

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 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, 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).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.PATH.ORG. J Organization type (check only one): 501(c)(3)

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 260,226,796.

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

Table with 12 columns (1-12) and 21 rows. Rows 1-12: Revenue. Rows 13-17: Expenses. Rows 18-21: Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, and inventory.

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: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, 25b Compensation of former officers, 25c Compensation and other distributions, 26 Salaries and wages of employees, 27 Pension plan contributions, 28 Employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 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 IV Balance Sheets (See the instructions.)

			(A)		(B)
			Beginning of year		End of year
Assets	45	Cash - non-interest-bearing	2,175,492.	45	3,501,892.
	46	Savings and temporary cash investments	38,917,968.	46	90,365,127.
	47a	Accounts receivable	47a 1,689,521.		
	b	Less: allowance for doubtful accounts	47b	2,569,615.	47c 1,689,521.
	48a	Pledges receivable	48a 723,859.		
	b	Less: allowance for doubtful accounts	48b 72,386.	328,138.	48c 651,473.
	49	Grants receivable	197,619,992.	49	265,625,643.
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) STMT 46.	51a NONE		
	b	Less: allowance for doubtful accounts	51b NONE	155,054.	51c NONE
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,205,828.	53	1,333,774.
	54a	Investments - publicly-traded securities STMT 47. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	218,168,284.	54a	156,566,642.
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments - land, buildings, and equipment: basis	55a		
	b	Less: accumulated depreciation (attach schedule)	55b		55c
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis	57a 13,841,563.		
	b	Less: accumulated depreciation (attach schedule)	57b 8,697,344.	5,257,953.	57c 5,144,219.
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 48)	1,478,219.	58	1,299,041.	
59	Total assets (must equal line 74). Add lines 45 through 58	467,876,543.	59	526,177,332.	
Liabilities	60	Accounts payable and accrued expenses	9,565,789.	60	9,104,724.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule) STMT 49	1,842,500.	64b	1,512,500.
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities. Add lines 60 through 65	11,408,289.	66	10,617,224.	
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	14,347,051.	67	16,192,221.
	68	Temporarily restricted	438,788,461.	68	496,026,053.
	69	Permanently restricted	3,332,742.	69	3,341,834.
	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	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	456,468,254.	73	515,560,108.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	467,876,543.	74	526,177,332.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational information, dues, lobbying, and state filing.

Table with columns for question number, question text, and Yes/No columns. Row 91b asks about foreign financial 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? **Yes** **No**
 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 **▶ 92** N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 58					8,697,544.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	971,078.	
96 Dividends and interest from securities			14	10,577,165.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-11,604.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	37,269.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 59				300,747.	6,419.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				11,874,655.	8,703,963.
105 Total (add line 104, columns (B), (D), and (E))					20,578,618.

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.)

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).
▼	STMT 60

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

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

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? **Yes** **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Yes** **No**

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

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	-----			
Totals				

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

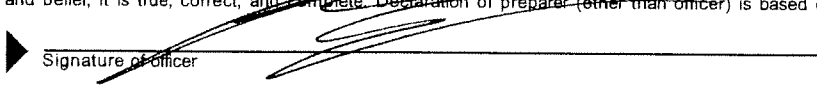
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

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
	N/A


Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 06/30/08

CHRISTOPHER J. ELIAS, PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 7/1/08

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): P00000565

Firm's name (only if self-employed), address, and ZIP+4: CLARK NUBER P.S., 10900 NE 4TH, SUITE 1700, BELLEVUE, WA 98004

EIN: 91-1194016

Phone no.: 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

2007

Name of the organization

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

Employer identification number

91-1157127

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 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 61				

Total number of other employees paid over \$50,000 . . ▶ 237

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 62		

Total number of others receiving over \$50,000 for professional services ▶ 2

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 63		

Total number of other contractors receiving over \$50,000 for other services ▶ 7

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 222,019. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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

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

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990, PART V

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year

NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 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 8 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	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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 for the organization's benefit; 21 The 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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	11,136.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	210,883.
38	Total lobbying expenditures (add lines 36 and 37)	38	222,019.
39	Other exempt purpose expenditures	39	151,964,456.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	152,186,475.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures	222,019.	147,599.	43,787.	75,049.	488,454.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures	11,136.	44,729.	2,250.	33,365.	91,480.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

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

2007

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).

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	_____ _____ _____	\$ 103,477,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 23,763,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 1,956,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 1,523,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
7		\$ 1,135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,056,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 543,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 438,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 389,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
13		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 227,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 198,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 134,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 101,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
19	_____ _____ _____	\$ 89,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	_____ _____ _____	\$ 63,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	_____ _____ _____	\$ 55,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	_____ _____ _____	\$ 54,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 48,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 45,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 44,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
31		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 33,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 29,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 21,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
43		\$ 18,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 15,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 14,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
49		\$ 10,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 10,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 10,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
67		\$ 8,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 6,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 5,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 5,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
73		\$ 5,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 5,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 5,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 5,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
79		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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
85		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

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
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 5,000.	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.)

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

Employer identification number
91-1157127

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	SOFTWARE	\$ 1,956,823.	08/07/2007
12	VACCINES	\$ 389,280.	04/17/2007
28	MARKETABLE SECURITIES	\$ 48,374.	12/14/2007
43	GOODS	\$ 18,357.	05/28/2007
49	MARKETABLE SECURITIES	\$ 10,194.	05/31/2007
50	MARKETABLE SECURITIES	\$ 10,052.	06/15/2007

Name of organization PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

Employer identification number
91-1157127

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
51	MARKETABLE SECURITIES	\$ 10,025.	10/12/2007
71	MARKETABLE SECURITIES	\$ 5,252.	05/14/2007
72	GOODS	\$ 5,226.	05/22/2007
73	MARKETABLE SECURITIES	\$ 5,090.	05/09/2007
74	MARKETABLE SECURITIES	\$ 5,058.	12/24/2007
76	MARKETABLE SECURITIES	\$ 5,019.	08/03/2007

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

NEVER BEFORE HAS THE WORLD HAD GREATER POTENTIAL OR RESPONSIBILITY TO ADDRESS GLOBAL HEALTH. IN OUR INCREASINGLY INTERCONNECTED WORLD, WE FACE SHARED HEALTH CHALLENGES--AND THE POTENTIAL TO TRANSFORM INNOVATIVE SOLUTIONS INTO A TRULY GLOBAL RESPONSE.

PATH IS SEIZING THAT OPPORTUNITY. WE ARE TURNING INSPIRATION INTO TOOLS AND TECHNOLOGIES FOR WIDESPREAD USE, WORKING WITH DIVERSE PARTNERS TO BRING IDEAS TO LIFE AND PUT THEM IN THE HANDS OF THE PEOPLE WHO NEED THEM THE MOST. OUR APPROACH TO IMPROVING GLOBAL HEALTH IS SIMPLE: WE ARE THERE AT EVERY STEP OF THE WAY, FROM INNOVATION TO IMPACT.

PATH IS AN INTERNATIONAL NONPROFIT ORGANIZATION THAT CREATES SUSTAINABLE, CULTURALLY RELEVANT SOLUTIONS, ENABLING COMMUNITIES WORLDWIDE TO BREAK LONGSTANDING CYCLES OF POOR HEALTH. BY COLLABORATING WITH DIVERSE PUBLIC- AND PRIVATE-SECTOR PARTNERS, PATH HELPS PROVIDE APPROPRIATE HEALTH TECHNOLOGIES AND VITAL STRATEGIES THAT CHANGE THE WAY PEOPLE THINK AND ACT. PATH'S WORK IMPROVES GLOBAL HEALTH AND WELL-BEING.

HEADQUARTERED IN SEATTLE, WASHINGTON, PATH OPERATED 31 OFFICES IN 17 COUNTRIES IN 2007. PATH CURRENTLY WORKS IN MORE THAN 70 COUNTRIES IN THE AREAS OF HEALTH TECHNOLOGIES, MATERNAL AND CHILD HEALTH, REPRODUCTIVE HEALTH, VACCINES AND IMMUNIZATION, AND EMERGING AND EPIDEMIC DISEASES.

FOR MORE INFORMATION, PLEASE VISIT WWW.PATH.ORG.

A. HEALTH TECHNOLOGIES

IN THE DEVELOPING WORLD, THE DIFFERENCE BETWEEN SICKNESS AND HEALTH CAN BE AS SIMPLE AS A STERILE NEEDLE AND SYRINGE, A RELIABLE REFRIGERATOR FOR STORING VACCINES, OR A BASIC DIAGNOSTIC TEST. UNFORTUNATELY, NEEDLES ARE NOT EASILY STERILIZED OR DISPOSED OF, REFRIGERATORS ARE EXPENSIVE AND DIFFICULT FOR RURAL HEALTH WORKERS TO MAINTAIN, AND LABORATORIES THAT ANALYZE URINE AND BLOOD SAMPLES FOR INFECTION MAY ONLY EXIST IN FAR-OFF CITIES, IF AT ALL. PATH HAS BEEN DEVELOPING AND INTRODUCING INNOVATIVE AND AFFORDABLE HEALTH TECHNOLOGIES FOR MORE THAN 30 YEARS.

OUR INVENTIONS ARE HELPING TO IMPROVE IMMUNIZATION, NUTRITION, DIAGNOSIS, CHILD SURVIVAL, AND MATERNAL AND REPRODUCTIVE HEALTH IN DEVELOPING COUNTRIES. WE DESIGN, ADAPT, AND DEVELOP HEALTH TECHNOLOGIES THAT ARE APPROPRIATE AND AFFORDABLE IN LOW-RESOURCE SETTINGS. FOR EXAMPLE, MALARIA AFFECTS MORE THAN 300 MILLION PEOPLE EACH YEAR, YET STANDARD METHODS TO TEST FOR THE DISEASE ARE TIME-CONSUMING, LABOR-INTENSIVE, AND IMPRACTICAL

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

FOR LARGE NUMBERS OF SAMPLES. PATH DEVELOPED A RAPID, LOW-COST, EASY-TO-USE BLOOD TEST THAT CAN BE COMPLETED IN LESS THAN 20 MINUTES. MILLIONS OF TESTS HAVE NOW BEEN SOLD WORLDWIDE.

WE FOCUS ON ADVANCING SOLUTIONS THAT BEST MEET THE NEEDS OF END USERS. WE FORGE PARTNERSHIPS IN BOTH THE PUBLIC AND PRIVATE SECTORS AND AMONG THE PEOPLE WHO WILL BENEFIT FROM THE TECHNOLOGY, IN SETTINGS WHERE IT WILL BE USED. WITH OUR PARTNERS, PATH HAS ADVANCED MORE THAN 62 TECHNOLOGIES, INCLUDING "LAB-ON-A-CARD" TESTS THAT RAPIDLY AND ACCURATELY DIAGNOSE DISEASE, NUTRIENT-PACKED ULTRA RICE® "GRAINS" THAT ARE BLENDED WITH LOCAL RICE TO BOOST NUTRITION, AND A FEMALE CONDOM THAT PUTS PROTECTION AGAINST HIV IN WOMEN'S HANDS. PATH IS CURRENTLY FOCUSING ON MORE THAN 30 HEALTH TECHNOLOGIES IN OUR DEVELOPMENT PIPELINE.

