**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

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

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

**Form 990**

Department of the Treasury
Internal Revenue Service

2012

Open to Public Inspection

**Part I** Summary

1. Briefly describe the organization's mission or most significant activities: **SEE PART III, LINE 1.**

2. Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of Independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2012 (Part VI, line 2a)

6. Total number of volunteers (estimate if necessary)

7. Total unrelated business revenue from Part VIII, column (C), line 12

8. Net unrelated business taxable income from Form 990-T, line 34

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,377,524</td>
<td></td>
</tr>
<tr>
<td>51,421,659</td>
<td></td>
</tr>
<tr>
<td>0</td>
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<td>805,398</td>
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<tr>
<td>691,377</td>
<td></td>
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<tr>
<td>1,385</td>
<td></td>
</tr>
<tr>
<td>17,107</td>
<td></td>
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<tr>
<td>18,181,537</td>
<td></td>
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<tr>
<td>52,130,143</td>
<td></td>
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<tr>
<td>30,822,158</td>
<td></td>
</tr>
<tr>
<td>28,102,003</td>
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<tr>
<td>0</td>
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<td>0</td>
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<td>6,404,407</td>
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<tr>
<td>12,062,025</td>
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<td>37,226,555</td>
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</tr>
<tr>
<td>40,164,028</td>
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<tr>
<td>19,045,028</td>
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</tr>
<tr>
<td>11,966,115</td>
<td></td>
</tr>
<tr>
<td>133,507,981</td>
<td></td>
</tr>
<tr>
<td>142,045,531</td>
<td></td>
</tr>
<tr>
<td>6,691,219</td>
<td></td>
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<tr>
<td>2,850,743</td>
<td></td>
</tr>
<tr>
<td>126,816,762</td>
<td></td>
</tr>
<tr>
<td>139,194,788</td>
<td></td>
</tr>
</tbody>
</table>

**Part II** Signature Block

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

**Sign Here**

Signature of officer: **OLIVIA POLIUS**, Chief Financial Officer

Date: 11/14/13

**Print/Type preparer's name**: DAVID F. GRALING CPA

Preparer's signature: **DAVID F. GRALING CPA**

Date: 11/12/13

Check [ ] self-employed

PTIN: P00361995

**Firm's EIN**: 52-1392080

**Firm's name**: GRALING, ROSENBERG & FREEDMAN

**Firm's address**: 4550 MONTGOMERY AVE SUITE 650

BETHESDA, MD 20814-2910

Phone no.: (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No
### Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III: 

#### 1. Briefly describe the organization’s mission:

PVS works with partners to develop new vaccines by providing funding and expertise in preclinical development, manufacturing, and clinical development, with a focus on low-income countries. In return, partners agree to terms that help ensure the resulting products are affordable.

#### 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  

- Yes [X]  
- No [ ]

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

#### 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  

- Yes [X]  
- No [ ]

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>40,164,028</td>
<td>28,102,003</td>
<td></td>
</tr>
</tbody>
</table>

PVS works to prevent deaths from pneumonia, influenza, respiratory syncytial virus, polio, and diarrhea among children around the world. We accelerate the development of safe, efficacious, and affordable vaccines in partnership with public and private groups.

In 2012, PVS advanced research and development of a number of promising pneumococcal vaccine candidates and related technologies. This work ranged from preliminary research to preclinical development to clinical trials for several candidates. For example, we advanced an inactivated whole-cell vaccine candidate developed in partnership with Boston Children's Hospital into a first-in-human Phase 1 clinical trial. The vaccine candidate demonstrated an acceptable safety and reactogenicity.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(Expenses $ including grants of $ ) (Revenue $ )

#### 4e. Total program service expenses

40,164,028.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>10</td>
<td>X</td>
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<tr>
<td>11</td>
<td></td>
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<tr>
<td>11a</td>
<td>X</td>
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<tr>
<td>11b</td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>X</td>
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<tr>
<td>11d</td>
<td>X</td>
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<td>11e</td>
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<td>11f</td>
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<td>12b</td>
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<td>13</td>
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<td>14b</td>
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<td>X</td>
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<tr>
<td>19</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV Checklist of Required Schedules**

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

22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ...................................................... 22 X

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .................................................. 23 X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a X

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

   a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X

   b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X

   c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M 29

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations?

