

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization CATHOLIC MEDICAL MISSION BOARD</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 WEST 17TH STREET</p> <p>City or town, state or country, and ZIP + 4 NEW YORK, NY 10011-5701</p> <p>F Name and address of principal officer: JOHN F. GALBRAITH SAME AS C ABOVE</p>	<p>D Employer identification number 13-5602319</p> <p>E Telephone number (212) 242-7757</p> <p>G Gross receipts \$ 180,634,429.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ 0928</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ CMMB.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1928 M State of legal domicile: NY</p>	

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: SINCE ITS INCEPTION IN 1912 (PRIOR TO LEGAL FORMATION IN 1928), THE CATHOLIC MEDICAL MISSION</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
Activities & Governance	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	21
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	20
	<p>5 Total number of employees (Part V, line 2a)</p>	5	193
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	1663
	<p>7a Total gross unrelated business revenue from Part VIII, column (C), line 12</p>	7a	0.
	<p>b Net unrelated business taxable income from Form 990-T, line 34</p>	7b	0.
	Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p>	Prior Year
<p>9 Program service revenue (Part VIII, line 2g)</p>		280,218,876.	179,707,372.
<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>		-554,339.	134,377.
<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>			
<p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>		279,664,537.	179,841,749.
Expenses		<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</p>	269,294,266.
	<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		
	<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p>	6,679,984.	7,087,999.
	<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>	481,136.	877,760.
	<p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,730,917.</p>		
	<p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</p>	6,922,567.	8,559,502.
	<p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</p>	283,377,953.	184,541,987.
	<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	-3,713,416.	-4,700,238.
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16)</p>	Beginning of Current Year	End of Year
	<p>21 Total liabilities (Part X, line 26)</p>	18,432,404.	11,856,197.
	<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	7,501,457.	5,498,054.
		10,930,947.	6,358,143.

Part II Signature Block

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

Sign Here	<p>Signature of officer _____ Date _____</p> <p>THOMAS GRAY, CFO AND SVP OPERATIONS</p> <p>Type or print name and title</p>	
Paid Preparer's Use Only	<p>Preparer's signature ▶ _____ Date _____</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 MARKS PANETH & SHRON LLP 622 THIRD AVENUE NEW YORK, NY 10017</p>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions)</p> <p>EIN ▶ _____</p> <p>Phone no. ▶ 212 503-8800</p>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION CATHOLIC MEDICAL MISSION BOARD, INC. WORKS COLLABORATIVELY TO PROVIDE QUALITY HEALTHCARE PROGRAMS AND SERVICES, WITHOUT DISCRIMINATION, TO PEOPLE IN NEED AROUND THE WORLD. CMMB WORKS INTERNATIONALLY TO STRENGTHEN HEALTH SYSTEMS AND PROVIDE QUALITY HEALTH SERVICES TO

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 No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 165,365,408. including grants of \$ 164,337,439.) (Revenue \$) HEALING HELP IS THE NAME OF CMMB'S PROGRAM OF DONATED MEDICINES AND MEDICAL SUPPLIES. IN FISCAL 2010, 453 SHIPMENTS VALUED AT \$164,337,439 WERE DELIVERED TO 173 PARTNERS IN 38 COUNTRIES. HEALING HELP HAS, AS ONE OF ITS PRIORITIES, THE PROVISION OF DONATIONS IN SUPPORT OF CMMB'S DISEASE-SPECIFIC PROGRAMS. THOSE GIFTS OF MEDICINES AND MEDICAL SUPPLIES HELP INCREASE THE CAPACITY OF HEALTHCARE SERVICES PROVIDERS AND MAKE THEM MORE SUSTAINABLE OVER TIMES. IN ADDITION, HEALING HELP PROGRAM IS GEARED TO QUICKLY AND EFFECTIVELY PROVIDE MEDICINES AND MEDICAL SUPPLIES WHEN EMERGENCY RELIEF IS REQUIRED. IN 2010, EXAMPLES INCLUDE RESPONDING TO HAITI'S EARTHQUAKE AND CHOLERA OUTBREAK EMERGENCIES. MORE THAN 500 TONS OF MUCH-NEEDED PRODUCTS WERE PROVIDED.