B. MATERNAL AND CHILD HEALTH

EVERY YEAR, MILLIONS OF WOMEN AND CHILDREN IN LOW-RESOURCE COUNTRIES DIE NEEDLESSLY FROM ILLNESSES THAT COULD BE PREVENTED OR TREATED. PATH IS COMMITTED TO IMPROVING THE HEALTH OF WOMEN AND CHILDREN BY APPLYING PROVEN APPROACHES TO ADDRESS THE LEADING CAUSES OF MATERNAL AND CHILD DEATHS. OUR PROJECTS FOCUS ON ENSURING QUALITY CARE DURING CHILDBIRTH AND INFANCY, IMPROVING NUTRITION FOR INFANTS AND CHILDREN, AND PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV.

BECAUSE OF PATH'S INNOVATION, MORE WOMEN IN AFRICA NOW HAVE ACCESS TO NEVIRAPINE, A DRUG THAT CAN REDUCE MOTHER-TO-CHILD TRANSMISSION OF HIV DURING BIRTH, ESPECIALLY IN CASES WHERE THEY DELIVER OUTSIDE OF A HEALTH FACILITY. PATH DEVELOPED A SINGLE-DOSE PACKAGING SOLUTION FOR NEVIRAPINE SYRUP FOR INFANTS THAT HELPS NURSES SEND THE DRUG HOME WITH PREGNANT WOMEN DURING ANTENATAL CARE VISITS. OUR PARTNER, BOEHRINGER INGELHEIM, WILL BEGIN INTRODUCING THE POUCH GLOBALLY AS PART OF ITS NEVIRAPINE DONATION PROGRAM.

PATH WORKS AROUND THE WORLD TO STRENGTHEN HEALTH CARE PROVIDERS' CAPACITIES; EXPAND EFFECTIVE INTERVENTIONS TO PREVENT POSTPARTUM HEMORRHAGE, A MAJOR CAUSE OF MATERNAL DEATHS WORLDWIDE; ENHANCE WOMEN'S ACCESS TO SKILLED ATTENDANTS AND LIFESAVING TECHNOLOGIES DURING PREGNANCY AND CHILDBIRTH; INCREASE OPTIMAL FEEDING PRACTICES AND NUTRITION FOR INFANTS AND YOUNG CHILDREN; AND PROTECT CHILDREN FROM HIV.

C. REPRODUCTIVE HEALTH

REPRODUCTIVE HEALTH IS A BASIC HUMAN RIGHT, YET EVEN IN DEVELOPED

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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COUNTRIES SOME WOMEN DON'T RECEIVE THE CARE AND RESOURCES THEY NEED TO EMPOWER AND PROTECT THEMSELVES. PATH FOCUSES ON PREVENTING CERVICAL CANCER; ADVOCATING FOR REPRODUCTIVE HEALTH SERVICES AND SUPPLIES; ADDRESSING FAMILY PLANNING NEEDS, INCLUDING AVOIDANCE OF SEXUALLY TRANSMITTED INFECTIONS (STIS) AND HIV; EXPANDING WOMEN'S OPTIONS FOR ABORTION-RELATED CARE; AND ENCOURAGING COMMUNITIES TO ADOPT HEALTHIER BEHAVIORS.

PATH WORKS WITH COMMUNITY PARTNERS IN MANY COUNTRIES TO STRENGTHEN THE WAYS PEOPLE THINK AND TALK ABOUT REPRODUCTIVE HEALTH. IN NICARAGUA, FOR EXAMPLE, WHERE YOUNG GIRLS FACE SERIOUS HEALTH RISKS, PATH HELPED ADOLESCENT GIRLS GAIN SUPPORT FROM THEIR MOTHERS, TEACHERS, AND PEERS. THROUGH DISCUSSIONS, PUPPET SHOWS, SOCCER TEAMS, AND A TELEVISION SOAP OPERA, GIRLS AND THEIR MOTHERS LEARNED ABOUT SAFE SEXUAL PRACTICES AND GAINED THE KNOWLEDGE AND CONFIDENCE TO MAKE POSITIVE REPRODUCTIVE HEALTH CHOICES.

PATH ALSO HELPS COUNTRIES AND INSTITUTIONS PROCURE CONTRACEPTIVES AND OTHER ESSENTIAL REPRODUCTIVE HEALTH SUPPLIES, AND WE IMPROVE ACCESS TO FAMILY PLANNING AND STI INFORMATION AND SERVICES. TO ADDRESS CERVICAL CANCER--A DISEASE THAT KILLS MORE THAN 250,000 WOMEN ANNUALLY, MOSTLY IN DEVELOPING COUNTRIES--PATH AND OUR PARTNERS WORK TO CLARIFY, PROMOTE, AND IMPLEMENT DISEASE-PREVENTION STRATEGIES. WE HAVE DEVELOPED RAPID, LOW-COST, AND EASY-TO-USE TESTS TO SCREEN FOR CERVICAL CANCER AND HUMAN PAPILOMAVIRUS (HPV), THE PRIMARY CAUSE OF CERVICAL CANCER. NOW, YOUNG WOMEN IN INDIA, PERU, UGANDA, AND VIETNAM WILL BECOME THE FIRST IN THE DEVELOPING WORLD TO LIVE WITHOUT FEAR OF CERVICAL CANCER, AS PATH AND OUR PARTNERS BEGIN PILOT INTRODUCTION OF NEW VACCINES FOR THE DISEASE.

D. VACCINES AND IMMUNIZATION

OVER THE PAST 20 YEARS, IMMUNIZATION HAS PREVENTED APPROXIMATELY 20 MILLION DEATHS FROM VACCINE-PREVENTABLE INFECTIONS. EVEN WITH THIS SUCCESS, 27 MILLION CHILDREN STILL GO WITHOUT BASIC IMMUNIZATION, POORER COUNTRIES OFTEN LACK ACCESS TO NEWER AND MORE EXPENSIVE VACCINES, AND VACCINES HAVE YET TO BE DEVELOPED FOR DISEASES SUCH AS AIDS, TUBERCULOSIS, AND MALARIA.

PATH IS WORKING TO CLOSE GAPS IN ACCESS TO LIFESAVING VACCINES. BY STRENGTHENING HEALTH SYSTEMS, ACCELERATING RESEARCH AND DEVELOPMENT, AND CREATING INNOVATIVE TECHNOLOGY SOLUTIONS, WE WORK TO MAKE SAFE AND EFFECTIVE VACCINES AFFORDABLE AND AVAILABLE TO THOSE MOST IN NEED. OUR SUPPORT IN CAMBODIA, FOR EXAMPLE, HELPED THE GOVERNMENT INCREASE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

CHILDHOOD IMMUNIZATION RATES FROM 39 TO 67 PERCENT IN FIVE YEARS, WITH IMMUNIZATION COVERAGE IN RURAL AREAS MATCHING THAT OF THE URBAN SECTOR. THROUGH THIS AND OTHER PROGRAMS, CAMBODIA HAS CUT INFANT DEATHS BY HALF.

PATH COLLABORATES WITH LOCAL GOVERNMENTS AND ORGANIZATIONS TO TRAIN HEALTH WORKERS, PROVIDE TECHNICAL ASSISTANCE, AND SUPPLY COUNTRY LEADERS WITH THE INFORMATION AND TOOLS THEY NEED TO SET PRIORITIES AND ALLOCATE RESOURCES EFFECTIVELY. WE WORK TO DRAMATICALLY REDUCE THE YEARS-LONG LAG BETWEEN THE INTRODUCTION OF NEW VACCINES IN WEALTHY COUNTRIES AND THEIR AVAILABILITY IN THE DEVELOPING WORLD. WITH OUR PARTNERS, WE RESEARCH AND MANUFACTURE VACCINES THAT WILL MEET THE UNIQUE NEEDS OF LOW-INCOME COUNTRIES, AND WE DEVELOP TECHNOLOGIES TO HELP VACCINES REACH PEOPLE IN NEARLY EVERY CORNER OF THE GLOBE.

E. EMERGING AND EPIDEMIC DISEASES

THE RATES OF MALARIA, TUBERCULOSIS, AND HIV/AIDS ARE ON THE RISE IN DEVELOPING COUNTRIES, AND EMERGING THREATS SUCH AS AVIAN INFLUENZA CREATE NEW HEALTH CONCERNS. PATH ADDRESSES THESE AND OTHER THREATS BY STRENGTHENING PREVENTION, DIAGNOSIS, AND TREATMENT, ENCOURAGING PEOPLE TO ADOPT HEALTHIER BEHAVIORS, AND MOBILIZING GLOBAL FORCES TO COLLECTIVELY SECURE RESOURCES TO CONTROL DISEASE. IN COUNTRIES DISPROPORTIONATELY AFFECTED BY DISEASE, WE ARE ALSO WORKING TO DEVELOP AND INTRODUCE VACCINES, STRENGTHEN IMMUNIZATION SYSTEMS, AND ENSURE VACCINE SAFETY.

OUR WORK ON MALARIA ILLUSTRATES PATH'S APPROACH TO OVERCOMING BOTH SCIENTIFIC AND CULTURAL CHALLENGES. WITH OUR PARTNERS, WE ARE LEADING THE DEVELOPMENT OF A 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 SAVE LIVES TODAY. PATH HAS HELPED ZAMBIA RAPIDLY SCALE UP ITS EFFORTS TO FIGHT MALARIA WITH TOOLS SUCH AS BEDNETS, INSECTICIDES, AND MEDICATION, AND NOW WE'RE USING THAT APPROACH TO HELP OTHER COUNTRIES ACCELERATE THEIR NATIONAL MALARIA CONTROL PROGRAMS.

PATH'S TECHNOLOGIES HELP DIAGNOSE AND PREVENT THE SPREAD OF INFECTIOUS DISEASES. WE CREATE RESOURCES, TRAINING TOOLS, AND METHODS TO HELP HEALTH WORKERS PROVIDE THE HIGHEST QUALITY OF CARE, SUCH AS BY COMBINING HIV AND REPRODUCTIVE HEALTH SERVICES IN INDIA TO PROVIDE PATIENTS WITH COMPREHENSIVE CARE AND TREATMENT. WE HELP COUNTRIES BOLSTER THEIR DISEASE SURVEILLANCE FOR EFFECTIVE PREVENTION AND CONTROL.

