

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

PATHFINDER INTERNATIONAL
9 GALEN STREET NO. 217
WATERTOWN, MA 02472-4501

PREPARED BY:

RSM US LLP
80 CITY SQUARE
BOSTON, MA 02129

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PATHFINDER INTERNATIONAL	Taxpayer identification number (TIN) 53-0235320
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9 GALEN STREET, NO. 217	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERTOWN, MA 02472-4501	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOSEPH PERERA, CFO & TREASURER

- The books are in the care of ▶ 9 GALEN STREET, SUITE 217 - WATERTOWN, MA 02472
Telephone No. ▶ 617-924-7200 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 . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing: B Check if applicable, C Name of organization (PATHFINDER INTERNATIONAL), D Employer identification number (53-0235320), E Telephone number (617-924-7200), F Name and address of principal officer (LOIS QUAM), G Gross receipts (\$156,110,748), H(a) Is this a group return, H(b) Are all subordinates included?, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block section containing: Sign Here (Signature of officer: JOSEPH PERERA, CFO & TREASURER), Paid (Preparer: LYNNE JOHNSON), Preparer Use Only (Firm: RSM US LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PATHFINDER IS DRIVEN BY THE CONVICTION THAT ALL PEOPLE, REGARDLESS OF WHERE THEY LIVE, HAVE THE RIGHT TO DECIDE WHETHER AND WHEN TO HAVE CHILDREN, TO EXIST FREE FROM FEAR AND STIGMA, AND TO LEAD THE LIVES THEY CHOOSE. AS A GLOBAL HEALTH ORGANIZATION WITH LOCALLY LED,

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 100,110,781. including grants of \$ 24,464,936.) (Revenue \$)
AFRICA: PATHFINDER IMPROVES THE QUALITY OF AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE. WE DO THIS THROUGH A COMMUNITY-BASED APPROACH TO INFORMATION AND SERVICES, WORKING IN PARTNERSHIP WITH THE GOVERNMENT TO STRENGTHEN PUBLIC HEALTH SYSTEMS, AND TRANSFORMING NORMS AND CUSTOMS THAT PREVENT PEOPLE FROM EXERCISING THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. IN SUB-SAHARAN AFRICA, OUR PROGRAMS INCLUDE SERVICES THAT OFFER CONTRACEPTION, MATERNAL AND CHILD HEALTH CARE, SAFE ABORTION AND POST-ABORTION CARE, AND PREVENT AND TREAT HIV AND AIDS, GENDER-BASED VIOLENCE, AND CERVICAL CANCER. PATHFINDER WORKS IN COUNTRIES SUCH AS BURKINA FASO, BURUNDI, COTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, KENYA, MOZAMBIQUE, NIGER, NIGERIA, TANZANIA, TOGO, AND UGANDA, AMONG OTHERS. PATHFINDER LEADS PROGRAMS

4b (Code:) (Expenses \$ 9,676,817. including grants of \$ 2,267,934.) (Revenue \$)
ASIA/NEAR EAST: IN BANGLADESH, INDIA, AND PAKISTAN, OUR PROGRAMS FOCUS ON STRENGTHENING HEALTH SYSTEMS TO OFFER WOMEN AND GIRLS QUALITY SEXUAL AND REPRODUCTIVE HEALTH CARE, INCLUDING ACCESS TO A WIDE RANGE OF CONTRACEPTIVE METHODS. IN BANGLADESH, WE WORK CLOSELY WITH THE GOVERNMENT TO STRENGTHEN SEXUAL AND REPRODUCTIVE HEALTH CARE NATIONALLY, AND SPECIFICALLY IN COX'S BAZAR, TO SUPPORT THE HEALTH CARE NEEDS OF ROHINGYA REFUGEES. IN INDIA, WE LED THE INTRODUCTION OF INJECTABLES INTO THE PUBLIC HEALTH SYSTEM AND CONTINUE TO ADDRESS THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF VULNERABLE ADOLESCENTS AND YOUTH. IN PAKISTAN, WE ARE BRINGING CONTRACEPTIVE ACCESS TO WOMEN, PARTICULARLY YOUNG WOMEN DURING THE POSTPARTUM PERIOD. IN ALL THREE COUNTRIES, WE ARE WORKING TO INSTITUTIONALIZE PATHFINDER

4c (Code:) (Expenses \$ 40,159. including grants of \$ 0.) (Revenue \$)
LATIN AMERICA: IN PERU, PATHFINDER IMPROVED THE HEALTH AND SURVIVAL OF MOTHERS AND NEWBORNS THROUGH IMPROVED MATERNAL HEALTH CARE AND OFFERING CONTRACEPTION DURING POSTPARTUM AND POST-ABORTION CARE IN UNDERSERVED AREAS OF THE COUNTRY. PATHFINDER ALSO SUPPORTED COMPREHENSIVE HIV AND AIDS PREVENTION AND TREATMENT FOR KEY POPULATIONS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 109,827,757.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, GA, HI, IL, KY, KS, MA, MD, MN, MS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JOSEPH PERERA, CFO & TREASURER - 617-924-7200 9 GALEN STREET, SUITE 217, WATERTOWN, MA 02472