4b (Code:) (Expenses \$ 6,545,838. including grants of \$ 3,057,093.) (Revenue \$) CMMB'S CAPACITY BUILDING INITIATIVES SUPPORT HIV AND AIDS PROGRAMS THAT STRIVE TO REDUCE AND PREVENT HIV PREVELANCE AND IMPROVE SERVICES AVAILABLE TO INDIVIDUALS, FAMILIES AND COMMUNITIES. CMMB IS A MEMBER OF THE AIDSRELIEF CONSORTIUM, WORKING TO EXPAND THE DELIVERY OF ANTIRETROVIRAL THERAPIES TO HIV-INFECTED PERSONS IN AFRICA AND THE CARIBBEAN. IN KENYA, CMMB PROVIDED HIV CARE AND SUPPORT SERVICES TO 110,362 KENYANS (INCLUDES THOSE ON ART) AND ANTIRETROVIRAL THERAPY TO 46,962 KENYANS. WITHIN THIS PROGRAM CMMB BUILDS THE CAPACITY OF FACILITY AND COMMUNITY ORGANIZATIONS. CMMB PROVIDES TECHNICAL ASSISTANCE AND ASSESSMENTS IN AREAS OF CLINICAL CARE, ADHERENCE SUPPORT, HUMAN RESOURCES, FINANCE, AND GOVERNANCE.

4c (Code:) (Expenses \$ 1,932,130. including grants of \$ 202,534.) (Revenue \$) CMMB'S PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV PMTCT PROGRAM PROVIDED ANTIRETROVIRAL COMBINATIONS TO WOMEN AT VARIED STAGES OF PREGNANCY AND THROUGH BREASTFEEDING IN SOME CASES. OUR EFFORTS CONTRIBUTE TO THE REDUCTION IN HIV TRANSMISSION, PROVIDE ANTIRETROVIRALS TO MOTHERS AND THEIR BABIES, MENTOR MOTHERS AND DELIVER QUALITY HEALTHCARE AND SUPPORT FOR THOSE INFECTED. IN 2010, CMMB REACHED 3725 HIV-POSITIVE WOMEN AND THEIR INFANTS, AND HIV-TESTED WITHIN THE PROGRAM 60,518 PREGNANT WOMEN. CMMB MANAGES PMTCT ACTIVITIES IN SOUTH SUDAN, KENYA, AND HAITI. RISK OF INFANT ACQUISITION OF HIV IS 2% IN THE WEALTHIEST COUNTRIES AND 30-45% (15% DURING THE BREASTFEEDING PERIOD) RISK IN THE LOW AND MIDDLE INCOME COUNTRIES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,469,411. including grants of \$ 419,660.) (Revenue \$)

4e Total program service expenses \$ 177,312,787.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			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	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 168		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 193		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7g		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
9a			
9b			
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			21
b	Enter the number of voting members that are independent		
1b			20
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AZ, AR, CO, FL, GA, IL, KS, LA, MD, MA, ND, OK**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THOMAS GRAY - 212-242-7757**
10 WEST 17TH STREET, NEW YORK, NY 10011

