE DUE .....	1,000,000.
ENDING BALANCE DUE .....	NONE
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LENDER: CALVERT SOCIAL INVESTMENT FUND  
 ORIGINAL AMOUNT: 1,000,000.  
 INTEREST RATE: 4.000000  
 DATE OF NOTE: 10/01/2003  
 MATURITY DATE: 09/30/2006  
 REPAYMENT TERMS: PRINCIPAL DUE 09/30/2006  
 SECURITY PROVIDED: GENERAL RECOURSE TO ASSETS  
 PURPOSE OF LOAN: PATH LOAN FUND  
 DESCRIPTION AND FMV CASH  
 OF CONSIDERATION:

BEGINNING BALANCE DUE .....	1,000,000.
ENDING BALANCE DUE .....	NONE
	-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	4,172,500.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,842,500.  
=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
REVENUE REPORTED ON FORM 990 FOR PATH VACCINE SOLUTIONS	91,759,312.
TOTAL	----- 91,759,312.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENT EXPENSES REPORTED ON PART I, FORM 990	-48,629.
EXPENSES REPORTED ON FORM 990 FOR PATH VACCINE SOLUTIONS	2,265,170.
	-----
TOTAL	2,216,541.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENT EXPENSES REPORTED ON	
PART 1, FORM 990	48,629.
RETURNED SUB-AWARD FUNDS	-355,175.
	-----
TOTAL	-306,546.
	=====

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTOPHER J ELIAS 1455 NW LEARY WAY SEATTLE, WA 98107	PRESIDENT 40.00	335,562.	7,731.	NONE
CHRISTOPHER J ELIAS - DEF BENEFITS 1455 NW LEARY WAY SEATTLE, WA 98107	PRESIDENT 40.00		17,644.	
ERIC WALKER 1455 NW LEARY WAY SEATTLE, WA 98107	VICE PRESIDENT 40.00	180,944.	7,689.	360.
ERIC WALKER - DEF BENEFITS 1455 NW LEARY WAY SEATTLE, WA 98107	VICE PRESIDENT 40.00		20,503.	
KHAMA ODERA ROGO MD PHD 1455 NW LEARY WAY SEATTLE, WA 98107	SECRETARY 2.00	NONE	NONE	NONE
CHRISTOPHER HEDRICK 1455 NW LEARY WAY SEATTLE, WA 98107	TREASURER 2.00	NONE	NONE	NONE
HALIDA HANUM AKHTER MD MPH DRPH 1455 NW LEARY WAY SEATTLE, WA 98107	BOARD CHAIR 2.00	NONE	NONE	NONE
VINCENT MCGEE 1455 NW LEARY WAY SEATTLE, WA 98107	VICE CHAIR 2.00	NONE	NONE	NONE



PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AWA MARIE COLL-SECK MD PHD 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
MOLLY JOEL COYE MD MPH 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
VERA CORDEIRO MD 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
STEVE DAVIS MA JD 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
SUPAMIT CHUNSUUWAT MD MPH 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
MAHMOUD FAHMY FATHALLA MD PHD 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
GRAND TOTALS		516,506.	53,567.	360.

FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT

=====

EFILE USERS: SEE ATTACHED ADOBE PDF  
PAPER USERS: SEE ATTACHMENT A

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: PACTEC, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PATH VACCINE SOLUTIONS (PVS)

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ROYALTIES/LICENSE			15	73,839.	
FORGN EXCHNG GAINS			18	94,593.	
FACILITY RMBSMNT			01	532.	
PENSION ADMIN			03	1,160.	
TRAVEL RMBSMNT			01	12,613.	
OTHER RMBSMNT			01	131,272.	
INTEREST ON PRI					27,494.
TOTALS				314,009.	27,494.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE            EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME  
NO.            IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED  
              IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES  
-----

- 93A            PATH SELLS HEALTH TECHNOLOGIES AND PUBLICATIONS TO OTHER  
              PUBLIC HEALTH AGENCIES.
- 93B            PATH PERIODICALLY ACTS AS A CONSULTANT TO OTHER NON-PROFIT  
              (501(C)(3)) ORGANIZATIONS IN AREAS SUCH AS PRODUCT  
              DEVELOPMENT, MARKETING, AND GOOD MANUFACTURING PRACTICES.
- 93C            PATH DESIGNS TRAINING CURRICULA, PRODUCES TRAINING  
              MATERIALS, AND DELIVERS TRAINING TO HELP IMPROVE HEALTHCARE  
              PRACTICES IN RESOURCE-POOR COUNTRIES.
- 93D            PATH PROVIDES RELATED ENTITY WITH ASSISTANCE WITH VACCINES  
              AND IMMUNIZATION SERVICES.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JOHN BOSLEGO 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	220,840.	23,649.	27,166.
RICHARD STEKETEE 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	167,568.	19,392.	75,761.
MARC LA FORCE 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	183,383.	27,904.	45,039.
MELINDA MOREE 1455 NW LEARY WAY SEATTLE, WA 98107	SCIENTIFIC DIRECTOR 40.00	221,699.	21,346.	1,509.
JOHN WECKER 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	189,557.	22,715.	NONE
TOTAL COMPENSATION		983,047.	115,006.	149,475.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NORTHERN TRUST 50 S. LASALLE ST. CHICAGO, IL 60675	ASSET MANAGEMENT	530,015.
HELLER EHRMAN WHITE AND MCAULIFFE 701 FIFTH AVE, SUITE 6100 SEATTLE, WA 98104	ATTORNEYS	228,692.
CLARK NUBER PS 10900 NE 4TH ST., STE 1700 BELLEVUE, WA 98004	PUBLIC ACCOUNTANTS	124,715.
EDINGTON PEEL AND ASSOCIATES 1317 'F' STREET, SUITE 200 WASHINGTON, DC 20004	GOV. RELATIONS CNSLT	66,000.
DAVIS WRIGHT TREMAINE 1501 4TH AVE SEATTLE, WA 98101	ATTORNEYS	52,875.
	TOTAL COMPENSATION	----- 1,002,297. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