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. LOIS QUAM CEO	40.00 0.00			X				463,171.	0.	48,061.
(2) MS. CAROLINE CROSBIE SENIOR COUNTRY DIRECTOR	40.00 0.00					X		414,488.	0.	62,836.
(3) MR. SHIRIL SARCAR FINANCE DIRECTOR	40.00 0.00					X		319,106.	0.	24,690.
(4) MR. MOHAMMAD MAI CHIEF OF COUNTRY & PROGRAM STRATEGY	40.00 0.00				X			267,167.	0.	55,074.
(5) MS. ANNE SCOTT COO (THRU 09/2020)	40.00 0.00				X			265,587.	0.	40,056.
(6) MS. SUSAN FARRELL CAO	40.00 0.00				X			252,982.	0.	50,486.
(7) MR. CHAD SNELGAR CFO & TREASURER	40.00 0.00			X				276,194.	0.	20,573.
(8) MR. STEPHEN REDDING PORTFOLIO LEAD/SR PROGRAM DIRECTOR	40.00 0.00					X		219,294.	0.	47,472.
(9) MS. RESHMA TRASI MEL EXECUTIVE DIRECTOR	40.00 0.00					X		209,093.	0.	19,013.
(10) MR. OMER BERNAD NGAY ABEN COUNTRY DIRECTOR (THRU 09/2020)	40.00 0.00					X		184,984.	0.	18,234.
(11) MS. SANDINA GREEN CLCO & CORP. SEC. (FROM 06/2021)	40.00 0.00			X				174,893.	0.	22,625.
(12) MS. SUZANNE REXING, FORMER CHIEF GLOBAL ENGAGEMENT OFFICER	0.00 0.00						X	140,258.	0.	4,037.
(13) MR. BRUCE KUHLIK CLO & CORP. SECRETARY (THRU 05/2021)	40.00 0.00			X				31,851.	0.	30,945.
(14) DR. PRIYA AGRAWAL BOARD OF DIRECTORS (FROM 11/2020)	2.00 0.00	X						0.	0.	0.
(15) MS. NAYE BATHILY BOARD OF DIRECTORS (FROM 05/2021)	2.00 0.00	X						0.	0.	0.
(16) MR. RICHARD BERKOWITZ, M.D. BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
(17) MR. TIMOTHY BROWN BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. LIDA COLEMAN BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(19) MS. JESSICA J. DRUGA BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(20) MR. WALTER GAMBLE, M.D. BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(21) MR. BINIAM GEBRE BOARD OF DIRECTORS (FROM 02/2021)	2.00 0.00	X					0.	0.	0.	
(22) MR. BEN KAHRL BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(23) MS. JULIA KAHRL BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(24) MS. ANN MOND JOHNSON BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(25) MR. COLLIN MOTHUPI BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
(26) MS. BONNIE NEW, M.D. BOARD OF DIRECTORS	2.00 0.00	X					0.	0.	0.	
1b Subtotal							3,219,068.	0.	444,102.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,219,068.	0.	444,102.	

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 **80**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED DIRECT MARKETING, LLC, 1250 CONNECTICUT AVE. NW, SUITE 700, SHIELD GEO SERVICES LTD., 2003, 20/F, TOWER 5, 33 CANTON ROAD, CHINA HONG KONG	CONSULTS ON DIRECT MAIL AND PROCESSES SO	317,082.
MEDIA CAUSE, INC. 147 NATOMA STREET, SAN FRANCISCO, CA 94105	GLOBAL PEO EMPLOYMENT SOLUTIONS	263,390.
MICROSOFT CORP, 1950 N STEMMONS FWY, STE. 5010 LB 84267, DALLAS, TX 75207	DIGITAL FUNDRAISING AND MARKETING STRATE	248,320.
SERENIC SOFTWARE 445 UNION BOULEVARD, LAKEWOOD, CO 80228	SOFTWARE SUBSCRIPTION FEE	183,054.
	SOFTWARE SUBSCRIPTION FEE	177,538.

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 **12**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. KAVITA PATEL, M.D. BOARD OF DIRECTORS (FROM 11/2020)	2.00 0.00	X						0.	0.	0.
(28) MS. ANN SVENSEN BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
(29) MS. JUDY TABB, ESQ. BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
(30) MR. RALPH S. TATE BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
(31) MR. MANUEL URBINA, M.D. BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
(32) MS. ROSLYN M. WATSON BOARD OF DIRECTORS	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	82,202,526.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	59,811,144.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,867,246.			
	h	Total. Add lines 1a-1f		142,013,670.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		655,712.		655,712.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	13,441,366.			
	c	Gain or (loss)	7c	12,697,794.			
d	Net gain or (loss)		743,572.		743,572.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		143,412,954.	0.	0.	1,399,284.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	26,732,870.	26,732,870.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,744,115.	232,462.	1,317,820.	193,833.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,385,799.	30,724,477.	5,778,249.	1,883,073.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,678,886.	979,734.	563,692.	135,460.
9 Other employee benefits	13,311,618.	11,964,788.	929,193.	417,637.
10 Payroll taxes	2,098,247.	1,097,803.	882,413.	118,031.
11 Fees for services (nonemployees):				
a Management				
b Legal	381,565.	97,589.	267,159.	16,817.
c Accounting	282,900.	86,110.	196,790.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	809,163.			809,163.
f Investment management fees	20,000.		20,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,802,229.	5,795,169.	772,207.	234,853.
12 Advertising and promotion				
13 Office expenses	2,526,994.	2,309,470.	217,162.	362.
14 Information technology	2,461,608.	856,568.	1,451,413.	153,627.
15 Royalties				
16 Occupancy	3,401,198.	2,387,870.	899,796.	113,532.
17 Travel	3,533,329.	3,505,174.	24,716.	3,439.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	143,331.	97,342.	41,005.	4,984.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,066.		45,066.	
23 Insurance	345,966.	118,651.	227,315.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT TRAINING	15,284,819.	15,284,741.		78.
b PROGRAM SUPPLIES	2,558,220.	2,555,452.	2,768.	
c PROGRAM VEHICLES	1,532,805.	1,532,805.		
d OFFICE AND MEDICAL EQUI	935,750.	935,750.		
e All other expenses	3,202,361.	2,532,932.	547,553.	121,876.
25 Total functional expenses. Add lines 1 through 24e	128,218,839.	109,827,757.	14,184,317.	4,206,765.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,246,975.	1	15,269,059.
	2 Savings and temporary cash investments	16,982,897.	2	11,437,288.
	3 Pledges and grants receivable, net	1,259,835.	3	11,242,681.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,530,154.	9	1,911,800.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,675,942.		
	b Less: accumulated depreciation	10b 1,611,741.	109,267.	10c 64,201.
	11 Investments - publicly traded securities	36,206,418.	11	35,844,320.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,102,316.	15	13,595,346.
16 Total assets. Add lines 1 through 15 (must equal line 33)	75,437,862.	16	89,364,695.	
Liabilities	17 Accounts payable and accrued expenses	26,174,004.	17	17,419,630.
	18 Grants payable	16,482,285.	18	23,211,190.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	2,866,077.	25	112,901.
	26 Total liabilities. Add lines 17 through 25	45,522,366.	26	40,743,721.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,670,639.	27	25,547,369.
	28 Net assets with donor restrictions	7,244,857.	28	23,073,605.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,915,496.	32	48,620,974.
33 Total liabilities and net assets/fund balances	75,437,862.	33	89,364,695.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,412,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,218,839.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,194,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,915,496.
5	Net unrealized gains (losses) on investments	5	3,517,166.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,803.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,620,974.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on 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? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PATHFINDER INTERNATIONAL
Employer identification number 53-0235320