WE TAKE INNOVATIVE APPROACHES TO REACH VULNERABLE POPULATIONS, SUCH AS

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT' D)

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INTERACTIVE STREET THEATER, WORKPLACE-BASED PROGRAMS, AND PEER-EDUCATOR TRAINING. OUR INTERNATIONAL ADVOCACY HELPS TO CHANGE PERCEPTIONS AND SECURE RESOURCES FOR DISEASE CONTROL--ENSURING A HEALTHIER FUTURE FOR COMMUNITIES AROUND THE WORLD.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (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, 2006, IS 31.7091%. 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 EIGHT STAFF MEMBERS DEVOTED TO GENERAL PUBLIC FUNDRAISING ACTIVITIES. THESE INCLUDE THE VICE PRESIDENT OF EXTERNAL RELATIONS, DIRECTOR OF DONOR RELATIONS, SENIOR DONOR RELATIONS MANAGER, DONOR RELATIONS OFFICER, DONOR STEWARDSHIP REPRESENTATIVE, DONOR STEWARDSHIP COORDINATOR, EVENTS COORDINATOR, AND DONOR STEWARDSHIP AND EVENTS ASSISTANT. IN ADDITION, WE HAVE A WORK UNIT DEVOTED TO US GOVERNMENT FUNDING EFFORTS. THIS UNIT COMPRISES A DIRECTOR OF NEW BUSINESS DEVELOPMENT, A PROPOSAL DEVELOPMENT MANAGER, AND A GLOBAL PROGRAM ADMINISTRATOR. PATH'S FUNDRAISING AND BUSINESS DEVELOPMENT PROGRAM ACTIVELY SOLICITS CONTRACTS, 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; 1,004 IN 2006; TO 1,587 IN 2007. UNRESTRICTED GIFTS FROM INDIVIDUALS AND FAMILIES HAVE SHOWN THE SAME PROGRESSION, FROM \$250,000 IN 2004; \$855,000 IN 2005; \$1,709,000 IN 2006 (WHEN ONE EXTENDED FAMILY MADE NEARLY \$700,000 OF EXTRAORDINARY ONE-TIME CONTRIBUTIONS); TO \$1,789,000 IN 2007. WE HAVE ALSO SEEN MARKED INCREASES IN DONORS GIVING MORE THAN \$1,000 IN A YEAR, WHO WE CALL PATH ASSOCIATES. IN 2004, PATH HAD 80 ASSOCIATES GIVING \$1,000 OR MORE. BY 2007, THIS NUMBER HAD GROWN TO NEARLY 300. IN 2005, PATH LAUNCHED A SIGNATURE FUNDRAISING EVENT CALLED THE BREAKFAST FOR GLOBAL HEALTH. THIS EVENT RAISED \$196,000 IN 2005 AND \$633,000 IN 2006, AND IN 2007 WE HAD OUR MOST SUCCESSFUL EVENT TO DATE, RAISING MORE THAN \$762,000.

THE SCOPE OF PATH'S FUNDRAISING ACTIVITIES IS REASONABLE IN LIGHT OF ITS

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

CHARITABLE PROGRAMS, AND INCLUDES PROPOSAL WRITING, ONLINE AND DIRECT MAIL APPEALS, AND EVENTS AIMED TO ENCOURAGE SUPPORT FROM INDIVIDUALS. PATH'S FUNDRAISING ACTIVITIES HELP RAISE AWARENESS OF ITS CHARITABLE PROGRAMS SUPPORTING HEALTH TECHNOLOGIES, MATERNAL AND CHILD HEALTH, REPRODUCTIVE HEALTH, VACCINES AND IMMUNIZATION, AND EMERGING AND EPIDEMIC DISEASES.

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 2007, PATH RECEIVED 21.6% OF ITS SUPPORT FROM THE US GOVERNMENT, 10.2% FROM OTHER GOVERNMENTS, NGOS AND MULTILATERAL ORGANIZATIONS, AND 2.1% FROM INDIVIDUALS/OTHER. PATH IS ACTIVELY WORKING TO FURTHER DIVERSIFY ITS SOURCES OF SUPPORT. PATH HAS EXPERIENCED TREMENDOUS GROWTH IN THE AREA OF GOVERNMENT GRANTS. IN 2007, TOTAL GOVERNMENT GRANTS TOTALED MORE THAN \$50 MILLION, COMPARED TO \$44 MILLION IN 2006, \$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 MORE THAN \$600,000 IN 2007.

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

THE COMPOSITION OF PATH'S 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 BRAZIL, EGYPT, GEORGIA, INDIA, NIGERIA, 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.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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

PATH HAS MORE THAN 30 YEARS OF EXPERIENCE IN GLOBAL HEALTH. PATH'S STAFF MEMBERS 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 OPERATED 31 OFFICES IN 17 COUNTRIES IN 2007 AND CURRENTLY WORKS IN MORE THAN 70 COUNTRIES. APPROXIMATELY HALF OF PATH'S STAFF IS 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 IMPACTS THE HEALTH AND LIVES OF MILLIONS OF PEOPLE WORLDWIDE.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON SECURITIES	1,235,887.
RETURNED SUB-AWARD FUNDS	16,898.