FOUSHEE AND ASSOCIATES 3260 118TH AVE SE BELLEVUE, WA 98005	GENERAL CONTRACTOR	458,418.
COURTESY ASSOCIATES 2025 M ST. NW, SUITE 800 WASHINGTON, DC 20036	MTG LOGISTICS SERV	451,368.
RUSSELL REYNOLDS AND ASSOCIATES CHURCH STREET STATION NEW YORK, NY 10249	RECRUITING	285,305.
PAXTON INTERNATIONAL 5300 PORT ROYAL ROAD SPRINGFIELD, VA 22151	LOGISTICS SERVICE	224,340.
WOODS AND ASSOCIATES 1221 2ND AVENUE, SUITE 330 SEATTLE, WA 98101	TEMP. STAFFING	196,381.
	TOTAL COMPENSATION	----- 1,615,812. =====



**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2006**

Name of estate or trust

Employer identification number

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

91-1157127

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet					4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6	SEE STATEMENT 1			35,278,424.	35,105,355.	173,069.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9	Capital gain distributions					9
10	Gain from Form 4797, Part I					10 10,778.
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet					11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 183,847.

**Part III Summary of Parts I and II**

**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)			
14	Net long-term gain or (loss):			
a	Total for year			183,847.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)			
c	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a			183,847.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation**

**16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:  
**a** The loss on line 15, column (3) **or**  
**b** \$3,000 . . . . . **16** ( \_\_\_\_\_ )

*If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.*

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)

**Note:** *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.*

<b>17</b>	Enter taxable income from Form 1041, line 22 . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,050 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Multiply line 26 by 5% (.05) . . . . .	<b>27</b>	
<b>28</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>	
<b>29</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>	
<b>30</b>	Subtract line 29 from line 28 . . . . .	<b>30</b>	
<b>31</b>	Multiply line 30 by 15% (.15) . . . . .	<b>31</b>	
<b>32</b>	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>32</b>	
<b>33</b>	Add lines 27, 31, and 32 . . . . .	<b>33</b>	
<b>34</b>	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>34</b>	
<b>35</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	<b>35</b>	



**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return

Identifying number

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

91-1157127

**1** Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>2</b> SEE STATEMENT 1						10,778.
<b>3</b> Gain, if any, from Form 4684, line 42						<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						<b>7</b> 10,778.
<b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions)						<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						<b>9</b>

**Part II Ordinary Gains and Losses(see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b> Loss, if any, from line 7	<b>11</b> ( )
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b> Gain, if any, from line 31	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 34 and 41a	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b> Combine lines 10 through 16	<b>17</b>
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	<b>18b</b>

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A				
B				
C				
D				
<b>These columns relate to the properties on lines 19A through 19D. ▶</b>	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>	<b>Property D</b>
20 Gross sales price (Note: See line 1 before completing.)	20			
21 Cost or other basis plus expense of sale . . . . .	21			
22 Depreciation (or depletion) allowed or allowable . . . . .	22			
23 Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24 Total gain. Subtract line 23 from line 20 . . . . .	24			
<b>25 If section 1245 property:</b>				
a Depreciation allowed or allowable from line 22 . . . . .	25a			
b Enter the smaller of line 24 or 25a . . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975 (see instructions)	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) . . . . .	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d . . . . .	26e			
f Section 291 amount (corporations only) . . . . .	26f			
g Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a Soil, water, and land clearing expenses . . . . .	27a			
b Line 27a multiplied by applicable percentage (see instructions) . . . . .	27b			
c Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) . . . . .	28a			
b Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>				
a Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .	29a			
b Enter the smaller of line 24 or 29a (see instructions)	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34 Recomputed depreciation (see instructions) . . . . .	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	



EIN: 91-1157127  
 FYE:

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	6,034,455.	380,379.	2,000,055.	4,034,400.
Equipment	5,686,193.	885,968.	4,658,468.	1,027,725.
Furniture & Fixtures	410,025.	40,737.	214,197.	195,828.
Property, Plant & Equipment	<u>12130673.</u>	<u>1,307,084.</u>	<u>6,872,720.</u>	<u>5,257,953.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 57</b>	<u>12130673.</u>		<u>6,872,720.</u>	<u>5,257,953.</u>
<b>Total Depreciation Expense, line 42</b>		<u>1,307,084.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.