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	161,048,023.	144,886,756.	130,157,766.	117,558,584.	142,013,670.	695,664,799.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	161,048,023.	144,886,756.	130,157,766.	117,558,584.	142,013,670.	695,664,799.
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)						79,111,958.
6 Public support. Subtract line 5 from line 4.						616,552,841.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	161,048,023.	144,886,756.	130,157,766.	117,558,584.	142,013,670.	695,664,799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	531,373.	516,633.	731,546.	853,153.	655,712.	3,288,417.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						698,953,216.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	88.21	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	89.82	%
16a 33 1/3% support test - 2020. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2020

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
BILL AND MELINDA GATES FOUNDATION	60,465,280.	46,486,216.
THE SUSAN THOMPSON BUFFETT FOUNDATION	46,604,806.	32,625,742.
Total Excess Contributions to Schedule A, Part II, Line 5		79,111,958.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 72,201,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 12,279,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,209,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,852,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,968,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	VARIOUS SHARES OF STOCK _____ _____ _____	\$ 6,006,543.	06/30/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">PATHFINDER INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">53-0235320</p>
---	---

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	128,218,839.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	128,218,839.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PATHFINDER INTERNATIONAL Employer identification number 53-0235320

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 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. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,016,357.	19,007,259.	5,471,744.	7,367,572.	7,360,798.
b Contributions			14,913,486.	2,950.	
c Net investment earnings, gains, and losses	2,387,827.	1,016,892.	879,094.	477,264.	642,810.
d Grants or scholarships					
e Other expenditures for facilities and programs	194,444.	1,007,794.	2,257,065.	2,376,042.	636,036.
f Administrative expenses					
g End of year balance	21,209,740.	19,016,357.	19,007,259.	5,471,744.	7,367,572.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 60.7600 %
 - b Permanent endowment 39.2400 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		222,773.	207,154.	15,619.
d Equipment		1,453,169.	1,404,587.	48,582.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				64,201.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SUBCONTRACT ADVANCES	5,943,717.
(2) DEPOSITS	409,284.
(3) TRAVEL ADVANCES TO EMPLOYEES	404,423.
(4) VAT RECEIVABLE AND OTHER	6,004,516.
(5) BENEFICIAL INTEREST IN TRUST	833,406.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,595,346.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	112,901.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	112,901.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PATHFINDER INTENDS TO USE INCOME FROM THE ENDOWMENT FUND TO SUPPORT ITS MISSION.

PART X, LINE 2:

PATHFINDER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME EARNED IN FURTHERANCE OF TAX-EXEMPT PURPOSES IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. ALL OF THE LLC'S ARE SINGLE MEMBER LLC'S AND TREATED AS DISREGARDED ENTITIES.

Part XIII Supplemental Information *(continued)*

PATHFINDER HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY
UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND
DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, PATHFINDER IS
NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX
AUTHORITIES FOR THREE YEARS BEFORE FROM THE FILING DATE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FP/ABRT	166,050.
MIDDLE EAST AND NORTH AFRICA	2	17	PROGRAM SERVICES	FP/MNH	617,514.
SUB-SAHARAN AFRICA	11	1112	PROGRAM SERVICES	FP/MNH/HIVAIDS/CCP/PHE/ABRT	75,028,330.
SOUTH ASIA	4	156	PROGRAM SERVICES	FP/MNH/HIVAIDS/ABRT	7,242,833.
SOUTH AMERICA	0	2	PROGRAM SERVICES	FP/MNH/HIVAIDS/ABRT	40,159.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		86,482.
SUB-SAHARAN AFRICA	0	0	GRANTS		24,464,936.
SOUTH ASIA	0	0	GRANTS		2,181,452.
3 a Subtotal	17	1287			109,827,756.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	17	1287			109,827,756.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FP	86,482.	WIRE	0.		
		SOUTH ASIA	FP	21,514.	WIRE	0.		
		SOUTH ASIA	FP	92,285.	WIRE	0.		
		SOUTH ASIA	FP	112,215.	WIRE	0.		
		SOUTH ASIA	FP	147,248.	WIRE	0.		
		SOUTH ASIA	FP	225,474.	WIRE	0.		
		SOUTH ASIA	FP	285,389.	WIRE	0.		
		SOUTH ASIA	FP/ABRT	7,100.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 539