   If "Yes," complete Schedule N, Part I 31 X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X

   b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

   If "Yes," complete Schedule R, Part V, line 2 36 X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X

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

Form 990 (2012)
### Part V Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>N/A</td>
<td>12b</td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>N/A</td>
<td>13a</td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year: 1000

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent: 1000

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

6 Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

13 Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

14 Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

a The organization's CEO, Executive Director, or top management official

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed:

<table>
<thead>
<tr>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA</td>
</tr>
</tbody>
</table>

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

<table>
<thead>
<tr>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own website</td>
</tr>
<tr>
<td>Another's website</td>
</tr>
<tr>
<td>Upon request</td>
</tr>
<tr>
<td>Other (explain in Schedule O)</td>
</tr>
</tbody>
</table>

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLIVIA POLIUS</td>
<td>2201 WESTLAKE AVE., SUITE 200, SEATTLE, WA 98121</td>
<td>206-285-3500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax ID Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>83-0431851</td>
<td>PATH VACCINE SOLUTIONS</td>
</tr>
</tbody>
</table>

12-10-12
## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CHRISTOPHER J ELIAS CHAIR (UNTIL 1/31/12)</td>
<td>39.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>223,504.</td>
</tr>
<tr>
<td>(2) STEVEN B DAVIS CHAIR (BEGAN 6/1/12)</td>
<td>39.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>215,600.</td>
</tr>
<tr>
<td>(3) JACQUELINE D SHERRIS VICE CHAIR</td>
<td>39.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>260,690.</td>
</tr>
<tr>
<td>(4) ERIC G WALKER TREASURER</td>
<td>39.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>252,022.</td>
</tr>
<tr>
<td>(5) DANIEL LASTER DIRECTOR/GENERAL COUNSEL</td>
<td>39.00</td>
<td>X</td>
<td>0.</td>
<td>215,725.</td>
<td>34,457.</td>
</tr>
<tr>
<td>(6) N REGINA RABINOVICH DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) DOUGLAS HOLTZMAN DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) TOM BREWER DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) DAVID ALLI BOARD SECRETARY</td>
<td>20.00</td>
<td>X</td>
<td>0.</td>
<td>147,445.</td>
<td>27,386.</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target compensation employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sub-total** 0 1,314,986 161,597

**Total from continuation sheets to Part VII, Section A** 0 0 0

**Total (add lines 1b and 1c)** 0 1,314,986 161,597

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

8 14211118 745960 25260.1 2012.05000 PATH VACCINE SOLUTIONS 25260_11
## Part VIII  Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII  

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>51,421,659.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) |                                        | 948,152. | 948,152. |

| Income from investment of tax-exempt bond proceeds     |                                        |          |          |

| Royalties                                              | (i) Real | (ii) Personal |          |          |

| Gross rents                                           |          |          |          |          |
| Less: rental expenses                                  |          |          |          |          |
| Rental income or (loss)                               |          |          |          |          |
| Net rental income or (loss)                           |          |          |          |          |

| Gross amount from sales of assets other than inventory |          |          |
| Less: cost or other basis and sales expenses          |          |          |
| Gain or (loss)                                        |          |          |
| Net gain or (loss)                                    |          |          |

| Other Revenue                                         |          |          |          |          |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |          |          |          |          |
| Less: direct expenses                                 |          |          |          |          |
| Net income or (loss) from fundraising events          |          |          |          |          |

| Gross income from gaming activities. See Part IV, line 19 |          |          |          |          |
| Less: direct expenses                                 |          |          |          |          |
| Net income or (loss) from gaming activities            |          |          |          |          |

| Gross sales of inventory, less returns and allowances |          |          |          |          |
| Less: cost of goods sold                               |          |          |          |          |
| Net income or (loss) from sales of inventory          |          |          |          |          |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a OTHER REIMBURSEMENTS</td>
<td>900099</td>
<td>16,414.</td>
<td>16,414.</td>
<td></td>
</tr>
<tr>
<td>11 b FOREIGN EXCHANGE GAIN</td>
<td>900099</td>
<td>693.</td>
<td>693.</td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td>17,107.</td>
</tr>
</tbody>
</table>

| Total. Add lines 11a-11d                               |               |          |          | 52,130,143. |

| Total revenue. See instructions.                       |               |          |          | 0.        |
| Revenue excluded from tax under sections 512, 513, or 514 |               |          |          | 708,484.  |
### Part IX Statement of Functional Expenses