TOTAL	1,252,785.
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FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
AFRICAN HIV POLICY NETWORK 196 OLD STREET EC1V 9FR LONDON LONDON UNITED KINGDOM	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,364.
AFRICAN ORG. FOR RESEARCH AND TRAINING IN CANCER 37A MAIN ROAD 7700 MOWBRAY WESTERN CAPE SOUTH AFRICA	NONE NGO	REPRODUCTIVE HEALTH	10,000.
AGA KHAN UNIVERSITY STADIUM ROAD, P. O. BOX 3500 74200 KARACHI SOUTHERN SINDH, KARACHI PAKISTAN	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	5,067.
AIDES TOUR ESSOR, 14, RUE SCANDICCI 93508 PANTIN CEDEX ILE DE FRANCE FRANCE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,926.
AIDS ACCESS FOUNDATION 48/282 CENTER, RAMKAMHAENG RD 10700 BANGKOK NOI BANGKOK THAILAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	116,430.
AIDS ACTION COMMITTEE OF MASSACHUSETTS AAC 294 WASHINGTON STREET, 5TH FLOOR BOSTON, MA 02108	NONE NGO	EMERGING AND EPIDEMIC DISEASES	3,000.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
AIDS FOUNDATION OF CHICAGO 411 SOUTH WELLS STREET, SUITE 300 CHICAGO, IL 60607	NONE NGO	EMERGING AND EPIDEMIC DISEASES	7,000.
AIDS VACCINE ADVOCACY COALITION 101 WEST 23RD STREET #2227 NEW YORK, NY 10011	NONE NGO	EMERGING AND EPIDEMIC DISEASES	15,150.
AMERICAN MEDICAL STUDENT ASSOCIATION 1902 ASSOCIATION DRIVE RESTON, VA 20191	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,000.
AMHI AMACHYA AROGYA SATHI POST KURKHEDA 411 011 MAHARASHTRA MAHARASHTRA INDIA	NONE NGO	MATERNAL & CHILD HEALTH	78,467.
ARBOR VITA CORPORATION 772 LUCERNE DRIVE SUNNYVALE, CA 94085	NONE CORPORATION	REPRODUCTIVE HEALTH	88,000.
ARIDIS PHARMACEUTICALS LLC 5941 OPTICAL COURT SAN JOSE, CA 95138	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	726,984.
ARIDIS PHARMACEUTICALS LLC 5941 OPTICAL COURT SAN JOSE, CA 95138	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	88,400.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
ARMONIE 150 MTS SUR DEL LA FARMACIA KHUN 5707 SAN JOSE SAN JOSE COSTA RICA	NONE NGO	REPRODUCTIVE HEALTH	25,000.
ASSOCIATION BURKINABE DES SAGES FEMMES BP 5053 02 OUAGADOUGOU OUAGADOUGOU BURKINA FASO	NONE NGO	MATERNAL & CHILD HEALTH	1,923.
AURORA MEDICAL SERVICES INC PS 1001 BROADWAY, SUITE 320 SEATTLE, WA 98122	NONE CORPORATION	HEALTH TECHNOLOGIES	4,743.
AUSTRALIAN INTERNATIONAL HEALTH INSTITUTE LEVEL 5, 207 BOUVERIE STREET 3010 CARLTON, VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	17,552.
AUSTRALIAN REPRO HEALTH ALLIANCE PO BOX 41 2612 CAMPBELL ACT AUSTRALIA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,355.
BAIF DEVELOPMENT RESEARCH FOUNDATION NATIONAL HIGHWAY NO. 4 411 058 WARE PUNE INDIA	NONE FOUNDATION	MATERNAL & CHILD HEALTH	376,155.
BAYTEL ASSOCIATES 60 LAKE AVENUE OCEAN GROVE, NJ 07756	NONE CORPORATION	HEALTH TECHNOLOGIES	13,611.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
BENIN MIDWIVES ASSOCIATION 04 BP 813 COTONOU 01 COTONOU COTONOU BENIN	NONE NGO	MATERNAL & CHILD HEALTH	360.
BHARAT BIOTECH INTERNATIONAL LIMITED POST BOX 16, ROAD NO. 1BANJARA HIL 500 034 HYDERABAD ANDHRA PRADESH INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	700,000.
BHARTI SHRAMIK 392, VIKAS NAGAR 208024 KANPUR UP INDIA	NONE INDIVIDUAL	MATERNAL & CHILD HEALTH	10,749.
BIOPHARMACEUTICAL CONSULTING SERVICES 2 WITMER ROAD CONESTOGA, PA 17516	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	203,488.
BRIDGE LABORATORIES 610 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	125,634.
CALIFORNIA FAMILY HEALTH COUNCIL INC 3600 WILSHIRE BLVD SUITE 600 LOS ANGELES, CA 90010	NONE CORPORATION	HEALTH TECHNOLOGIES	15,000.
CANADIAN AIDS SOCIETY 190 O'CONNOR STREET K2P 2R3 OTTAWA ONTARIO CANADA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	5,500.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CARE INDIA 27, HAUZ KHAS VILLAGE 110 048 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL & CHILD HEALTH	253,154.
CARE INC 151 ELLIS STREET NE ATLANTA, GA 30030-2440	NONE NGO	MATERNAL & CHILD HEALTH	143,237.
CARTER CENTER ONE COPENHILL 453 FREEDOM PARKWAY ATLANTA, GA 30307	NONE NGO	EMERGING AND EPIDEMIC DISEASES	250,000.
CATHOLIC RELIEF SERVICES 5, COMMUNITY CENTRE, ZAMRUPUR 110 048 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL & CHILD HEALTH	263,017.
CDC FOUNDATION 50 HURT PLAZA, SUITE 765 ATLANTA, GA 30303	NONE FOUNDATION	VACCINES AND IMMUNIZATIONS	570,178.
CENTRE POUR LE DEVELOPEMENT DES VACCINS MALI MINISTRY OF HEALTH 01 BAMAKO KOURA MALI	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	813,308.
CENTRO DE ESTUDIOS DE LA MUJER CEM-H COLONIA PALMIRA 01 TEGUCIGALPA FRANCISCO MORAZAN HONDURAS	NONE NGO	REPRODUCTIVE HEALTH	4,000.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CENTRO DE ESTUDIOS Y PROMOCION SOCIAL CEPS EDIFICIO EL CARMEN, CANAL 4 DE TV 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	11,571.
CENTRO ECUMENICO ANTONIO VALDIVIESO DE JOSE MARTI 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	3,600.
CHARITABLE FOUNDATION UNITUS 17, MYRU ST, 54044 54044 MYKOLAYIV MYKOLAYIV UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	7,121.
CHARITY FUND NEW WAY OF LIFE 82, GEROIV KONNOY ARMI, OFFICE 14 95000 SIMFEROPOL CRIMEA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,988.
CHARLES RIVER LABORATORIES INC 251 BALLARDVALE STREET WILMINGTON, MA 01887	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	330,093.
CHENGDU INSTITUTE OF BIOLOGICAL PRODUCTS BAOJIANG BRIDGE 610023 CHENGDU SICHUAN CHINA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	218,749.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CHINA CENTER FOR DISEASE CONTROL INSTITUTE FOR VIRAL DISEASE CONTROL 100050 BEIJING BEIJING CHINA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	6,689.
CHINA CHILDREN AND TEENAGERS FUND NO. 15 JIANGUOMENNEI ST. 100730 BEIJING BEIJING CHINA	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	36,277.
CHINA FAMILY PLANNING ASSOCIATION NO. 35 SHAOYAOJU 12TH FLOOR 100029 BEIJING BEIJING CHINA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	10,000.
CHINA NATIONAL BIOTEC GROUP JINGRUN BUILDING NO. 28A 430060 BEIJING PR CHINA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	60,000.
CHRISTIAN MEDICAL COLLEGE AND HOSPITAL NORTH ARCOT DISTRICT, VELLORE 632004 CHENNAI TAMILNADU INDIA	NONE NGO	VACCINES AND IMMUNIZATIONS	36,095.
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	NONE NGO	VACCINES AND IMMUNIZATIONS	74,759.
CLINICAL RESEARCH MANAGEMENT INC 1265 RIDGE ROAD, SUITE A HINCKLEY, OH 44233	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	61,364.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
COMMUNICABLE DISEASE CONTROL DEPARTMENT MINISTRY OF HEALTH 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	4,215.
COMMUNITY HIV AIDS MOBILIZATION PROJECT 32 BROADWAY, SUITE 1801 NEW YORK, NY 10004	NONE NGO	EMERGING AND EPIDEMIC DISEASES	1,500.
COOPERATIVE LEAGUE OF THE USA 1401 NEW YORK AVENUE, N. W. SUITE 1100 WASHINGTON, DC 20005-2160	NONE NGO	EMERGING AND EPIDEMIC DISEASES	451,936.
CRUCELL HOLLAND BV ARCHIMEDESWEG 4 2333 LEIDEN SOUTH HOLLAND NETHERLANDS	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	500,447.
CSI HOLDSWORTH MEMORIAL HOSPITAL PO BOX 38, MANDI MOHALLA 570021 MYSORE KARNATAKA INDIA	NONE NGO	REPRODUCTIVE HEALTH	20,515.
CSL LIMITED 45 POPLAR ROAD 3052 PARKVILLE VICTORIA AUSTRALIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	320,718.
CURATIO INTERNATIONAL FOUNDATION 37D CHAVCHAVADZE AVE 0162 TBILISI TBILISI GEORGIA	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	56,257.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
DEPT OF STATE SANITARY AND EPIDEMIOLOGICAL SURV 535, FRUNZE STREET 720033 BISHKEK CHUY KYRGYZSTAN	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	2,321.
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	521,162.
EMORY UNIVERSITY 1784 N. DECATUR RD., SUITE 510 ATLANTA, GA 30322	NONE NGO	VACCINES AND IMMUNIZATIONS	2,352.
EMORY UNIVERSITY 1784 N. DECATUR RD., SUITE 510 ATLANTA, GA 30322	NONE NGO	EMERGING AND EPIDEMIC DISEASES	35,000.
ENERSOL PTY LTD 235 NELSON STREET 2038 ANNANDALE NSW AUSTRALIA	NONE CORPORATION	REPRODUCTIVE HEALTH	35,871.
ETHIOPIAN SOC OF OBSTETRICS AND GYNECOLOGISTS RAS DESTA DAMTEW AVENUE, NO 7 01 ADDIS ABABA ADDIS ABABA ETHIOPIA	NONE NGO	MATERNAL & CHILD HEALTH	1,700.
FAMILY PLANNING COUNCIL SUITE 1000 260 S. BROAD STREET PHILADELPHIA, PA 19102	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,000.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
FEDERACION RED NICASALUD A MASAYA 1/2 C. ABAJO, MANO IZQUIER 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	VACCINES AND IMMUNIZATIONS	10,000.
FOOD AND DRUG ADMINISTRATION DHHS/FDA/CDRH/OST/DMMS 9200 CORPORATE BOULEVARD (HFZ-100) ROCKVILLE, MD 20850	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	182,500.
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH PO BOX 19024 SEATTLE, WA 98109	NONE NGO	HEALTH TECHNOLOGIES	127,997.
FUNDACION DOMINICANA DE INFECTOLOGIA AV ABRAHAM LINCOLN NO. 2 01 SANTO DOMINGO SANTO DOMINGO DOMINICAN REPUBLIC	NONE NGO	HEALTH TECHNOLOGIES	11,749.
GADJAH MADA UNIVERSITY JL. FARMAKO 1 55281 YOGYAKARTA YOGYAKARTA INDONESIA	NONE NGO	VACCINES AND IMMUNIZATIONS	9,785.
GENDER AIDS FORUM 417 SMITH STREET 4000 DURBAN KWAZULU-NATAL SOUTH AFRICA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	10,000.
GENVEC INC 65 WEST WATKINS MILL ROAD GAITHERSBURG, MD 20878	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	805,536.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GLAXOSMITHKLINE BIOLOGICALS SA 89, RUE DE L'INSTITUT 1000 BRUSSELS BRU BELGIUM	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	3,450,239.
GLOBAL HEALTH STRATEGIES LLC 27 WEST 24 STREET, STE 900 NEW YORK, NY 10010	NONE CORPORATION	REPRODUCTIVE HEALTH	20,600.
HALO MEDICAL FOUNDATION BHARAT VAIDYAK TRAINING CTR ANADUR 413603 MAHARASHTRA MAHARASHTRA INDIA	NONE FOUNDATION	MATERNAL & CHILD HEALTH	100,649.
HARVARD SCHOOL OF PUBLIC HEALTH INTERNATIONAL HEALTH 665 HUNTINGTON AVENUE BOSTON, MA 02115	NONE NGO	REPRODUCTIVE HEALTH	52,084.
HAVEG SCHOOL OF PSYCHOLOGY UNIV OF KWAZULU NATA PRIVATE BAG X01 3209 SCOTTSVILLE KWAZULU-NATAL SOUTH AFRICA	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	42,771.
HEALTH COUNTERPARTS CONSULTING 5 PATTANAKARN 56 ROAD 10400 BANGKOK BANGKOK THAILAND	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	36,615.
HEALTH COUNTERPARTS CONSULTING 5 PATTANAKARN 56 ROAD 10400 BANGKOK BANGKOK THAILAND	NONE CORPORATION	REPRODUCTIVE HEALTH	7,357.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
HEALTH INFORMATION SYSTEMS PROGRAMME POSTNET SUITE # 47 5205 BEACON BAY EASTERN CAPE SOUTH AFRICA	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	19,185.
HEALTH INSITUTE FOR MOTHER AND CHILD B-5, GREATER KAILASH ENCLAVE-II 110048 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL & CHILD HEALTH	251,223.
HEALTH STRATEGIES INTERNATIONAL LLC 120 BRIARCLIFF RD. DURHAM, NC 27707	NONE CORPORATION	EMERGING AND EPIDEMIC DISEASES	87,167.
HIV SCOTLAND BEAVERHALL HOUSE EH10 5AU EDINBURGH EDINBURGH SCOTLAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,221.
HOPE WORLDWIDE KENYA PO BOX 11775-00100 00100 NAIROBI NAIROBI KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	44,533.
IDEO PRAXIST II FLOOR 20, P.S. SIVASWAMY SALAI 600 004 MYLAPORE CHENNAI INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	3,934.
IFAKARA HEALTH RESEARCH AND DEVELOPMENT CENTRE 360 KIKO AVENUE 01 MIKEOCHENI DAR-ES-SALAAM TANZANIA	NONE NGO	VACCINES AND IMMUNIZATIONS	705,191.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
INCAFAM NATALIO SANCHEZ #244 OFICINA 404 18 LIMA LIMA PERU	NONE NGO	REPRODUCTIVE HEALTH	15,000.
INSENSE LTD COLWORTH PARK MK44 ILQ BEDFORD EAST UNITED KINGDOM	NONE CORPORATION	HEALTH TECHNOLOGIES	46,751.
INSTITUTE OF EDUCATION UNIVERSITY OF LONDON 20 BEDFORD WAY WC1H 0AL LONDON LONDON UNITED KINGDOM	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	20,746.
INSTITUTE OF HEALTH MANAGEMENT PACHOD DIST. AURANGABAD 431 121 431 121 PACHOD MAHARASHTRA INDIA	NONE NGO	MATERNAL & CHILD HEALTH	119,502.
INSTITUTO BIOLOGICO ARGENTINO PTE JOSE E URIBURU 153 1027 BUENOS AIRES BUENOS AIRES ARGENTINA	NONE CORPORATION	HEALTH TECHNOLOGIES	77,775.
INSTITUTO CHILENO DE MEDICINA REPRODUCTIVA JOSE RAMON GUITIERREZ 295 01 SANTIAGO SANTIAGO CHILE	NONE NGO	REPRODUCTIVE HEALTH	9,933.
INSTITUTO PROMUNDO RUA MEXICO, 311502, BLOCO D 200031-144 RIO DE JANEIRO RJ BRAZIL	NONE NGO	EMERGING AND EPIDEMIC DISEASES	4,808.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
INTERCELL AG CAMPUS VIENNA BIOCENTER 6 1030 VIENNA WIEN AUSTRIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	4,820,111.
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER 150 COURS ALBERT THOMAS (L305) 69372 LYON RHONE-ALPES FRANCE	NONE NGO	REPRODUCTIVE HEALTH	445,705.
INTERNATIONAL PLANNED PARENTHOOD FEDERATION 120 WALL ST., 9TH FLOOR NEW YORK, NY 10005	NONE NGO	REPRODUCTIVE HEALTH	20,000.
INTERNATIONAL PROJECTS ASSISTANCE SERVICE 300 MARKET STREET, SUITE 200 CHAPEL HILL, NC 27516	NONE NGO	REPRODUCTIVE HEALTH	5,000.
INTERNATIONAL VACCINE INSTITUTE PO BOX 14 151-600 SEOUL SEOUL KOREA, SOUTH	NONE NGO	VACCINES AND IMMUNIZATIONS	166,463.
INTL CTR FOR DIARRHOEAL DISEASE RESEARCH GPO 128 MOHAKHALI 1000 DHAKA DHAKA DIVISION BANGLADESH	NONE NGO	VACCINES AND IMMUNIZATIONS	893,277.
JHPIEGO 1615 THAMES STREET BALTIMORE, MD 21231-3492	NONE NGO	EMERGING AND EPIDEMIC DISEASES	361,821.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH 624 N BROADWAY HAMPTON HOUSE, ROOM 241 BALTIMORE, MD 21205	NONE NGO	VACCINES AND IMMUNIZATIONS	15,047.
JUNIOR LEAGUE OF LOS ANGELES INC 630 N. LARCHMONT BLVD. LOS ANGELES, CA 90004	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,000.
KENYA MEDICAL RESEARCH INSTITUTE P. O. BOX 54840-00200 00100 NAIROBI NAIROBI KENYA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	746,072.
KENYA SCOUTS ASSOCIATION P. O. BOX 41422 00100 NAIROBI NAIROBI KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	124,957.
KENYAN MEDICAL RESEARCH INSTITUTE KILIFI CENTRE P. O. BOX 230 80103 KILIFI COAST KENYA	NONE NGO	VACCINES AND IMMUNIZATIONS	700,000.
KGMC INSTITUTE OF CLINICAL EPIDEMIOLOGY KING GEORGE MEDICAL UNIVERSITY 226003 LUCKNOW UTTAR PRADESH INDIA	NONE GOVERNMENT	HEALTH TECHNOLOGIES	18,319.