3 Enter total number of other organizations or entities ▶ 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	FP/ABRT	16,117.	WIRE	0.		
		SOUTH ASIA	FP/ABRT	24,216.	WIRE	0.		
		SOUTH ASIA	FP/ABRT	48,668.	WIRE	0.		
		SOUTH ASIA	FP/ABRT	290,702.	WIRE	0.		
		SOUTH ASIA	FP/MNH	15,231.	WIRE	0.		
		SOUTH ASIA	FP/MNH	25,073.	WIRE	0.		
		SOUTH ASIA	FP/MNH	29,346.	WIRE	0.		
		SOUTH ASIA	FP/MNH	30,169.	WIRE	0.		
		SOUTH ASIA	FP/MNH	30,319.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	FP/MNH	227,397.	WIRE	0.		
		SOUTH ASIA	FP/MNH	549,584.	WIRE	0.		
		SUB-SAHARAN AFRICA	ABRT	18,230.	WIRE	0.		
		SUB-SAHARAN AFRICA	ABRT	27,817.	WIRE	0.		
		SUB-SAHARAN AFRICA	ABRT	28,648.	WIRE	0.		
		SUB-SAHARAN AFRICA	ABRT	41,487.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	5,583.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	12,282.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	33,228.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP	52,580.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	73,252.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	89,811.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	136,690.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	218,849.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	223,279.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	6,257.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	11,311.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	23,702.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/ABRT	33,404.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	40,472.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	42,888.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	113,684.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/ABRT	126,784.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	15,926.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	18,687.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	22,644.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	38,950.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH	56,369.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	139,441.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	190,178.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH	389,025.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,011.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,025.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,026.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,030.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,037.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,039.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,039.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,042.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,044.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,075.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,099.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,119.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,132.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,134.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,142.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,145.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,149.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,155.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,185.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,186.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,191.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,192.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,207.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,210.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,218.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,223.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,267.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,358.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,380.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,412.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,436.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,467.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,502.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,511.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,526.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,593.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,601.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,659.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,667.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,708.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,742.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,745.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,768.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,775.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,787.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,813.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,828.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,840.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,866.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,876.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,889.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,893.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,898.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,936.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,957.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,961.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,964.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,966.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,021.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,049.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,084.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,106.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,159.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,161.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,165.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,184.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,212.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,214.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,223.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,241.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,252.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,272.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,285.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,299.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,305.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,306.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,313.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,338.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,392.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,429.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,438.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,472.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,483.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,512.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,559.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,562.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,617.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,634.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,648.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,652.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,674.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,699.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,762.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,769.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,801.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,820.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,855.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,885.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,925.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,926.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,952.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,956.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,985.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	6,997.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,002.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,009.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,011.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,014.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,026.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,053.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,067.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,073.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,075.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,090.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,092.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,108.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,131.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,145.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,163.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,190.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,194.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,223.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,243.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,272.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,292.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,315.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,326.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,340.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,342.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,362.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,362.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,372.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,372.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,373.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,407.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,422.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,427.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,431.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,470.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,481.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,488.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,501.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,512.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,536.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,592.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,605.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,605.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,623.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,630.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,636.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,639.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,640.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,662.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,699.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,704.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,720.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,726.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,749.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,760.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,776.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,783.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,787.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,794.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,795.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,806.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,812.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,822.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,832.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,853.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,886.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,896.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,907.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,931.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,950.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,959.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,960.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,980.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,987.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	7,991.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,029.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,048.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,058.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,075.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,106.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,111.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,116.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,128.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,136.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,145.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,156.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,160.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,161.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,162.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,167.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,192.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,197.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,247.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,324.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,334.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,365.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,375.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,389.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,411.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,421.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,430.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,432.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,439.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,442.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,446.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,462.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,488.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,493.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,565.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,590.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,593.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,597.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,607.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,617.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,637.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,641.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,646.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,683.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,704.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,812.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,864.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,882.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,902.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,948.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,949.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,949.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,963.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,019.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,020.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,029.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,064.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,068.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,105.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,110.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,116.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,120.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,158.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,176.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,204.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,218.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,284.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,286.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,308.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,314.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,335.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,335.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,342.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,376.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,378.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,379.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,386.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,386.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,442.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,470.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,513.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,517.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,525.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,536.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,554.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,560.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,562.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,576.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,586.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,597.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,632.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,643.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,657.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,683.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,733.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,761.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,821.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,830.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,857.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,877.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,952.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,961.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,965.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,968.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,972.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	9,995.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,003.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,011.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,054.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,084.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,111.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,121.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,164.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,204.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,236.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,267.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,268.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,296.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,299.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,357.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,365.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,430.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,479.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,481.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,483.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,505.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,521.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,539.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,795.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,836.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,884.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	10,956.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,035.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,051.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,120.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,240.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,326.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,358.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,371.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,393.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,454.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,528.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,606.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,611.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,670.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,721.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,741.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,806.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,811.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,871.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,929.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	11,983.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,152.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,266.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,455.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,502.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,534.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,554.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,562.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,591.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,734.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,739.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,760.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,918.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,936.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,947.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,953.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	12,968.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,001.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,034.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,068.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,083.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,111.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,146.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,196.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,272.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,345.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,414.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,509.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,534.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,700.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,704.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,792.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	13,825.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,042.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,121.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,401.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,588.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,591.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	14,895.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,091.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,160.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,217.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,292.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,355.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,378.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,586.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,635.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,731.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,879.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	15,909.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,014.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,149.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,183.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,242.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,256.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,475.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,623.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,624.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,786.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,850.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,873.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,955.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	16,995.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,266.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,383.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,416.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,522.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,568.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,766.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,943.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,952.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	17,983.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,004.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,039.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,040.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,056.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,266.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,275.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,280.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,285.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,297.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,488.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,754.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	18,893.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,215.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,325.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,558.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,781.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,791.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	19,848.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,025.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,213.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,492.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,497.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,756.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,824.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,901.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,961.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	20,974.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	21,068.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	21,116.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	21,767.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	21,980.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	22,163.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	22,191.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	24,842.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	24,900.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	24,901.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	24,922.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	25,132.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	25,175.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	26,845.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	27,356.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	29,431.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	40,446.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	40,863.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	44,015.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	47,736.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	53,233.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	71,038.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	76,714.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	79,325.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	82,844.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	90,370.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	95,989.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	109,140.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	140,558.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	150,408.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	369,960.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	723,994.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	733,825.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	760,208.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	880,222.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	1,138,545.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	1,275,262.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	2,819,286.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	5,820,513.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	32,525.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	42,918.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	60,416.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	68,869.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	74,995.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	82,790.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HIVAIDS	91,856.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	101,295.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	117,188.	WIRE	0.		
		SUB-SAHARAN AFRICA	HIVAIDS	277,764.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP/MNH/HIVAIDS	8,787.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	13,545.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	15,838.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	17,244.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	17,840.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FP	19,443.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	20,521.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	23,125.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	32,998.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	34,622.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	72,102.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	110,211.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	113,510.	WIRE	0.		
		SUB-SAHARAN AFRICA	FP	172,115.	WIRE	0.		