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

Do check if Schedule O contains a response to any question in this Part IX

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>23,678,005</td>
<td>23,678,005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td>4,423,998</td>
<td>4,423,998</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>6,267</td>
<td>6,267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>129,189</td>
<td>129,189</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>936,459</td>
<td>936,459</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>5,433</td>
<td>5,433</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>240,358</td>
<td>240,358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>9,237</td>
<td>9,237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td>5,000</td>
<td>5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>472</td>
<td>472</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>1,900,927</td>
<td>1,900,927</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>81,593</td>
<td>81,593</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>86,316</td>
<td>86,316</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a SUBCONTRACTS</td>
<td>8,568,604</td>
<td>8,568,604</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b LAB SUPPLIES</td>
<td>32,969</td>
<td>32,969</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c EQUIPMENT R&amp;M &amp; PROCURE</td>
<td>31,133</td>
<td>31,133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d TAXES</td>
<td>21,041</td>
<td>21,041</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>7,027</td>
<td>7,027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>40,164,028</td>
<td>40,164,028</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check if following SOP 98-2 (ASC 958-720) [ ]
<table>
<thead>
<tr>
<th>Part X</th>
<th>Balance Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td></td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td></td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td></td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td></td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td></td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16. <strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td><strong>133,507,981.</strong></td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td><strong>6,691,219.</strong></td>
</tr>
<tr>
<td>18. Grants payable</td>
<td><strong>18.</strong></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td><strong>19.</strong></td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td><strong>20.</strong></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td><strong>21.</strong></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td><strong>22.</strong></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td><strong>23.</strong></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td><strong>24.</strong></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td><strong>25.</strong></td>
</tr>
<tr>
<td>26. <strong>Total liabilities.</strong> Add lines 17 through 26</td>
<td><strong>6,691,219.</strong></td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.**

| 27. Unrestricted net assets | **126,816,762.** |
| 28. Temporarily restricted net assets | **139,194,788.** |
| 29. Permanently restricted net assets |  |

**Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.**

| 30. Capital stock or trust principal, or current funds |  |
| 31. Paid-in or capital surplus, or land, building, or equipment fund |  |
| 32. Retained earnings, endowment, accumulated income, or other funds |  |
| 33. Total net assets or fund balances | **133,507,981.** |
| 34. Total liabilities and net assets/fund balances | **133,507,981.** |
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Accrual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

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

2a | Were the organization’s financial statements compiled or reviewed by an independent accountant? |   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
</tbody>
</table>

b | Were the organization’s financial statements audited by an independent accountant? |   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
</tbody>
</table>

c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

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

3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? |   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits |   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
<td>3b</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>
Form 990 or 990-EZ

Public Charity Status and Public Support

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATH VACCINE SOLUTIONS</td>
<td>83-0431851</td>
</tr>
</tbody>
</table>

### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type III Functionally integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type III Non-functionally integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) A family member of a person described in (i) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### (i) Name of supported organization

<table>
<thead>
<tr>
<th>PATH</th>
</tr>
</thead>
</table>

### (ii) EIN

| 91-1157127 | BOX 7 |

### (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))

| PATH | X |

### (iv) Is the organization in col. (i) listed in your governing document?

| PATH | X |

### (v) Did you notify the organization in col. (i) of your support?

| PATH | Yes |

### (vi) Is the organization in col. (i) organized in the U.S.?

| PATH | Yes |

### (vii) Amount of monetary support

| PATH | 40,164,028 |

| Total | 40,164,028 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |

**6. Public support. Subtract line 5 from line 4.**

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. <strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. <strong>33 1/3% support test - 2012.</strong> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. <strong>33 1/3% support test - 2011.</strong> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. <strong>10% -facts-and-circumstances test - 2012.</strong> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17b. <strong>10% -facts-and-circumstances test - 2011.</strong> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. <strong>Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**Schedule A (Form 990 or 990-EZ) 2012**

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |

**6. Public support. Subtract line 5 from line 4.**

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
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</tr>
<tr>
<td><strong>11. Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. <strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15. Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. <strong>33 1/3% support test - 2012.</strong> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. <strong>33 1/3% support test - 2011.</strong> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. <strong>10% -facts-and-circumstances test - 2012.</strong> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
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</tr>
<tr>
<td>17b. <strong>10% -facts-and-circumstances test - 2011.</strong> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18. <strong>Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
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</tr>
</tbody>
</table>
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)  
<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support</strong> (Add lines 7a and 7b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

#### Calendar year (or fiscal year beginning in)  
<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10a, 11, and 12.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2011 Schedule A, Part III, line 15</td>
<td>16</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td>18</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Name of the organization
PATH VACCINE SOLUTIONS

Organization type (check one):

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

Special Rules
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ........................................... $

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
## Part I Contributors
(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$51,093,605,</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$148,672,</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$82,082,</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
**Part II  Noncash Property**  (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the **year**. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee
### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>Donor advised funds</th>
<th>Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization’s exclusive legal control? [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

### Part II: Conservation Easements

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of open space

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

   - a) Total number of conservation easements
   - b) Total acreage restricted by conservation easements
   - c) Number of conservation easements on a certified historic structure included in (a)
   - d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

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

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

1. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

2. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenues included in Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

3. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - Revenues included in Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a [ ] Public exhibition  d [ ] Loan or exchange programs
   b [ ] Scholarly research  e [ ] Other
   c [ ] Preservation for future generations

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
   b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>1c</th>
<th>1d</th>
<th>1e</th>
<th>1f</th>
</tr>
</thead>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21? [ ] Yes [ ] No
   b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment [ ] %
   b Permanent endowment [ ] %
   c Temporarily restricted endowment [ ] %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   i [ ] unrelated organizations
   ii [ ] related organizations