KINTAMPO HEALTH RESEARCH CENTRE MINISTRY OF HEALTH 01 BRONG AHAFO REGION BRONG AHAFO REGION GHANA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	818,435.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
KUMASI CENTER FOR COLLABORATIVE RESEARCH KNUST 01 KUMASI ASHANTI GHANA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	200,000.
LAMPANG PROV HEALTH OFFICE MINISTRY OF HEALTH 3 PAKAM ROAD, HUA WIANG SUBDISTRICT 52000 LAMPANG THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	78,420.
LELAND STANFORD JUNIOR UNIVERSITY 251 CAMPUS DRIVE, MSOB-X226 PALO ALTO, CA 94305	NONE NGO	VACCINES AND IMMUNIZATIONS	44,587.
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE KEPPEL STREET WC1E 7HT LONDON UNITED KINGDOM	NONE NGO	VACCINES AND IMMUNIZATIONS	1,461,000.
MAMTA HEALTH INSTITUTE FOR MOTHER AND CHILD B-5, GREATER KAILASH ENCLAVE-II 110048 NEW DELHI INDIA	NONE NGO	MATERNAL & CHILD HEALTH	27,895.
MANOFF GROUP 2001 "S" STREET NW SUITE 400 WASHINGTON, DC 20009	NONE CORPORATION	MATERNAL & CHILD HEALTH	183,866.
MDS PHARMA FRANCE 6 AVENUE DE LA CRISTALLERIE 92316 SEVRES CEDEX ILE DE FRANCE FRANCE	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	26,280.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
MEDICAL RESEARCH COUNCIL/SOUTH AFRICA PO BOX 19070 7505 TYGERBERG WESTERN CAPE SOUTH AFRICA	NONE NGO	REPRODUCTIVE HEALTH	18,505.
MEDICAL UNIVERSITY OF SOUTHERN AFRICA TRUST P.O. BOX 1857, PARKLANDS 2121 PRETORIA GAUTENG SOUTH AFRICA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	6,825.
MERCK AND COMPANY ONE MERCK DRIVE PO BOX 100 WHITEHOUSE STATION, NJ 08889-0100	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	255,497.
MICRONICS INC 8463 154TH AVE NE REDMOND, WA 98052	NONE CORPORATION	HEALTH TECHNOLOGIES	963,722.
MINISTRY OF HEALTH INDONESIA JL. PERCETAKAN NEGARA 29 12950 JAKARTA PUSAT JAVA INDONESIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	34,852.
MIN OF HEALTH OF THE GOV OF REPUBLIC OF ZAMBIA PO BOX 32509 10101 LUSAKA LUSAKA ZAMBIA	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	628,181.
MINISTRY OF HEALTH UGANDA MASAKA PO BOX 18 01 MASAKA MASAKA UGANDA	NONE GOVERNMENT	REPRODUCTIVE HEALTH	989.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
MINISTRY OF HEALTH KINGDOM OF CAMBODIA #125-129 ST 134, SANGKAT VEAL VONG 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	8,000.
MINISTRY OF HEALTH SOCIALIST REPUBLIC OF VIETNAM B. C. 10.200, TU-LIEM 01 HANOI HANOI VIETNAM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	21,500.
MINISTRY OF PUBLIC HEALTH THAILAND DEPT. OF COMMUNICABLE DISEASE 11000 NONTABURI NONTABURI THAILAND	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	3,684.
MINISTRY OF RURAL DEVELOPMENT DEVELOPMENT OF RURAL HEALTH CARE 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE GOVERNMENT	HEALTH TECHNOLOGIES	250.
MONASH UNIVERSITY DEPARTMENT OF MICROBIOLOGY 3800 VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE NGO	VACCINES AND IMMUNIZATIONS	173,406.
MURDOCH CHILDRENS RESEARCH INSTITUTE FLEMINGTON ROAD, PARKVILLE 3052 VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE NGO	VACCINES AND IMMUNIZATIONS	221,808.
NAT INST FOR BIOLOGICAL STANDARDS AND CONTROL BLANCHE LANE EN6 3QC HERTSFORDSHIRE EAST UNITED KINGDOM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	22,361.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
NAT INST OF ALLERGY AND INFECTIOUS DISEASES NIH/NI AID, BUILDING 31, RM 3B-62 31 CENTER DRIVE, MSC 2137 BETHESDA, MD 20892	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	107,638.
NATIONAL AIDS RESEARCH INST 73-G, BHOSARI INDUSTRIAL ESTATE 411026 PUNE MAHARASHTRA INDIA	NONE NGO	REPRODUCTIVE HEALTH	34,073.
NATIONAL INST OF HYGIENE AND EPIDEMIOLOGY VIETNAM 1 YERSIN 01 HANOI HANOI VIETNAM	NONE GOVERNMENT	REPRODUCTIVE HEALTH	170,422.
NATIONAL INST OF HYGIENE AND EPIDEMIOLOGY VIETNAM 1 YERSIN 01 HANOI HANOI VIETNAM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	75,000.
NATIONAL INSTITUTE OF IMMUNOLOGY ARUNA ASAF ALI MARG 110067 NEW DELHI NCTD INDIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	33,422.
NATIONAL INSTITUTES OF HEALTH 6701 ROCKLEDGE DRIVE, ROOM 1040-MSC 7710 BETHESDA, MD 20892	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	551,369.
NATIONAL PUBLIC HEALTH INSTITUTE MANNERHEIMINTIE 166 FIN-00300 HELSINKI SOUTHERN FINLAND FINLAND	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	489,981.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
NAVI MUMBAI MUNICIPAL CORPORATION HEALTH DEPT, BELAPUR BHAVAN 400 614 MUMBAI MAHARASHTRA INDIA	NONE GOVERNMENT	MATERNAL & CHILD HEALTH	181,711.
NEW SOCIAL TECHNOLOGIES 10 OREKHOVA ST., APT. 1 98640 YALTA YALTA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,996.
NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH UNIVERSITY OF GHANA 01 LEGON GREATER ACCRA GHANA	NONE NGO	VACCINES AND IMMUNIZATIONS	1,148,698.
OFFICE OF DISEASE PREVENTION AND CONTROL REGION 5 MINISTRY OF PUBLIC HEALTH 11000 NONTABURI NONTABURI THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	51,168.
OFFICE OF VOCATIONAL EDUCATION COMMISSION MINISTRY OF EDUCATION 10400 BANGKOK BANGKOK THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	101,843.
OFFICE ON NON FORMAL EDUCATION COMMISSION RATCHADAMNOEN NOK AVENUE 10300 BANGKOK BANGKOK THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	57,581.
OLIVER WYMAN INC 10 SOUTH WACKER DRIVE, 13TH FLOOR CHICAGO, IL 60606	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	1,703,110.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
PAN AMERICAN HEALTH ORGANIZATION 525 TWENTY-THIRD STREET, N.W. WASHINGTON, DC 20037	NONE NGO	VACCINES AND IMMUNIZATIONS	313,999.
PASTEUR INSTITUTE HO CHI MINH CITY NO. 167, PASTEUR ROAD 01 HO CHI MINH CITY HO CHI MINH VIETNAM	NONE FOUNDATION	VACCINES AND IMMUNIZATIONS	10,572.
PEOPLES ACTION FOR NATIONAL INTEGRATION 1/13/190, CIVIL LINES 224001 FAIZABAD UTTAR PRADESH INDIA	NONE NGO	MATERNAL & CHILD HEALTH	204,496.
PERUVIAN MIDWIFE ASSOCIATION AV. PARQUE SAN MARTIN 127 18 LIMA LIMA PERU	NONE NGO	MATERNAL & CHILD HEALTH	3,400.
PHARMACISTS ASSOCIATION OF CAMBODIA #111 ST MONIRETH KHAN TUOL KORK 12000 PHNOM PENH PHNOM PENH CAMBODIA	NONE NGO	REPRODUCTIVE HEALTH	2,500.
PHRANAKHON SI AYUTTHAYA RAJABHAT UNIVERSITY 96 ROJANA ROAD, PHRANAKHON SI 13000 AYUTTHAYA AYUTTHAYA THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	80,269.
PLANNED PARENTHOOD OF CONNECTICUT 345 WHITNEY AVE. NEW HAVEN, CT 06510	NONE NGO	EMERGING AND EPIDEMIC DISEASES	5,500.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
PLANNED PARENTHOOD OF WESTERN WASHINGTON NMMC 2001 EAST MADISON SEATTLE, WA 98122	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,800.
POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	NONE NGO	REPRODUCTIVE HEALTH	10,000.
POPULATION SERVICES INTERNATIONAL C-445, CHITTARANJAN PARK 110019 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL & CHILD HEALTH	180,677.
PORTASCIENCE INC 337 TOM BROWN ROAD MOORESTOWN, NJ 08057	NONE CORPORATION	HEALTH TECHNOLOGIES	20,000.
PRA SRI MAHAPOTHI HOSPITAL TRAIN CNTR - COUNSELING AND BCC 34000 UBON RATCHATHANI UBON RATCHATHANI THAILAND	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	66,545.
PRINCE OF SONGKLA UNIVERSITY 15 KANJANAVANICH ROAD 90112 SONGKLA SONGKHLA THAILAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	115,809.
PROFAMILIA CALE 34, NO. 14-52 01 SANTAFE DE BOGOTA D. C. COLOMBIA	NONE NGO	HEALTH TECHNOLOGIES	20,324.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
PROJECT CONCERN INTERNATIONAL JL. PEJOMPONGAN V NO. 140 10210 JAKARTA JAKARTA INDONESIA	NONE NGO	MATERNAL & CHILD HEALTH	106,838.
PUBLIC ORGANIZATION ALTERNATIVA 23/3 KOSMONAVTAV ST 65065 ODESA ODESSA UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	9,675.
PUNTOS DE ENCUENTRO DE LA ROTUNDA DE PLAZA ESPANA 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	5,000.
QUEENS UNIVERSITY OF BELFAST UNIVERSITY ROAD BT7 1NN BELFAST ULSTER NORTHERN IRELAND	NONE GOVERNMENT	HEALTH TECHNOLOGIES	26,447.
QUEENSLAND INSTITUTE OF MEDICAL RESEARCH THE BANCROFT CENTRE 4006 HERSTON QUEENSLAND AUSTRALIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	276,281.
RAISING VOICES PLOT 16 TUFNELL DRIVE, KAMWOKYA 01 KAMPALA KAMPALA UGANDA	NONE NGO	REPRODUCTIVE HEALTH	20,500.
RED DE MUJERES CONTRA LA VIOLENCIA RESIDENCIAL EL DORADO, CASA NO. 422 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	3,750.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
REPRO HEALTH TRAINING AND RESEARCH ACADEMY JWAGAL, KUPONDOL 01 LILITPUR KATHMANDU NEPAL	NONE NGO	REPRODUCTIVE HEALTH	13,780.
RESEARCH INSTITUTE FOR TROPICAL MEDICINE DEPARTMENT OF HEALTH, FILINVEST 1781 MUNTINLUPA CITY METRO MANILA PHILIPPINES	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	2,000.
ROTA 037 CONSORTIUM CLINICAL RESEARCH CENTRES SA (PTY) 2121 PRETORIA GAUTENG SOUTH AFRICA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	1,405,990.
SABIN VACCINE INSTITUTE 1889 F STREET NW, SUITE 200S WASHINGTON, DC 20006-4400	NONE NGO	VACCINES AND IMMUNIZATIONS	4,998.
SAMPARK 142 MITTAL COURT 400 021 MUMBAI MAHARASHTRA INDIA	NONE CORPORATION	MATERNAL & CHILD HEALTH	23,462.
SANARIA INC 12115 PARKLAWN DRIVE SUITE L ROCKVILLE, MD 20852	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	7,523,835.
SEATTLE BIOMEDICAL RESEARCH INSTITUTE 307 WESTLAKE AVE. N. SUITE 500 SEATTLE, WA 98109	NONE NGO	VACCINES AND IMMUNIZATIONS	1,530,981.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SEATTLE INST FOR BIOMEDICAL AND CLINICAL RESEARCH 1660 S. COLUMBIAN WAY S-151F SEATTLE, WA 98108	NONE NGO	HEALTH TECHNOLOGIES	22,210.
SERUM INSTITUTE OF INDIA 212/2 HADAPSAR 411 001 PUNE MAHARASHTRA INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	268,570.
SEVASTOPOL CITY YOUTH NGO 10-A KOMMUNISTICHESKAYA 99003 SEVASTOPOL UKRAINE	NONE NGO	EMERGING AND EPIDEMIC DISEASES	7,021.
SHANTHA BIOTECHNICS SERENE CHAMBERS 3RD FLOOR, ROAD 500 034 HYDERABAD ANDHRA PRADESH INDIA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	226,000.
SHEIKH AHMED NABAHANY PO BOX 90697 80103 MOMBASA COAST KENYA	NONE INDIVIDUAL	REPRODUCTIVE HEALTH	115.
SHREE SAMARTH SHIKSHAN PRASARAK MANDAL SHAKTIKUNJ, TPS COLONY 400017 MUMBAI MAHARASHTRA INDIA	NONE GOVERNMENT	MATERNAL & CHILD HEALTH	39,981.
SI MUJER CALLE 27 DE MAYO 01 MANAGUA MANAGUA NICARAGUA	NONE NGO	REPRODUCTIVE HEALTH	5,000.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SOCIETY FOR APPLIED STUDIES 108 MANIKTALA MAIN ROAD 700 001 KOLKATA WEST BENGAL INDIA	NONE NGO	VACCINES AND IMMUNIZATIONS	550,000.
SOCIETY FOR NUTRITION EDUCATION AND HEALTH ACTION URBAN HEALTH CENTER, RM NO. 416 400017 MUMBAI MAHARASHTRA INDIA	NONE NGO	MATERNAL & CHILD HEALTH	134,534.
SOCIETY FOR WOMEN AND AIDS IN KENYA P. O. BOX 21526 00100 NAIROBI NAIROBI KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	178,265.
SOCIETY OF OBGYNS OF CAMEROON B. P. 1803 01 YAOUNDE CENTRE CAMEROON	NONE NGO	MATERNAL & CHILD HEALTH	1,168.
SOC OF OBSTETRICIAN AND GYNECOLOGISTS PAKISTAN DEPARTMENT OF OB/GYN 74200 KARACHI SOUTHERN SINDH, KARACHI PAKISTAN	NONE NGO	MATERNAL & CHILD HEALTH	4,766.
SOUTH AFRICA PARTNERS 89 SOUTH STREET SUITE 401 BOSTON, MA 02111	NONE NGO	EMERGING AND EPIDEMIC DISEASES	57,057.
STAR SYRINGE LTD ONE JERMYN STREET SW1Y 4UH LONDON LONDON UNITED KINGDOM	NONE CORPORATION	HEALTH TECHNOLOGIES	40,807.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
STRAIGHT TALK FOUNDATION LIMITED 45 BUKOTO STREET, KAMWOKYA 01 KAMPALA KAMPALA UGANDA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	95,584.
SWAASTHYA TRUST CHITTARANJAN PARK 110019 NEW DELHI NCTD INDIA	NONE NGO	MATERNAL & CHILD HEALTH	86,752.
SWISS TROPICAL INSTITUTE UNIVERSITY OF BASEL 4002 BASEL BASEL-STADT SWITZERLAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	96,306.
TANZANIA MIDWIVES ASSOCIATION P. O. BOX 65524 01 DAR ES SALAAM DAR-ES-SALAAM TANZANIA	NONE NGO	MATERNAL & CHILD HEALTH	1,190.
THAI WOMEN AND HIV AIDS TASK FORCE 174/28 MOO 6 50290 CHIANG MAI CHIANG MAI PROVINCE THAILAND	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,500.
THAI YOUTH ACTION PROGRAMS FOUNDATION 56/80 KOOMNAKORNPING 50000 CHIANG MAI CHIANG MAI PROVINCE THAILAND	NONE FOUNDATION	EMERGING AND EPIDEMIC DISEASES	2,893.
THE INSTITUTE OF GENOMIC RESEARCH 9712 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	NONE NGO	VACCINES AND IMMUNIZATIONS	185,021.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
THE MIRIAM HOSPITAL CTRS FOR BEHAVIORAL & PREV. MEDICINE ONE HOPPIN STREET, SUITE 500 PROVIDENCE, RI 02903	NONE NGO	HEALTH TECHNOLOGIES	10,000.
TIDES CENTER RAISING VOICES 209 9TH STREET 5TH FLOOR PITTSBURG, PA 15222	NONE NGO	REPRODUCTIVE HEALTH	8,138.
TRA VINH HEALTH DEPARTMENT 16A NGUYEN THAI HOC STREET 01 TRA VINH TRA VINH VIETNAM	NONE GOVERNMENT	EMERGING AND EPIDEMIC DISEASES	22,466.
TRA VINH PREVENTIVE MEDICINE CENTER 1 TO THI HUYNH STREET TRA VINH TOWN 01 TRA VINH TRA VINH VIETNAM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	38,627.
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P-221 FRANKLIN PUDDING PHILADELPHIA, PA 19104	NONE GOVERNMENT	HEALTH TECHNOLOGIES	10,000.
TULANE UNIVERSITY 1430 TULANE AVENUE, EP-15 NEW ORLEANS, LA 70112	NONE NGO	MATERNAL & CHILD HEALTH	20,000.
TUMAINI AWARENESS GROUP PO BOX 2125-60200 60200 MERU EASTERN KENYA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	46,464.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
UN FUND FOR POPULATION ACTIVITIES PROCUREMENT SERV. DIVISION, NORDIC 2300 COPENHAGEN DK DENMARK	NONE NGO	REPRODUCTIVE HEALTH	70,500.
UGANDA SCOUTS ASSOCIATION BADEN POWELL HOUSE 01 KAMPALA KAMPALA UGANDA	NONE NGO	EMERGING AND EPIDEMIC DISEASES	326,102.
UNIVERSITATSKLINIKUM TUBINGEN WILHELMSTRASSE 27 72016 D-72074 TUBINGEN BADEN-WURTEMBERG GERMANY	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	134,049.
UNIVERSITY OF COLORADO P. O. BOX 6508 MS F428 AURORA, CO 80045-0508	NONE GOVERNMENT	HEALTH TECHNOLOGIES	133,216.
UNIVERSITY OF LIVERPOOL DUNCAN BUILDING, DAULBY STREET L69 3GA LIVERPOOL MERSEYSIDE UNITED KINGDOM	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	115,628.
UNIVERSITY OF MELBOURNE DEPARTMENT OF MICROBIOLOGY 3010 CARLTON, VICTORIA SOUTH AUSTRALIA AUSTRALIA	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	164,907.
UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS P. O. BOX 9003 CHARLOTTESVILLE, VA 22906	NONE GOVERNMENT	HEALTH TECHNOLOGIES	6,310.