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

PATHFINDER, AS A PRIME RECIPIENT OF DONOR FUNDS, IS RESPONSIBLE FOR
MANAGING AND ADMINISTERING ITS SUBRECIPIENTS AS STIPULATED UNDER THE
AGREEMENTS. THE MONITORING OF SUBRECIPIENTS IS AN EXTREMELY IMPORTANT
PART OF SUBPROJECT MANAGEMENT TO ENSURE THAT THE SUBGRANTEE IS PERFORMING
IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT, IN
FURTHERANCE OF THE PROJECT OBJECTIVES. BOTH PATHFINDER COUNTRY-BASED
OFFICES AND HEADQUARTERS UTILIZE A VARIETY OF TOOLS TO MONITOR
SUBGRANTEES. THESE INCLUDE:

- TIMELY AND THOROUGH REVIEW OF QUARTERLY FINANCIAL AND PROGRAMMATIC
SUBGRANTEE REPORTS
- PERIODIC AND ON-SITE VISITS
- REGULAR AND ONGOING COMMUNICATION WITH SUBGRANTEE
- INTERNAL AND/OR EXTERNAL AUDITS AS NEEDED

PATHFINDER CONDUCTS PRE-AWARD AND PERIODIC RISK ASSESSMENTS OF THE
SUBRECIPIENTS. DEPENDING ON THE RESULTS, A MONITORING PLAN TOGETHER WITH
AN APPROPRIATE MECHANISM FOR FUNDING, FINANCIAL AND PROGRAMMATIC
MANAGEMENT AND MONITORING IS FORMULATED. A DEDICATED SUBGRANTS UNIT AT
BOTH THE HEADQUARTERS AND COUNTRY OFFICE LEVEL IS CHARGED WITH THE SOLE
RESPONSIBILITY OF MANAGING AND MONITORING SUB RECIPIENT ACTIVITY. SUB
GRANT AUDIT ALSO FORMS PART OF PATHFINDER'S INTERNAL AUDIT PROCESS.

PART I, LINE 3, COLUMN (F) & PART II, LINE 1:

PATHFINDER'S FINANCIAL STATEMENTS ARE PREPARED ON THE ACCRUAL BASIS OF
ACCOUNTING IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED
IN THE UNITED STATES OF AMERICA. THIS IS THE METHOD THAT FORMS THE
BASIS FOR THE REPORTED EXPENDITURES BY REGION, AND FOR THE CASH GRANTS

Part V Supplemental Information

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

TO ORGANIZATIONS AND INDIVIDUALS.

PART I & II, ACRONYMS AND ABBREVIATIONS:

ABRT - [ACCESS TO] SAFE ABORTION AND POST ABORTION CARE

AIDS - ACQUIRED IMMUNODEFICIENCY SYNDROME

CCP - CERVICAL CANCER PREVENTION

FP - FAMILY PLANNING

HIV - HUMAN IMMUNODEFICIENCY VIRUS

MNH - MATERNAL NATAL HEALTH

PHE - POPULATION HEALTH & ENVIRONMENT

PART II, COLUMN D, PURPOSE OF GRANT:

ALL ACTIVITIES REPORTED IN COLUMN D ARE SERVICE DELIVERY.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: **PATHFINDER INTERNATIONAL** Employer identification number: **53-0235320**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INTEGRATED DIRECT MARKETING, LLC - 1250 CONNECTICUT AVE. MEDIA CAUSE, INC. - 147 NATOMA STREET, SAN FRANCISCO, MERKLE RESPONSE SERVICES - 100 JAMISON COURT, CAROL ENTERS LIST COMPANY, INC. - 9663-D MAIN STREET, OMAC - 75 PORT CITY LNDG #310, MT PLEASANT, SC 29464 PG CALC INCORPORATED - 129 MOUNT AUBURN STREET,	CONSULTS ON DIRECT MAIL AND PROCESSES DIGITAL MARKETING AND FUNDRAISING SOLICITATION CONSULTING MARKETING LIST BROKERAGE DATA INTEGRATION TO HELP WITH FUNDRAISING PLANNED GIVING CONSULTANTS		X	0.	337,030.	0.
			X	0.	216,528.	0.
			X	0.	39,478.	0.
			X	0.	15,999.	0.
			X	0.	9,954.	0.
			X	0.	6,000.	0.
Total					624,989.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING, LLC

(I) ADDRESS OF FUNDRAISER:

1250 CONNECTICUT AVE. NW, SUITE 700, WASHINGTON, DC 20036

(II) ACTIVITY: CONSULTS ON DIRECT MAIL AND PROCESSES SOLICITATIONS VIA MAIL

(I) NAME OF FUNDRAISER: MEDIA CAUSE, INC.

(I) ADDRESS OF FUNDRAISER: 147 NATOMA STREET, SAN FRANCISCO, CA 94105

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: MERKLE RESPONSE SERVICES

(I) ADDRESS OF FUNDRAISER: 100 JAMISON COURT, HAGERSTOWN, MD 21740

(I) NAME OF FUNDRAISER: CAROL ENTERS LIST COMPANY, INC.