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

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

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>37,428.</td>
<td>18,263.</td>
<td>19,165.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) [ ] 19,165.
### Part VII: Investments - Other Securities

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
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<tr>
<td>(B)</td>
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<td>(C)</td>
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<td>(D)</td>
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<tr>
<td>(H)</td>
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<td></td>
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<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII: Investments - Program Related

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(2)</td>
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<td>(9)</td>
<td></td>
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<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX: Other Assets

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<td></td>
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<td>(4)</td>
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<tr>
<td>(5)</td>
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<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X: Other Liabilities

1. **(a) Description of liability**

<table>
<thead>
<tr>
<th>(1) Federal income taxes</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(4)</td>
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</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. **FIN 48 (ASC 740) Footnote.** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - a. Net unrealized gains on investments
   - b. Donated services and use of facilities
   - c. Recoveries of prior year grants
   - d. Other (Describe in Part XIII.)
   - e. Add lines 2a through 2d

3. Subtract line 2e from line 1

4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b
   - b. Other (Describe in Part XIII.)
   - c. Add lines 4a and 4b

5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - a. Donated services and use of facilities
   - b. Prior year adjustments
   - c. Other losses
   - d. Other (Describe in Part XIII.)
   - e. Add lines 2a through 2d

3. Subtract line 2e from line 1

4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b
   - b. Other (Describe in Part XIII.)
   - c. Add lines 4a and 4b

5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

### Part XIII | Supplemental Information

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

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

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in region</th>
<th>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>0</td>
<td>1</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
<td></td>
<td>430,704.</td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>1,039,215.</td>
</tr>
<tr>
<td>EUROPE</td>
<td>0</td>
<td>1</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
<td></td>
<td>1,211,597.</td>
</tr>
<tr>
<td>EUROPE</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>1,428,434.</td>
</tr>
<tr>
<td>MIDDLE EAST AND NORTH AFRICA</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
<td></td>
<td>155.</td>
</tr>
<tr>
<td>NORTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
<td></td>
<td>56,626.</td>
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<tr>
<td>NORTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>-59,411.</td>
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<tr>
<td>RUSSIA AND THE NEWLY INDEPENDENT STATES</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
<td></td>
<td>548,200.</td>
</tr>
</tbody>
</table>

3. **Sub-total** | 0 | 2 | | | 4,655,520. |
3. **b Total from continuation sheets to Part I** | 0 | 5 | | | 2,648,079. |
3. **c Totals (add lines 3a and 3b)** | 0 | 7 | | | 7,303,599. |
<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees or agents in region</th>
<th>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for region</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUSSIA AND THE NEWLY INDEPENDENT STATES</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>375,000</td>
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<tr>
<td>SOUTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES VACCINES AND IMMUNIZATIONS</td>
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<td>33,470</td>
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<tr>
<td>SOUTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES GRANTMAKING</td>
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<td>SOUTH ASIA</td>
<td>0</td>
<td>0</td>
<td>PROGRAM SERVICES MANAGEMENT &amp; GENERAL</td>
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<td>SOUTH ASIA</td>
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<td>5</td>
<td>PROGRAM SERVICES IMMUNIZATIONS</td>
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<td>SOUTH ASIA</td>
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<td>SUB-SAHARAN AFRICA</td>
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<td>0</td>
<td>PROGRAM SERVICES GRANTMAKING</td>
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<td>533,269</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
<td></td>
<td></td>
<td><strong>2,648,079</strong></td>
</tr>
</tbody>
</table>
**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PATH VACCINE SOLUTIONS</td>
<td>83-0431851</td>
<td>PATH</td>
<td>EAST ASIA AND THE</td>
<td>395,000</td>
<td>CHECK/WIRE</td>
<td>0</td>
<td>EAST ASIA AND THE VACCINES AND</td>
<td>PATH VACCINE SOLUTIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PACIFIC</td>
<td>IMMUNIZATIONS</td>
<td></td>
<td></td>
<td></td>
<td>VACCINES AND IMMUNIZATIONS</td>
<td>PATH VACCINE SOLUTIONS</td>
</tr>
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<td></td>
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<td>PACIFIC IMMUNIZATIONS</td>
<td>PATH VACCINE SOLUTIONS</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>PATH VACCINE SOLUTIONS</td>
</tr>
</tbody>
</table>

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

3 Enter total number of other organizations or entities
<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
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<td>83-0431851</td>
<td>VACCINES AND EUROPE IMMUNIZATIONS</td>
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<td>VACCINES AND EUROPE IMMUNIZATIONS</td>
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<td>VACCINES AND EUROPE IMMUNIZATIONS</td>
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<td>1</td>
<td>(a) Name of organization</td>
<td>(b) IRS code section and EIN (if applicable)</td>
<td>(c) Region</td>
<td>(d) Purpose of grant</td>
<td>(e) Amount of cash grant</td>
<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
<td>(h) Description of non-cash assistance</td>
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### Part III Grants and Other Assistance to Individuals Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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</table>
**Part IV | Foreign Forms**