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

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RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
UNIVERSITY OF WASHINGTON 1100 NE 45TH STREET, SUITE 300 SEATTLE, WA 98105	NONE GOVERNMENT	HEALTH TECHNOLOGIES	410,786.
UNIVERSITY OF WASHINGTON 1100 NE 45TH STREET, SUITE 300 SEATTLE, WA 98105	NONE GOVERNMENT	REPRODUCTIVE HEALTH	2,000.
UNIVERSITY OF WITWATERSRAND REPRODUCTIVE HEALTH RESEARCH UNIT 4001 DURBAN KWAZULU-NATAL SOUTH AFRICA	NONE NGO	HEALTH TECHNOLOGIES	6,534.
UZIMA FOUNDATION GOLF COURSE EST. MBARUK RD GATE 203 00100 NAIROBI NAIROBI KENYA	NONE FOUNDATION	REPRODUCTIVE HEALTH	466.
VANDERBILT UNIVERSITY VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE. SUITE 100 NASHVILLE, TN 37203	NONE NGO	VACCINES AND IMMUNIZATIONS	131,804.
VINNITSA FAMILY PLANNING ASSOCIATION ST. PIROGOVA 46 21000 VINNITSA VINNITSA UKRAINE	NONE NGO	REPRODUCTIVE HEALTH	2,993.
VOXIVA INC 1990 K STREET NW SUITE 400 WASHINGTON, DC 20006	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	77,214.

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

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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 503 ROBERT GRANT AVENUE SILVER SPRING, MD 20919-7500	NONE GOVERNMENT	VACCINES AND IMMUNIZATIONS	412,468.
WALTER REED ARMY INSTITUTE OF RESEARCH 503 ROBERT GRANT AVENUE SILVER SPRING, MD 20919-7500	NONE GOVERNMENT	HEALTH TECHNOLOGIES	71,277.
WANXING BIOPHARMACEUTICALS CO LTD LANE 4705, NO 58, NORTH YANG GAO RD 201206 SHANGHAI SHANGHAI CHINA	NONE CORPORATION	VACCINES AND IMMUNIZATIONS	32,646.
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE, CAMPUS BOX 1054 ST. LOUIS, MO 63130	NONE GOVERNMENT	HEALTH TECHNOLOGIES	98,103.
WEST AFRICAN HEALTH ORGANIZATION PORTE N 175 AVE OUEZZIN COULIBALY 01 BOBO-DIOULASSO BOBO-DIOULASSO BURKINA FASO	NONE NGO	REPRODUCTIVE HEALTH	18,000.
WOMEN ORGANIZED TO RESPOND LIFE THREAT DISEASES 414 13TH STREET, 2ND FLOOR OAKLAND, CA 95612	NONE NGO	EMERGING AND EPIDEMIC DISEASES	2,000.
WOMENS HEALTH AND REPRODUCTIVE RIGHTS FOUNDATION STE. 808, ROYAL GOLDEN JUBILEE BLDG 10320 BANGKOK BANGKOK THAILAND	NONE FOUNDATION	REPRODUCTIVE HEALTH	19,198.