(I) ADDRESS OF FUNDRAISER: 9663-D MAIN STREET , FAIRFAX, VA 22031

(I) NAME OF FUNDRAISER: PG CALC INCORPORATED

(I) ADDRESS OF FUNDRAISER: 129 MOUNT AUBURN STREET, CAMBRIDGE , MA 02138

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2020

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. LOIS QUAM CEO	(i)	460,760.	0.	2,411.	48,061.	0.	511,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. CAROLINE CROSBIE SENIOR COUNTRY DIRECTOR	(i)	323,616.	0.	90,872.	48,910.	13,926.	477,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. SHIRIL SARCAR FINANCE DIRECTOR	(i)	204,394.	0.	114,712.	9,797.	14,893.	343,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. MOHAMMAD MAI CHIEF OF COUNTRY & PROGRAM STRATEGY	(i)	265,877.	0.	1,290.	24,868.	30,206.	322,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. ANNE SCOTT COO (THRU 09/2020)	(i)	263,622.	0.	1,965.	18,871.	21,185.	305,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. SUSAN FARRELL CAO	(i)	252,147.	0.	835.	23,500.	26,986.	303,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. CHAD SNELGAR CFO & TREASURER	(i)	274,439.	0.	1,755.	19,353.	1,220.	296,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MR. STEPHEN REDDING PORTFOLIO LEAD/SR PROGRAM DIRECTOR	(i)	215,107.	0.	4,187.	20,052.	27,420.	266,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. RESHMA TRASI MEL EXECUTIVE DIRECTOR	(i)	208,441.	0.	652.	18,734.	279.	228,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MR. OMER BERNAD NGAY ABEN COUNTRY DIRECTOR (THRU 09/2020)	(i)	127,530.	0.	57,454.	7,269.	10,965.	203,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MS. SANDINA GREEN CLCO & CORP. SEC. (FROM 06/2021)	(i)	174,524.	0.	369.	12,615.	10,010.	197,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MS. SUZANNE REXING, FORMER CHIEF GLOBAL ENGAGEMENT OFFICER	(i)	57,810.	0.	82,448.	4,037.	0.	144,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

AS ALLOWED UNDER FEDERAL REGULATIONS CONCERNING EXPATRIATE AND THIRD
 COUNTRY NATIONAL PROFESSIONAL STAFF ASSIGNED TO A FOREIGN POST, PATHFINDER
 INTERNATIONAL PROVIDES FOREIGN POST ALLOWANCES TO ASSIST THESE ELIGIBLE
 STAFF AND QUALIFIED DEPENDENT(S) WITH THE HARDSHIP OF LIVING IN A COUNTRY
 OTHER THAN THEIR COUNTRY OF ORIGIN, AND AS AN INCENTIVE IN ACCEPTING A
 FOREIGN POST ASSIGNMENT. THESE ALLOWANCES ARE NOT INTENDED TO COVER 100% OF
 LIVING EXPENSES. THE EMPLOYEE AND QUALIFIED DEPENDENT(S), IF ANY, IS/ARE
 ENTITLED TO ONLY THOSE ALLOWANCES WHICH ARE SPECIFIED IN THEIR EMPLOYMENT
 LETTER OF AGREEMENT. ALLOWANCES ARE BASED ON THE PERSONNEL POLICIES OF
 PATHFINDER INTERNATIONAL WHICH, IN MOST CASES, USE THE U.S. DEPARTMENT OF
 STATE STANDARDIZED REGULATIONS AS A GUIDELINE. THESE ALLOWANCES ARE SUBJECT
 TO APPROVAL BY PATHFINDER'S HUMAN RESOURCES AND FINANCE DEPARTMENTS. THE
 HOUSING ALLOWANCE AND TRAVEL FOR COMPANIONS NOTED AS COMPENSATION PROVIDED
 DURING THE REPORTED YEAR ARE FOREIGN POST ALLOWANCES PROVIDED TO SUCH
 ELIGIBLE EMPLOYEES. THESE ALLOWANCES ARE TAXABLE TO THE EMPLOYEES AND ARE
 REPORTED IN PART II, COLUMN B(III).

HOUSING ALLOWANCES:

Part III Supplemental Information

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

CAROLINE CROSBIE - \$19,953

SHIRIL SARCAR - \$23,075

ABEN NGAY - \$27,500

PART I, LINE 4A:

MS. SUZANNE REXING, CHIEF GLOBAL ENGAGEMENT OFFICER, LEFT THE POSITION IN

JANUARY 2020. SHE RECEIVED \$81,600 IN SEVERANCE PAYMENT UNDER THE

SEPARATION AGREEMENT DURING THE CALENDAR YEAR 2020 AND IT IS REPORTED IN

PART II, COLUMN (B)(III).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **PATHFINDER INTERNATIONAL** Employer identification number: **53-0235320**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	6,867,246. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

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

Part II

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

SCHEDULE M, LINE 32B:

THE NUMBER LISTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF GIFTS

CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PATHFINDER INTERNATIONAL

Employer identification number

53-0235320

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

THE RIGHT TO DECIDE WHETHER AND WHEN TO HAVE CHILDREN, TO EXIST FREE
FROM FEAR AND STIGMA, AND TO LEAD THE LIVES THEY CHOOSE.

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

COMMUNITY-DRIVEN PROGRAMS, WE SUPPORT WOMEN TO MAKE THEIR OWN
REPRODUCTIVE HEALTH DECISIONS.

WE WORK WITH LOCAL PARTNERS TO ADVANCE CONTRACEPTIVE SERVICES,
COMPREHENSIVE ABORTION CARE, AND YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE
RIGHTS IN COMMUNITIES AROUND THE WORLD-INCLUDING THOSE AFFECTED BY
POVERTY, CONFLICT, CLIMATE CHANGE, AND NATURAL DISASTERS. TAKEN
TOGETHER, OUR PROGRAMS ENABLE MILLIONS OF PEOPLE TO CHOOSE THEIR OWN
PATHS FORWARD.