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ........................................................................................................ X Yes  No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ........................................................................................................ X Yes  No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ........................................................................................................ X Yes  No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ........................................................................................................ X Yes  No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ........................................................................................................ X Yes  No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) ........................................................................................................ X Yes  No
SCHEDULE F, PART I, LINE 2: SUBRECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS REPORTS, WHICH ARE REVIEWED BY RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS AND FOLLOW UP ON ANY CONCERNS. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED DELIVERABLES IN ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN ADDITION, DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND PROCESSES.
### Part I - General Information on Grants and Assistance

1. **Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**
   - [ ] Yes
   - [x] No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

### Part II - Grants and Other Assistance to Governments and Organizations in the United States

Complete if the organization answered “Yes” to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
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<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
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<tr>
<td>BIOPROCESS TECHNOLOGY CONSULTANTS, INC. (BPTC) - 12 GILL ST., SUITE 5450 - WOBURN, MA 01801-1728</td>
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<td>N/A</td>
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<tr>
<td>BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY - 2770 SAND HILL RD - MENLO PARK, CA 94025</td>
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<td>62-0646012</td>
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<td>31-0833936</td>
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<td>29,860,</td>
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<td>VACCINES AND IMMUNIZATIONS</td>
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2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
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<tr>
<th>Name and address of organization or government</th>
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<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
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<td>FOOD &amp; DRUG ADMINISTRATION (FDA) 10903 NEW HAMPSHIRE AVE. SILVER SPRING, MD 20093</td>
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### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>LIQUIDIA TECHNOLOGIES INC.</td>
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<td>LOVELACE RESPIRATORY RESSEARCH INSTITUTE - 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108-5127</td>
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<td>NAT. INS. OF ALLERGY &amp; INFECTIOUS DISEASE (NIAID) - 54943 N. MAIN ST. - MATTAWAN, MI 49071</td>
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</tbody>
</table>
## Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| PS3 CORPORATION  
13750 SAN PERDO AVE., SUITE 640  
SAN ANTONIO, TX 78232 | 20-2159069 | N/A | 88,725 | 0 | book | VACCINES AND IMMUNIZATIONS |
| SABIN VACCINE INSTITUTE  
2000 PENNSYLVANIA AVE., SUITE 7100  
WASHINGTON, DC 20006 | 06-1389829 | 501(C)(3) | 50,000 | 0 | book | IMMUNIZATIONS |
| SEATTLE CHILDREN’S HOSPITAL  
4800 SAND POINT WAY NE  
SEATTLE, WA 98105 | 90-0231200 | 501(C)(3) | 20,115 | 0 | book | IMMUNIZATIONS |
| PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH - 2201 WESTLAKE AVE., SUITE 200 - SEATTLE, WA 98121 | 91-1157127 | 501(C)(3) | 12,756,027 | 0 | book | IMMUNIZATIONS |
| THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA - 719 UNIVERSITY BLVD - TUSCALOOSA, AL 35401 | 63-6001138 | 501(C)(3) | 14,295 | 0 | book | IMMUNIZATIONS |
| JOHNS HOPKINS UNIVERSITY  
615 N. WOLFE STREET  
BALTIMORE, MD 21205 | 52-0595114 | 501(C)(3) | 350,000 | 0 | book | IMMUNIZATIONS |
| TUFTS UNIVERSITY  
136 HARRISON AVE.  
BOSTON, MA 02111 | 04-2103634 | 501(C)(3) | 160,000 | 0 | book | IMMUNIZATIONS |
| TULANE EDUCATIONAL FUND  
1430 TULANE AVE, TB-32  
NEW ORLEANS, LA 70112-2632 | 72-0423889 | 501(C)(3) | 57,200 | 0 | book | IMMUNIZATIONS |
## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY OF ALABAMA AT BIRMINGHAM - 7001 20TH ST. S., AB 1170 - BIRMINGHAM, AL 35294-0111</td>
<td>63-6005396</td>
<td>501(C)(3)</td>
<td>199,210</td>
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<td>UNIVERSITY OF ALABAMA AT BIRMINGHAM - 7001 20TH ST. S., AB 1170 - BIRMINGHAM, AL 35294-0111</td>
<td>63-6005396</td>
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<td>UNIVERSITY OF MARYLAND BALTIMORE 620 W. LEXINGTON ST. BALTIMORE, MD 21201</td>
<td>31-1678679</td>
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<tr>
<td>UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 1000 S.L. YOUNG - OKLAHOMA CITY, OK 73104</td>
<td>73-0762267</td>
<td>501(C)(3)</td>
<td>28,220</td>
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<td>UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE SEATTLE, WA 98195</td>
<td>91-6001537</td>
<td>501(C)(3)</td>
<td>34,163</td>
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<tr>
<td>WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVE. - SILVER SPRING, MD 10910-7500</td>
<td>52-0664528</td>
<td>501(C)(3)</td>
<td>298,649</td>
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<td>WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVE. - SILVER SPRING, MD 10910-7500</td>
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<td>501(C)(3)</td>
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<tr>
<td>WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVE. - SILVER SPRING, MD 10910-7500</td>
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<td>501(C)(3)</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVE. - SILVER SPRING, MD 10910-7500</td>
<td>52-0664528</td>
<td>GOVERNMENT</td>
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<tr>
<td>WALTER REED ARMY INSTITUTE OF RESEARCH (WRAIR) - 503 ROBERT GRANT AVE. - SILVER SPRING, MD 10910-7500</td>
<td>52-0664528</td>
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<td>221,197</td>
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<td>CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE. BOSTON, MA 02115</td>
<td>04-2774441</td>
<td>501(C)(3)</td>
<td>-187,189</td>
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<tr>
<td>CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE. - CINCINNATI, OH 45229</td>
<td>31-0833936</td>
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<td>-358</td>
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<tr>
<td>UNIVERSITY OF NEBRASKA-LINCOLN 1010 LINCOLN MALL LINCOLN, NE 68508</td>
<td>47-0379839</td>
<td>501(C)(3)</td>
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<td>VACCINES AND IMMUNIZATIONS</td>
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</table>
**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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</table>