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

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
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WOMENS HEALTH RESEARCH UNIT SCHOOL OF PUBLIC HLTH & FAMILY MED 8000 CAPE TOWN WESTERN CAPE SOUTH AFRICA	NONE NGO	REPRODUCTIVE HEALTH	13,263.
WORLD HEALTH ORG REPRODUCTIVE HEALTH AND RESEARCH 20 AVENUE APPIA 1211 1211 GENEVA 27 GENEVA SWITZERLAND	NONE NGO	REPRODUCTIVE HEALTH	104,864.
WORLD VISION P. O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	NONE NGO	EMERGING AND EPIDEMIC DISEASES	545,310.
WORLD HEALTH ORGANIZATION 20 AVENUE APPIA 1211 1211 GENEVA 27 GENEVA SWITZERLAND	NONE NGO	VACCINES AND IMMUNIZATIONS	2,824,918.
		TOTAL CONTRIBUTIONS PAID	52,149,169.
			=====

FORM 990, PART II - OTHER EXPENSES

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DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
SUB-CONTRACTS	9,969,377.	9,804,582.	164,795.	NONE
OTHER PROFESSIONAL SERVICES	4,327,877.	3,423,928.	871,888.	32,061.
CONSULTANTS	943,043.	221,588.	721,196.	259.
RELOCATION/MOVING	304,515.	241,250.	63,265.	NONE
PROJECT PROCUREMENT	7,652,171.	7,652,171.	NONE	NONE
PATENT AMORTIZATION	179,178.	NONE	179,178.	NONE
INSURANCE	449,874.	230,284.	219,590.	NONE
MISCELLANEOUS EXPENSES	137,144.	78,540.	54,901.	3,703.
LEGISLATIVE EXPENSES	222,019.	136,471.	80,142.	5,406.
SUBSCRIPTIONS/PUBLICATIONS	151,025.	92,833.	54,515.	3,677.
RECRUITING	103,896.	63,863.	37,503.	2,530.
PROFESSIONAL DUES	88,072.	54,136.	31,791.	2,145.
TAXES	244,009.	149,988.	88,079.	5,942.
DONATED VACCINES AND SOFTWARE	2,350,978.	402,318.	1,939,361.	9,299.
DONATED HATS AND SHIRTS	7,726.	NONE	7,726.	NONE
TOTALS	27,130,904.	22,551,952.	4,513,930.	65,022.

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 IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD BY ADVANCING TECHNOLOGIES, STRENGTHENING SYSTEMS, AND ENCOURAGING HEALTHY BEHAVIORS.

PATH CREATES SUSTAINABLE, CULTURALLY RELEVANT SOLUTIONS, ENABLING COMMUNITIES WORLDWIDE TO BREAK LONGSTANDING CYCLES OF POOR HEALTH. BY COLLABORATING WITH DIVERSE PUBLIC- AND PRIVATE-SECTOR PARTNERS, PATH HELPS PROVIDE APPROPRIATE HEALTH TECHNOLOGIES AND VITAL STRATEGIES THAT CHANGE THE WAY PEOPLE THINK AND ACT. PATH'S WORK IMPROVES GLOBAL HEALTH AND WELL-BEING.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

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DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
EMERGING AND EPIDEMIC DISEASES - SEE STATEMENT 2	4,879,546.	30,076,685.
CROSS PROGRAM - SEE STATEMENT 2	NONE	282,671.
	-----	-----
TOTALS	4,879,546.	30,359,356.
	=====	=====

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

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 OF CONSIDERATION: CASH
 RELATIONSHIP: NONE

BEGINNING BALANCE DUE 758,514.
 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 OF CONSIDERATION: CASH
 RELATIONSHIP: NONE

BEGINNING BALANCE DUE 170,000.
 ENDING BALANCE DUE NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 928,514.
 =====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES NONE
 =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CORPORATE DEBT SECURITIES	90,366,284.	78,431,733.
MUTUAL FUNDS	4,141,000.	4,053,801.
US GOVERNMENT SECURITIES	21,460,000.	13,890,049.
ASSET-BACKED SECURITIES	101,701,000.	60,191,059.
BONDS	500,000.	NONE
	-----	-----
TOTALS	218,168,284.	156,566,642.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ULTRA RICE PATENT		
NET OF AMORTIZATION	1,478,219.	1,299,041.
	-----	-----
TOTALS	1,478,219.	1,299,041.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: BANK OF AMERICA
ORIGINAL AMOUNT: 3,300,000.
INTEREST RATE: 5.580000
DATE OF NOTE: 10/15/2001
MATURITY DATE: 07/01/2012
REPAYMENT TERMS: ANNUAL PRINCIPAL AND INTEREST PAYMENTS
SECURITY PROVIDED: GENERAL RECOURSE TO ASSETS
PURPOSE OF LOAN: LEASEHOLD IMPROVEMENT
DESCRIPTION AND FMV CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE	1,842,500.
ENDING BALANCE DUE	1,512,500.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,842,500.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,512,500.
	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
REVENUE REPORTED ON FORM 990 FOR PATH VACCINE SOLUTIONS	88,294,772.
TOTAL	----- 88,294,772.
	=====

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

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DESCRIPTION	AMOUNT
-----	-----
RENT EXPENSES REPORTED ON PART I, FORM 990	-30,624.
EXPENSES REPORTED ON FORM 990 FOR PATH VACCINE SOLUTIONS	8,641,036.

TOTAL	8,610,412.
	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
RENT EXPENSES REPORTED ON	
PART 1, FORM 990	30,624.
RETURNED SUB-AWARD FUNDS	-16,899.

	13,725.
	=====
TOTAL	

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK 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	314,812.	8,131.	91,241.
CHRISTOPHER J ELIAS - DEF BENEFITS 1455 NW LEARY WAY SEATTLE, WA 98107	PRESIDENT 40.00	NONE	25,500.	NONE
ERIC WALKER 1455 NW LEARY WAY SEATTLE, WA 98107	VICE PRESIDENT 40.00	189,923.	8,123.	225.
ERIC WALKER - DEF BENEFITS 1455 NW LEARY WAY SEATTLE, WA 98107	VICE PRESIDENT 40.00	NONE	21,520.	NONE
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

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK 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 CHUNSUTTIWAT 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
DEAN ALLEN 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
AGNES GUND 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JAY SATIA 1455 NW LEARY WAY SEATTLE, WA 98107	DIRECTOR 2.00	NONE	NONE	NONE
GRAND TOTALS		504,735.	63,274.	91,466.

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

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EFILE USERS: SEE ATTACHED ADOBE PDF

PAPER USERS: SEE ATTACHMENT A

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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RELATED ORGANIZATION NAME: PATH VACCINE SOLUTIONS (PVS)

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PACTEC, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PIACT

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
PRODUCT SALES					20,205.
TECHNICAL ASSISTANCE					29,425.
GUEST SPEAKING & TRAINING					6,876.
PVS SERVICES					8,641,038.
TOTALS		-----		-----	8,697,544.
		=====		=====	=====

FORM 990, PART VII - OTHER REVENUE

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DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
ROYALTIES/LICENSE			15	78,417.	
FOREIGN EXCHANGE GAINS/LOSSES ON AWARDS			18	53,913.	
DISPOSITEK LOAN COMMITMENT FEE			01	2,300.	
REFUNDS			01	4,777.	
TRAVEL REIMBURSEMENT			01	3,015.	
OTHER REIMBURSEMENT			01	155,477.	
INTEREST ON PRINCIPAL					6,419.
WORK STUDY REIMBURSEMENT			01	2,016.	
MISCELLANEOUS			01	832.	
		-----		-----	-----
TOTALS				300,747.	6,419.
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME 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 AN ADVISOR 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 A RELATED ENTITY WITH ASSISTANCE WITH VACCINES AND IMMUNIZATION SERVICES.
103	PATH FUND FOR TECHNOLOGY TRANSFER PROVIDES LOAN FINANCING TO INSTITUTIONS THAT SUPPLY HEALTH PRODUCTS FOR DEVELOPING COUNTRIES.

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
JOHN BOSLEGO 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	273,511.	33,892.	20.
RICHARD STEKETEE 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	174,136.	20,140.	98,263.
MARC LA FORCE 1455 NW LEARY WAY SEATTLE, WA 98107	PROGRAM DIRECTOR 40.00	192,481.	30,901.	48,958.
JOHN MCNEIL 1455 NW LEARY WAY SEATTLE, WA 98107	ASSOCIATE DIRECTOR 40.00	221,912.	20,470.	NONE
CAROLYN PETERSEN 1455 NW LEARY WAY SEATTLE, WA 98107	ASSOCIATE DIRECTOR 40.00	157,030.	15,622.	58,240.
	TOTAL COMPENSATION	----- 1,019,070. =====	----- 121,025. =====	----- 205,481. =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
NORTHERN TRUST 50 S. LASALLE ST. CHICAGO, IL 60675	ASSET MANAGEMENT	451,798.
CB RICHARD ELLIS 11150 SANTA MONICA BLVD., SUITE 1600 LOS ANGELES, CA 90025	REAL ESTATE SVCS	136,354.
CLARK NUBER PS 10900 NE 4TH ST., STE 1700 BELLEVUE, WA 98004	PUBLIC ACCOUNTANTS	123,123.
EVERGREEN ASSOCIATES LTD 415 2ND ST NE, SUITE 100 WASHINGTON, DC 20002	GOV. RELATIONS CNSLT	74,802.
DAVIS WRIGHT TREMAINE LLP 1201 THIRD AVE., SUITE 2200 SEATTLE, WA 98101	ATTORNEYS	72,998.
	TOTAL COMPENSATION	----- 859,075. =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
WOODS AND ASSOCIATES 1221 2ND AVENUE, SUITE 330 SEATTLE, WA 98101	TEMPORARY STAFFING	593,093.
COURTESY ASSOCIATES 2025 M ST. NW, SUITE 800 WASHINGTON, DC 20036	MTG MANAGEMENT SERV.	344,063.
DIETZE CONSTRUCTION GROUP 45155 RESEARCH PLACE, SUITE 300 ASHBURN, VA 20147	GEN. CONTRACTOR	280,450.
RUSSELL REYNOLDS ASSOC INC 200 PARK AVE., SUITE 2300 NEW YORK, NY 10166	RECRUITING	96,868.
CLARK CONSTRUCTION GROUP LLC 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	GEN. CONTRACTOR	95,423.
	TOTAL COMPENSATION	----- 1,409,897. =====

**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

2007

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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
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 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶	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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.	6b	22,602.
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	14,667.
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	37,269.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		37,269.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		37,269.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). 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.

Part IV Capital Loss Limitation		
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16 ()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. 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.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)	27		
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)	31		
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

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 PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH	Identifying number 91-1157127
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1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
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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)
2 SEE STATEMENT 1						14,667.
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7 14,667.
<p>Partnerships (except electing large partnerships) and S corporations. 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.</p> <p>Individuals, partners, S corporation shareholders, and all others. 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.</p>						
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 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)						9

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):						
11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17
18 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:						
a If the loss on line 11 includes a loss from Form 4684, line 35, 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 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						
						18a
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						
						18b

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				
These columns relate to the properties on lines 19A through 19D. ▶	Property A	Property B	Property C	Property D
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			
25 If section 1245 property:				
a Depreciation allowed or allowable from line 22	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: 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			
27 If section 1252 property: 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			
28 If section 1254 property:				
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			
29 If section 1255 property:				
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 33. 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	6,857,602.	921,318.	4,308,975.	2,548,627.
Equipment	6,577,255.	883,653.	4,132,816.	2,444,439.
Furniture & Fixtures	406,706.	54,641.	255,553.	148,153.
Property, Plant & Equipment	<u>13841563.</u>	<u>1,859,612.</u>	<u>8,697,344.</u>	<u>5,141,219.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>13841563.</u>		<u>8,697,344.</u>	<u>5,141,219.</u>
Total Depreciation Expense, line 42		<u>1,859,612.</u>		

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

May 22, 2007

BYLAWS

OF

Program for Appropriate Technology in Health d/b/a PATH

ARTICLE ONE

Membership

1. Members There shall be no members of this corporation.

ARTICLE TWO

Board of Directors

1. Composition The governance and fiduciary oversight of this corporation shall be by a self-perpetuating board of directors consisting of not less than eight nor more than fourteen persons. A majority of the board of directors shall be nationals from countries in Africa, Asia, Eastern Europe, and Latin America/Caribbean. No person who is an employee of the corporation shall serve as a voting member of the board. No person who has a family relationship to the corporation's president shall serve as a voting member of the board, and no person who has a family relationship to any other board member shall serve as a member of the board. The corporation is committed to gender equity, ethnic and racial diversity, and inclusion of people with disabilities in the composition of the board.