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

THAT INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH CARE WITH MATERNAL AND
CHILD HEALTH SERVICES AND HIV AND AIDS PREVENTION AND TREATMENT.
SEVERAL OF PATHFINDER'S PROGRAMS INTEGRATE POPULATION, HEALTH, AND
ENVIRONMENT INTERVENTIONS TO ADDRESS THE HEALTH NEEDS OF COMMUNITIES
AND THE ENVIRONMENT IN WHICH THEY LIVE SIMULTANEOUSLY. MANY OF OUR
PROGRAMS IN AFRICA SPECIFICALLY ADDRESS THE SEXUAL AND REPRODUCTIVE
HEALTH NEEDS OF ADOLESCENTS AND YOUTH. ALL OF OUR PROGRAMS WORK WITH
LOCAL STAKEHOLDERS. WE STRIVE TO STRENGTHEN RELATIONSHIPS BETWEEN
CLINICS AND THE COMMUNITIES THEY SERVE. WE ALSO BUILD THE CAPACITY OF

LOCAL GOVERNMENTAL AND NGO PARTNERS TO DEVELOP, PLAN, IMPLEMENT, AND

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

MONITOR QUALITY INTERVENTIONS; THIS APPLIES TO ALL OF OUR AFRICA
PROGRAMS.

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

INTERVENTIONS SO THAT THEY ARE SUSTAINED BEYOND THE LIFE OF OUR
PROGRAMS.

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

BANGLADESH, BURKINA FASO, BURUNDI, CONGO, DEM REP,

COTE D IVOIRE, EGYPT, ETHIOPIA, INDIA,

KENYA, MOZAMBIQUE, NIGER, NIGERIA,

PAKISTAN, PERU, TANZANIA, TOGO,

UGANDA

FORM 990, PART VI, SECTION A, LINE 2:

MR. BEN KAHRL, MS. JULIA KAHRL, MR. WALTER GAMBLE HAVE A FAMILY

RELATIONSHIP.

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

THE COMPLETED FORM 990 IS REVIEWED BY THE CONTROLLER, CFO AND CEO PRIOR TO
FILING. THE REPORT IS SUBMITTED TO THE AUDIT & COMPLIANCE COMMITTEE OF THE
BOARD OF DIRECTORS FOR REVIEW AND COMMENT. ANY CHANGES ARE INCORPORATED IN
THE FINAL FORM 990 WHICH IS FILED WITH THE IRS. THE COMPLETED FORM 990 IS
SUBSEQUENTLY DISTRIBUTED TO THE FULL BOARD OF DIRECTORS, PRIOR TO FILING.

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

YES, PATHFINDER INTERNATIONAL DOES MONITOR AND ENFORCE COMPLIANCE WITH ITS

CONFLICT OF INTEREST POLICY. PATHFINDER INTERNATIONAL IS COMMITTED TO THE

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

HIGHEST LEVELS OF INTEGRITY. ACCORDING TO THE BOARD APPROVED CONFLICT OF

INTEREST POLICY, ALL DIRECTORS, OFFICERS AND EMPLOYEES ARE EXPECTED TO

CONDUCT THEIR RELATIONSHIPS WITH EACH OTHER, PATHFINDER INTERNATIONAL,

OUTSIDE ORGANIZATIONS, CONTRACTORS, VENDORS AND GRANTEES WITH OBJECTIVITY

AND HONESTY. PATHFINDER INTERNATIONAL DIRECTORS, OFFICERS AND EMPLOYEES ARE

OBLIGATED TO AVOID AND DISCLOSE ETHICAL, LEGAL, FINANCIAL OR OTHER

CONFLICTS OF INTEREST INVOLVING PATHFINDER, AND REMOVE THEMSELVES FROM A

DECISION-MAKING AUTHORITY WITH RESPECT TO ANY CONFLICT SITUATION THAT

INVOLVES PATHFINDER.

ALL INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY INTEREST OR ACTIVITY THAT

INFLUENCES OR APPEARS TO INFLUENCE THE ABILITY OF THE INDIVIDUAL TO

EXERCISE OBJECTIVITY OR IMPAIRS THE INDIVIDUAL'S ABILITY TO PERFORM HIS OR

HER RESPONSIBILITIES IN THE BEST INTEREST OF PATHFINDER INTERNATIONAL.

UPON COMMENCEMENT OF EMPLOYMENT, OR, IN THE CASE OF DIRECTORS, UPON

ELECTION TO THE BOARD OF DIRECTORS, AND ANNUALLY THEREAFTER, ALL

INDIVIDUALS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST

STATEMENT OF DISCLOSURE. THE DISCLOSURE AFFIRMS THAT THE INDIVIDUAL:

- HAS RECEIVED A COPY OF PATHFINDER INTERNATIONAL'S CONFLICT OF INTEREST

POLICY;

- HAS READ AND UNDERSTANDS THE POLICY;

- HAS AGREED TO COMPLY WITH THE POLICY; AND

- UNDERSTANDS THAT PATHFINDER INTERNATIONAL IS CHARITABLE AND IN ORDER TO

MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES

WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

THE ORGANIZATION'S COMPENSATION PRACTICE IS INTENDED TO BE FAIR, REASONABLE, AND COMPETITIVE. IT IS DESIGNED TO RECRUIT, RETAIN, AND MOTIVATE QUALIFIED INDIVIDUALS WHO CAN LEAD THE ORGANIZATION TO ACHIEVE ITS OBJECTIVES AND FULFILL ITS MISSION. THE PATHFINDER INTERNATIONAL BOARD OF DIRECTORS DELEGATES TO THE EXECUTIVE COMMITTEE OF THE BOARD THE RESPONSIBILITY FOR OVERSEEING CEO COMPENSATION, WITH THE PRIMARY OBJECTIVE OF ENSURING THAT PATHFINDER'S CEO COMPENSATION IS REASONABLE AS COMPARED TO OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS.