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: SUBRECIPIENTS ARE REQUIRED TO SUBMIT PROGRESS REPORTS, WHICH ARE REVIEWED BY RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS TO ENSURE THAT PROGRAM GOALS ARE ATTAINED IN ACCORDANCE WITH AGREEMENT REQUIREMENTS. THE RESPONSIBLE PROGRAM MANAGERS AND PROGRAM ADMINISTRATORS CONTACT SUBRECIPIENTS WITH QUESTIONS AND FOLLOW UP ON ANY CONCERNS. IN SOME CASES, SUBAWARD TERMS MAY REQUIRE SPECIFIED DELIVERABLES IN ADDITION TO, OR IN LIEU OF, TECHNICAL REPORTS. IN ADDITION, DISCRETIONARY ON-SITE VISITS ARE CONDUCTED TO EVALUATE BOTH COMPLIANCE WITH THE SCIENTIFIC OBJECTIVES OF THE PROJECT AND THE APPROPRIATENESS OF THE
SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS AND PROCESSES.
### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>6a</td>
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<tr>
<td>6b</td>
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</table>

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

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CHRISTOPHER J ELIAS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CHAIR (UNTIL 1/31/12)</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 100,133, 123,321, 50</td>
<td>(iii) 12,016, 889</td>
<td>(D) 236,409, 0</td>
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<tr>
<td>(2) STEVEN B DAVIS</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 205,500, 10,000, 100</td>
<td>(iii) 12,241, 7,112</td>
<td>(D) 234,953, 0</td>
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<td>CHAIR (BEGAN 6/1/12)</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 250,390, 10,000, 300</td>
<td>(iii) 27,617, 2,876</td>
<td>(D) 291,183, 0</td>
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<td>(3) JACQUELINE D SHERRIS</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 240,882, 10,000, 1,140</td>
<td>(iii) 26,368, 10,635</td>
<td>(D) 289,025, 0</td>
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<tr>
<td>VICE CHAIR</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 205,697, 10,000, 28</td>
<td>(iii) 23,873, 10,584</td>
<td>(D) 250,182, 0</td>
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<td>(4) ERIC G WALKER</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 147,445, 0</td>
<td>(iii) 18,802, 8,584</td>
<td>(D) 174,831, 0</td>
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<td>TREASURER</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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<td>DIRECTOR/GENERAL COUNSEL</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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<td>(6) DAVID ALLI</td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
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<td>BOARD SECRETARY</td>
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<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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<tr>
<td></td>
<td>(i) 0, 0, 0, 0</td>
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<td>(D) 0, 0</td>
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<tr>
<td></td>
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<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
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<td></td>
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<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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<tr>
<td></td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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<tr>
<td></td>
<td>(i) 0, 0, 0, 0</td>
<td>(ii) 0, 0, 0</td>
<td>(iii) 0, 0</td>
<td>(D) 0, 0</td>
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</table>
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: PATH VACCINE SOLUTIONS RELIES ON A RELATED ORGANIZATION, PATH, TO DETERMINE COMPENSATION. PATH USES THE FOLLOWING TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AVAILABLE IN DEVELOPING COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROFILE AS WELL AS POSITIVE IMMUNOGENICITY RESULTS THAT SUPPORT
CONTINUING CLINICAL DEVELOPMENT. IN PARTNERSHIP WITH SERUM INSTITUTE OF
INDIA, LTD., WE CONTINUED PREPARING TO BRING A 10-VALENTE PNEUMOCOCCAL
CONJUGATE VACCINE (PCV-10) CANDIDATE FROM PRECLINICAL RESEARCH INTO
CLINICAL DEVELOPMENT. TAILORED TO CHILDREN’S NEEDS IN LOW-RESOURCE
COUNTRIES, THE PCV-10 CANDIDATE IS DESIGNED TO BE AFFORDABLE AND
FOCUSES ON VARIETIES OF THE PNEUMOCOCCUS BACTERIUM THAT ARE PREVALENT
IN THE DEVELOPING WORLD.