2. Term The term of each director shall be three years. Directors may serve a maximum of nine consecutive years. Any director who has served for nine consecutive years shall leave the board for at least one year before being eligible for election to another term.

3. Changes to the Number of Directors Within the limits of Article Two (1), the number of directors may be changed at any time by a majority vote of the directors present at any regular meeting or at any special meeting called in whole or in part for that purpose, provided, however, that no decrease in the number of directors shall have the effect of shortening the term of any incumbent.

4. Removal Any one or more of the directors may be removed at any time by a vote of two-thirds of the directors present at any regular meeting or at any special meeting called in whole or in part for that purpose.

5. Vacancy In the event of a vacancy on the board of directors, the remaining directors by majority vote of the directors present may elect a successor.

6. Consent to Action Any action required or permitted to be taken at a meeting of the board of directors (or its committees) may be taken without a meeting if a consent in writing or by email transmission setting forth the action to be taken is approved by all of the directors. Any such consent may be executed (as defined herein) in counterparts, and if so executed, shall be inserted in the minute book as if it were the minutes of a board meeting. For purposes of the bylaws, "executed" means: (a) writing that is signed; or (b) an email transmission that is sent with sufficient information to determine the sender's identity.

7. Ex-officio Member The president shall participate in an ex-officio, non-voting capacity on the board.

8. Compensation Directors shall not receive any payment for serving on the board of directors but may be reimbursed for costs and expenses incurred in fulfilling their obligations as directors.

ARTICLE THREE

Board Committees

1. Committees The board of directors, by resolution adopted by a majority of the directors in office, may designate and appoint committees of the board. Any such committee shall consist of two or more directors and shall have and exercise such authority of the board of directors in the management of the corporation as may be specified in said resolution. However, no such committee shall have the authority of the board of directors to amend, alter, or repeal the bylaws; elect, appoint, or remove any member of any such committee or any director or officer of the corporation; amend the Articles of Incorporation; adopt a plan of merger or adopt a plan of consolidation with another corporation; authorize the voluntary dissolution of the corporation or revoke proceedings therefor; adopt a plan for the distribution of the assets of the corporation not in the ordinary course of business; or amend, alter, or repeal any resolution of the board of directors which by its terms provides that it shall not be amended, altered, or repealed by such committee. The designation and appointment of any such committee and the delegation of

authority to it shall not operate to relieve the board of directors or any individual director of any responsibility imposed upon it, him or her by law.

2. Executive Committee The Executive Committee shall consist of the four officers of the board of directors. The Executive Committee shall have the full authority to act in all matters on behalf of the board of directors between meetings of the board of directors, subject to the limits set out in Article Three (1), above. The president shall participate in an ex-officio, non-voting capacity on the Executive Committee.

3. Finance Committee The Finance Committee shall consist of the treasurer, and two or more directors and any other individuals that the board of directors may select. The committee will be appointed at the annual meeting of the board of directors. The Finance Committee shall provide financial oversight of the corporation and shall recommend actions to the board of directors. All actions of the Finance Committee are subject to ratification by the board of directors. The chair and president shall participate in an ex-officio capacity on the Finance Committee. The president shall be a non-voting member.

4. Audit Committee The Audit Committee shall include two or more directors and may also include persons who are not directors, but may not include any staff member, the president, or treasurer. The chair of the Audit Committee, who shall be appointed by the board, must be a director. Members of the Finance Committee may serve on the Audit Committee; however, the chair of the Audit Committee may not be a member of the Finance Committee and members of the Finance Committee shall constitute less than one-half of the membership of the Audit Committee. The Audit Committee will be appointed at the annual meeting of the board of directors. Subject to the board's supervision, the Audit Committee shall recommend to the board the retention and termination of the corporation's independent auditor, negotiate the independent auditor's compensation on behalf of the board and, after conferring with the auditor, review and determine whether to accept the corporation's audited financial report. In addition, the Audit Committee shall approve the performance of any non-audit services performed by the auditing firm and assure that such services conform with the standards for auditor independence set forth in the latest revision of the Government Auditing Standards, issued by the Comptroller General of the United States, and any standards prescribed by state law in the states in which PATH operates.

5. Other Committees The board of directors may establish such other committees as it deems necessary.

ARTICLE FOUR

Meetings

1. Annual Meeting The annual meeting shall be held in each calendar year on a date, at a location, determined by the board of directors.
2. Number of Meetings A minimum of two meetings (including the annual meeting) shall be held each calendar year, on dates, locations, determined by the board of directors.
3. Special Meetings Special meetings of the board may be requested upon the call of the chair or upon the written request of any three directors. Such meetings shall be convened if a quorum agrees to attend.
4. Executive Committee Meeting The Executive Committee shall meet on call of the chair.
5. Quorum One half of the members shall constitute a quorum at any meeting of the board of directors, Executive Committee, Finance Committee, or Audit Committee.
6. Meetings Held by Telephone or Similar Communications Equipment Meetings may be held by conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

ARTICLE FIVE

Notice

1. Notice of Regular Meetings Notice of any regular board or committee meeting shall be sent by mail, fax, or email to a director at his or her address as shown on the records of the corporation at least thirty (30) days prior to the meeting date.
2. Notice of Special Meetings Notice of any special meeting of the board or a committee shall be sent by mail, fax, email, private carrier, personal delivery, electronic network posting,

telegram, teletype, or by personal communication over the telephone or otherwise, at least seven (7) days prior to the special meeting date.

3. Consent to Notice By Email If notice is provided to directors by email, it is effective only with respect to directors who have: (a) consented in writing or by email to receive notices transmitted by email; and (b) designated in the consent the message format that is accessible to the recipient, and the address, location, or system to which these notices may be emailed. A director who has consented to receipt of emailed notices may revoke the consent by delivering (by mail, facsimile or email) a revocation to the corporation. The consent of any director is revoked if the corporation is unable to transmit by email two (2) consecutive notices given by the corporation in accordance with the director's consent, and this inability becomes known to the secretary of the corporation or other person responsible for giving the notice. The inadvertent failure by the corporation to treat this inability as a revocation does not invalidate any meeting or other action.

4. Delivery of Notice By Email Notice provided by email to a director who has consented to receive notice by such means is effective when it is emailed to an address designated by the recipient for that purpose.

5. Delivery of Notice By Posting to Electronic Network The corporation may provide notice of the time and place of any special meeting of the board of directors by posting the notice on an electronic network (such as a listserv), provided that the corporation also delivers to the director notice of the posting by mail, facsimile, or email (pursuant to the recipient's consent to receive notices by email), together with comprehensible instructions regarding how to obtain access to the posting on the electronic network.

6. Delivery of Notice By Other Means If mailed, such notice shall be deemed to be delivered when deposited in the United States mail addressed to the director at his or her address as it appears on the records of the corporation, with postage thereon prepaid. Other forms of notice described in this section are effective when received.

ARTICLE SIX

Officers

1. Officers The elected officers of the corporation shall be the chair, the vice chair, the secretary, and the treasurer, all of whom shall be elected annually from among the directors. The chief executive officer of the corporation shall be the president who is appointed by the board. Any two or more offices may be held by the same person, except the offices of chair and

president, and the offices of president and secretary. In addition to the powers and duties specified below, the officers shall have such powers and perform such duties as the board of directors may prescribe.

2. Chair The chair shall preside at all meetings of the board of directors and shall be an ex-officio member of all other board committees.

3. Vice Chair The vice chair shall perform the duties of the chair in the absence or incapacity of the chair.

4. Secretary The secretary shall keep records of the proceedings of the board of directors.

5. Treasurer The treasurer shall have oversight of the care and accounting of all funds and investments of the corporation, including annual budgets, and shall cause regular books of account to be kept. The treasurer shall chair the Finance Committee.

6. President The president shall supervise and manage all of the business and affairs of the corporation. The board, or an authorized committee of the board shall review and approve annually the compensation and benefits paid to the president to ensure that they are just and reasonable.

ARTICLE SEVEN

Indemnification of Directors, Officers, Employees, and Agents

1. Indemnification The corporation shall indemnify to the full extent permitted by law any director, officer, employee, or agent involved in any actual or threatened action, suit, or other proceeding, whether civil, criminal, administrative, or investigative, and whether formal or informal, by reason of the fact that he or she is or was a director, officer, employee, or agent of the corporation, or for any act or omission he or she may have committed as a director, officer, employee, or agent of the corporation. This indemnification shall include expense, liability, and loss (including, without limitation, attorneys' fees, judgments, fines, ERISA excise taxes or penalties and amounts to be paid in settlement) actually or reasonably incurred by such person in connection with any such proceeding. Such indemnification shall continue as to a person who has ceased to be a director, officer, employee, or agent of the corporation and shall inure to the benefit of his or her heirs and personal representatives.

2. Legal Expenses The corporation may pay expenses incurred in defending any proceeding in advance of its final disposition. However, any advance of expenses shall be made only upon delivery to the corporation of a guarantee by or on behalf of such director, officer, employee, or agent, to repay all amounts advanced if it shall ultimately be determined by final judicial decision that such director, officer, employee, or agent is not entitled to be indemnified under this Article or otherwise, which guarantee may be unsecured and may be accepted without reference to financial ability to make repayment.

3. Washington Law Amendments If Washington law is amended in the future to expand or increase the power of the corporation to indemnify, then, without any further requirement of action by the directors of this corporation, the powers described in this Article shall be expanded and increased to the fullest extent permitted by such amendment.

4. Indemnification Exclusion No indemnification shall be provided under this Article to any person if the corporation is prohibited by any law then in effect from paying such indemnification. For example, no indemnification shall be provided to any person, whether or not involving action in his or her official capacity, in which he or she shall have been finally adjudged to be liable on the basis of intentional misconduct or knowing violation of law, or from conduct of a director in violation of RCW 23B.08.310, or that the person personally received a benefit in money, property, or services to which the person was not legally entitled.

5. Insurance The corporation may purchase and maintain insurance to cover its indemnification obligations under this Article.

6. Repeal Any repeal or modification of this Article shall not adversely affect any right of any person existing at the time of such repeal or modification.

ARTICLE EIGHT

Administrative Provisions

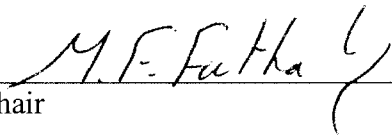
1. Fiscal Year The fiscal year of the corporation shall be the calendar year.

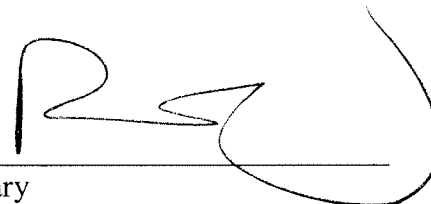
2. Loans No loans shall be made by the corporation to any director.

3. Amendment of Bylaws These bylaws may be amended by a majority vote of the directors present at any regular meeting or any special meeting, but the notice of the meeting shall state any proposal to amend these bylaws.

CERTIFICATE OF ADOPTION

We, the chair and secretary of the corporation, hereby certify that these bylaws consisting of eight pages are the bylaws of Program for Appropriate Technology in Health d/b/a PATH adopted by resolution of the board of directors on May 22, 2007.


Chair


Secretary