IN ALIGNMENT WITH THE IRS GUIDELINES PATHFINDER'S EXECUTIVE COMMITTEE:

- 1) IS AN INDEPENDENT, AUTHORIZED BODY, WITHOUT CONFLICT OF INTEREST, THAT GIVES GUIDANCE REGARDING COMPENSATION FOR THE CEO.
- 2) BIENNIALY UTILIZES THE SERVICES OF AN INDEPENDENT, EXTERNAL CONSULTANT WHO PROVIDES COMPARABLE COMPENSATION DATA ON EXECUTIVES AT OTHER ORGANIZATIONS, INCLUDING BOTH FOR-PROFIT AND NON-PROFIT SECTORS.
- 3) ROUTINELY DOCUMENTS THE INFORMATION AND DISCUSSIONS LEADING UP TO THEIR RECOMMENDATIONS.

THE EXECUTIVE COMMITTEE OF PATHFINDER INTERNATIONAL HAS TWO PRIMARY RESPONSIBILITIES:

- 1) INSURING THAT PATHFINDER'S CEO COMPENSATION IS REASONABLE AS COMPARED TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS.
- 2) ESTABLISHING A PROCESS BY WHICH CEO PERFORMANCE EVALUATIONS ARE PERFORMED, TO ENSURE THAT THE CEO'S PERFORMANCE EVALUATIONS HAPPEN ON A TIMELY BASIS AND ARE THOROUGHLY DONE, INCLUDING - BUT NOT LIMITED TO - SUCH CONSIDERATIONS AS THE OVER-ALL PERFORMANCE OF ORGANIZATION, THE PERFORMANCE AGAINST PRE-ESTABLISHED PERSONAL OBJECTIVES, 360 DEGREE PERFORMANCE EVALUATION FEEDBACK AND DIRECT INTERACTION.

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
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EXECUTIVE COMPENSATION PROCESS:

THE CEO AND HR EXECUTIVE MEET ON A BIENNIAL BASIS WHERE THE FOLLOWING

ACTIVITIES TAKE PLACE:

- A COMPREHENSIVE REVIEW, PROVIDED BY THE HR EXECUTIVE, ON THE VALUE OF ALL

ELEMENTS OF THE COMPENSATION PACKAGES FOR KEY EMPLOYEE POSITIONS (INCLUDING

EXECUTIVE-LEVEL DIRECT REPORTS TO CEO), INCLUDING BASE SALARY, HEALTH

BENEFITS, APPLICABLE RETIREMENT PROGRAMS AND OTHER RELATED ITEMS.

- A DETAILED REVIEW OF THE COMPENSATION ANALYSIS FROM THE EXTERNAL

COMPENSATION CONSULTANT, WHICH IS SUMMARIZED AND SHARED WITH THE CEO.

- THE CREATION OF RECOMMENDATIONS REGARDING REASONABLE COMPENSATION WHICH

ARE THEN SHARED WITH THE CEO.

- AN ANNUAL REVIEW OF THE COMPENSATION AND EVALUATION PROCESSES, WITH

ADJUSTMENTS IMPLEMENTED AS NECESSARY.

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

AL, AR, CA, GA, HI, IL, KY, KS, MA, MD, MN, MS, NH, NJ, NY, NC, ND, FL, OR, PA, RI, SC, TN, UT, VA

WV, WI, MI, NM

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

THE FORM 990 IS AVAILABLE ON PATHFINDER INTERNATIONAL'S WEBSITE, UPON

REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D),

AND ALSO AVAILABLE THROUGH GUIDESTAR AND THE MASSACHUSETTS ATTORNEY

GENERAL'S WEBSITE.

THE POLICIES ARE POSTED ON PATHFINDER'S EXTRANET. THE FINANCIAL STATEMENTS

ARE AVAILABLE ON PATHFINDER INTERNATIONAL'S WEBSITE.

Name of the organization PATHFINDER INTERNATIONAL	Employer identification number 53-0235320
--	--

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

CHANGE IN SPLIT-INTEREST AGREEMENTS LIABILITY -5,803.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization <p style="text-align: center;">PATHFINDER INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">53-0235320</p>
---	---

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PATHFINDER, LLC EGYPT - 98-1597313 25 MISR-HELWAN AGRICULTURAL ROAD MAADI, CAIRO, EGYPT	PROVIDE CONSULTING SERVICES IN THE FIELDS OF POPULATION AND FAMILY HEALTH	EGYPT	754,153.	21,860.	PATHFINDER INTERNATIONAL OPERATIONS II, LLC
PATHFINDER INTERNATIONAL OPERATIONS, LLC - 00-1033474, 9 GALEN STREET, STE. #217, WATERTOWN, MA 02472-4501	SUPPORT THE OPERATIONS OF PATHFINDER	MASSACHUSETTS	0.	0.	PATHFINDER INTERNATIONAL
PATHFINDER INTERNATIONAL OPERATIONS II, LLC - 53-0235320, 9 GALEN STREET, STE. #217, WATERTOWN, MA 02472-4501	SUPPORT THE OPERATIONS OF PATHFINDER	MASSACHUSETTS	0.	0.	PATHFINDER INTERNATIONAL
PATHFINDER INTERNATIONAL, NIGERIA - 98-1597523, 35 JUSTICE GEORGE SOWEMIMO STREET- OFF T.Y. DANJUMA STREET,	HEALTHCARE EDUCATION	NIGERIA	3,256,685.	170,841.	PATHFINDER INTERNATIONAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PATHFINDER INTERNATIONAL INDIA - 00-0000116 C-28 AND 29 KISSAN BHAWAN, QUTAB INSTITUTION NEW DELHI, DELHI 110016, INDIA	PROMOTE, INCREASE AND IMPROVE HEALTHIER INDIVIDUALS AND FAMILIES	INDIA	501(C)(3)		PATHFINDER INTERNATIONAL	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(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?	
								Yes	No

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

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

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)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

PATHFINDER INTERNATIONAL, NIGERIA

EIN: 98-1597523

35 JUSTICE GEORGE SOWEMIMO STREET- OFF T.Y. DANJUMA STREET

ASOKORO-ABUJA, NIGERIA