INFECTION WITH ROTAVIRUS IS A MAJOR CAUSE OF SEVERE DIARRHEA AND DEATH
AMONG YOUNG CHILDREN IN LOW-INCOME COUNTRIES. PVS AIMS TO ACCELERATE
INTRODUCTION OF SAFE, AFFORDABLE, AND EFFECTIVE ROTAVIRUS VACCINES BY
PROVIDING TECHNICAL AND FINANCIAL SUPPORT TO EMERGING-COUNTRY
MANUFACTURERS. HIGHLIGHTS DURING 2012 INCLUDED WORKING WITH BHARAT
BIOTECH INTERNATIONAL, LTD. IN INDIA TO CONDUCT A PHASE 3 EFFICACY
TRIAL OF ITS ROTAVIRUS VACCINE CANDIDATE, ACHIEVING SUFFICIENT STUDY
ENDPOINTS TO ALLOW FOR DATABASE LOCK IN NOVEMBER 2012 AND PREPARATION
FOR PRIMARY DATA ANALYSIS TO OCCUR IN EARLY 2013; PARTNERING WITH THE
SERUM INSTITUTE OF INDIA, LTD., TO PREPARE FOR A PHASE 3 EFFICACY TRIAL
OF ITS ROTAVIRUS VACCINE CANDIDATE, INCLUDING THE CONDUCT OF A
PREPARATORY STUDY AT FOUR TRIAL SITES IN INDIA; AND LAUNCHING A
FIRST-IN-HUMAN PHASE 1 TRIAL OF THE P2-VP8 NONREPLICATING ROTAVIRUS
PATH VACCINE SOLUTIONS

VACCINE CANDIDATE DEVELOPED BY THE US NATIONAL INSTITUTES OF HEALTH.

PVS ALSO ADVANCES RESEARCH AND DEVELOPMENT OF VACCINES AGAINST THE TWO LEADING BACTERIAL CAUSES OF DIARRHEA, SHIGELLA AND ENTEROTOXIGENIC ESCHERICHIA COLI (ETEC). MUCH OF THIS WORK IS DONE THROUGH PARTNERSHIPS WITH PUBLIC- AND PRIVATE-SECTOR ORGANIZATIONS. KEY ACTIVITIES IN 2012 INCLUDED COMPLETING A FOLLOW-ON STUDY OF AN ETEC HUMAN CHALLENGE MODEL, CONDUCTING TWO PHASE 1 TRIALS OF ETEC VACCINE CANDIDATES (AN INACTIVATED TETRAVALENT AND A LIVE ATTENUATED TRIVALENT) ADMINISTERED WITH AND WITHOUT A NOVEL MUCOSAL ADJUVANT, AND COMPLETING TWO PHASE 1 TRIALS OF SHIGELLA CANDIDATES (AN INACTIVATED WHOLE-CELL VACCINE AND A LIVE ATTENUATED VACCINE).

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTING FIRM USING INFORMATION PROVIDED BY PATH ACCOUNTING SERVICES STAFF. PATH SENIOR MANAGEMENT REVIEWED THE DRAFT FORM. A COPY OF THE FINAL 990 WAS SENT TO THE BOARD OF DIRECTORS FOR COMMENT. AFTER THE COMMENT PERIOD, THE PRESIDENT AND CEO SIGNED THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, PVS MANAGEMENT, AND ALL STAFF ABOVE A DESIGNATED LEVEL MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. ALL FORMS ARE REVIEWED AND KEPT ON FILE. A CONFLICT MANAGEMENT PLAN IS DEVELOPED FOR ANY EMPLOYEE WITH A SIGNIFICANT ACTUAL OR PERCEIVED CONFLICT OF INTEREST. EACH YEAR AT THE ANNUAL MEETING, THE GENERAL COUNSEL INFORMS BOARD MEMBERS OF THE REQUIREMENT TO DISCLOSE ANY CONFLICT OF INTEREST. EACH BOARD MEMBER COMPLETES AND SIGNS A CONFLICT FORM ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19: PVS'S FINANCIAL STATEMENTS,

GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH</td>
<td>GLOBAL HEALTH</td>
<td>WASHINGTON</td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>- 91-1157127, 2201 WESTLAKE AVE, SUITE 200,</td>
<td>SEATTLE, WA 98121</td>
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<tr>
<td>PATH DRUG SOLUTIONS - 94-3384500</td>
<td>DEVELOPMENT &amp; DISTRIBUTION</td>
<td>OF SAFE, EFFECTIVE, AND</td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>PATH</td>
<td>No</td>
</tr>
<tr>
<td>280 UTAH AVENUE, SUITE 250</td>
<td>SAN FRANCISCO, CA 94080</td>
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<tr>
<td>ORGANIZATION FOR APPROPRIATE TECHNOLOGY IN HEALTH, 25 (BUILDING BO SHOTA RUSTAVELI REDUCE THE BURDEN IN STR., KYIV, UKRAINE</td>
<td>UKRAINE</td>
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<tr>
<td>FOUNDATION FOR APPROPRIATE TECHNOLOGIES IN HEALTH - SWITZERLAND, 207 ROUTE DE PERNEX EDUCATIONAL AND SCIENTIFIC</td>
<td>1218 LE GRAND-SACONNEX, GENEVA, SWITZERLAND</td>
<td>PROMOTION OF HEALTH</td>
<td>Switzerland</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III  Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | (j) General or managing partner? | (k) Yes | No |
|-------------------------------------------------|----------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|--------------------------|-------------------------------|-------------------------------|--------------------------------|-----------------------------|-----------------------------|
|                                                 |                      |                                             |                               |                                               |                          |                               | Yes                           | No                            | Yes                         | No                          |
|                                                 |                      |                                             |                               |                                               |                          |                               |                               |                               |                             |                             |
|                                                 |                      |                                             |                               |                                               |                          |                               |                               |                               |                             |                             |
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|                                                 |                      |                                             |                               |                                               |                          |                               |                               |                               |                             |                             |

232162 12-10-12

48
Part V  Transactions With Related Organizations

(Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
   b Gift, grant, or capital contribution to related organization(s)
   c Gift, grant, or capital contribution from related organization(s)
   d Loans or loan guarantees to or for related organization(s)
   e Loans or loan guarantees by related organization(s)
   f Dividends from related organization(s)
   g Sale of assets to related organization(s)
   h Purchase of assets from related organization(s)
   i Exchange of assets with related organization(s)
   j Lease of facilities, equipment, or other assets to related organization(s)
   k Lease of facilities, equipment, or other assets from related organization(s)
   l Performance of services or membership or fundraising solicitations for related organization(s)
   m Performance of services or membership or fundraising solicitations by related organization(s)
   n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o Sharing of paid employees with related organization(s)
   p Reimbursement paid to related organization(s) for expenses
   q Reimbursement paid by related organization(s) for expenses
   r Other transfer of cash or property to related organization(s)
   s Other transfer of cash or property from related organization(s)

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

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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</table>
### Unrelated Organizations Taxable as a Partnership

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under section 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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________________________________________________________________________
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ X

Note. Complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer’s identifying number, see instructions.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATH VACCINE SOLUTIONS</td>
<td>83-0431851</td>
<td></td>
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</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.

2201 WESTLAKE AVENUE, NO. 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SEATTLE, WA  98121

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For Return Code Application Is For Return Code

Form 990 or Form 990-EZ 01 Form 1041-A 08
Form 990-BL 02 Form 4720 09
Form 4720 (individual) 03 Form 5227 10
Form 990-PF 04 Form 6069 11
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12
Form 990-T (trust other than above) 06

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

OLIVIA POLIUS, CHIEF FINANCIAL OFFICER

Telephone No.  206-285-3500  FAX No.  ▶

If the organization does not have an office or place of business in the United States, check this box ▶ □

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ▶ □. If this is for the whole group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until NOVEMBER 15, 2013

For calendar year 2012, or other tax year beginning ▶ □, and ending ▶ □.

If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a $ 0.

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b $ 0.

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c $ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

Form 8868 (Rev. 1-2013)
**Part I: Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>X 52130143</td>
</tr>
<tr>
<td>2a</td>
<td>Form 1120-POL check here</td>
<td>B 52130143</td>
</tr>
<tr>
<td>3a</td>
<td>Form 990-PF check here</td>
<td>B 52130143</td>
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<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>B 52130143</td>
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**Part II: Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

**Officer’s Signature:**

**Date:**

**Part III: Certification and Authentication**

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. If you have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

**ERO’s Signature:**

**Date:**

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO’s Signature:**

**Date:**

**Do Not Submit This Form To The IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.