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
JOHN F GALBRAITH PRESIDENT AND CEO	35.00	X		X				212,210.	0.	18,003.
CHRIS ALLEN, FACHE TREASURER	1.00	X		X				0.	0.	0.
JOHN E. CELENTANO BOARD MEMBER	1.00	X						0.	0.	0.
MICHEAL DORING CONNELLY CHAIR	1.00	X		X				0.	0.	0.
NICHOLAS D'AGOSTINO, III BOARD MEMBER	1.00	X						0.	0.	0.
JEAN MARIE GRISI BOARD MEMBER	1.00	X						0.	0.	0.
JOHN D. HERRICK BOARD MEMBER	1.00	X						0.	0.	0.
AMBAS. BRADLEY P. HOLMES. ESQ. BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
CLARION E. JOHNSON, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
HENRY W. MENN III, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
PATRICK D. MUTCHLER BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
E. ANNE PETERSON, M.D., M.P.H. BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT E. ROBOTTI BOARD MEMBER	1.00	X						0.	0.	0.
FRANK J. SASINOWSKI, ESQ. VICE CHAIR (FORMER)	1.00	X		X				0.	0.	0.
MARY COLLEEN SCANLON, R.N., J.D. SECRETARY	1.00	X		X				0.	0.	0.
REV. PETER SCHINELLER, S.J. BOARD MEMBER	1.00	X						0.	0.	0.
F. WILLIAM SMULLEN, III BOARD MEMBER	1.00	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	(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			
MOST REV. JOE M. SULLIVAN, D.D. BOARD MEMBER	1.00	X						0.	0.	0.
AMBAS. MARK R. DYBUL, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
SISTER PATRICIA ECK, C.B.S. BOARD MEMBER	1.00	X						0.	0.	0.
STEPHANIE L FERGUSON, PHD, RN, FAAN BOARD MEMBER	1.00	X						0.	0.	0.
MARIA ROSA ROBINSON, M.D., MBA BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL J. SEERGY BOARD MEMBER	1.00	X						0.	0.	0.
BILL WHITE BOARD MEMBER	1.00	X						0.	0.	0.
NICHOLAS D'AGOSTINO, JR. BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
THOMAS GRAY CFO AND SVP OPERATIONS	35.00			X				142,442.	0.	10,072.
RABIA MATHAI SR. TECH ADVISOR, ASIA-PACIFIC	35.00			X				151,041.	0.	4,151.
1b Total								1,351,278.	0.	87,614.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERGENT 9 CENTENNIAL DRIVE, PEABODY, MA 01960	DIRECT RESPONSE AND DATA MANAGEMENT: PRO	707,438.
WORLD VISION 300 I STREET, NE, WASHINGTON, DC 20002	PROGRAM SERVICES IN SUDAN	202,544.
IDP CONSULTING, 100 JERICHO QUADRANGLE SUITE 314, JERICHO, NY 11753	IT SUPPORT	192,718.
MDS COMMUNICATIONS P.O. BOX 16006, PHOENIX, AZ 85011	TELEPHONE FUNDRAISING	170,322.
TELECARE, 1200 GLENN CURTISS BOULEVARD, UNIONDALE, NY 11553	TELEVISION PRODUCTION SUPPORT	110,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 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	2500318.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	177,207,054.					
	g Noncash contributions included in lines 1a-1f: \$		156,232,046.					
	h Total. Add lines 1a-1f			179,707,372.				
	Program Service Revenue			Business Code				
2 a								
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)			97,603.			97,603.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			36,774.			36,774.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				179,841,749.	0.	0.	134,377.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	630,449.	630,449.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	167386277.	167386277.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,299,783.	357,737.	709,861.	232,185.
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	4,306,605.	3,052,465.	722,717.	531,423.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	433,100.	206,645.	144,950.	81,505.
9 Other employee benefits	863,457.	608,206.	170,407.	84,844.
10 Payroll taxes	185,054.	78,880.	66,254.	39,920.
11 Fees for services (non-employees):				
a Management				
b Legal	62,480.	6,027.	50,016.	6,437.
c Accounting	79,844.	10,000.	69,844.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	877,760.			877,760.
f Investment management fees	699,215.	345,310.	242,912.	110,993.
g Other	699,210.	425,864.	168,638.	104,708.
12 Advertising and promotion	151,489.	28,718.		122,771.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	370,245.	326,482.	43,763.	
17 Travel	1,021,479.	838,753.	146,902.	35,824.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	882,295.	838,237.	35,088.	8,970.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,083.	37,124.	84,959.	
23 Insurance	158,052.	71,187.	86,865.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	1,182,345.	1,110,475.	68,867.	3,003.
b POSTAGE AND MAILING	970,879.	16,213.	6,730.	947,936.
c SERVICE CONTRACTS	670,934.	143,889.	481,025.	46,020.
d PRINTING	474,198.	17,476.	450.	456,272.
e SHIPPING AND STORAGE	253,563.	237,270.	383.	15,910.
f All other expenses	761,191.	539,103.	197,652.	24,436.
25 Total functional expenses. Add lines 1 through 24f	184541987.	177312787.	3,498,283.	3,730,917.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	940,725.	1	1,148,788.	
	2 Savings and temporary cash investments	13,105.	2	680,927.	
	3 Pledges and grants receivable, net	109,306.	3	158,480.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	12,505,379.	8	4,505,720.	
	9 Prepaid expenses and deferred charges	120,768.	9	122,075.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,575,063.			
	b Less: accumulated depreciation	10b 2,753,216.	914,921.	10c 821,847.	
	11 Investments - publicly traded securities	640,161.	11	723,465.	
	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	3,188,039.	15	3,694,895.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,432,404.	16	11,856,197.		
Liabilities	17 Accounts payable and accrued expenses	2,010,889.	17	1,883,489.	
	18 Grants payable		18		
	19 Deferred revenue	1,231,755.	19	165,344.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	850,000.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	3,408,813.	25	3,449,221.	
	26 Total liabilities. Add lines 17 through 25	7,501,457.	26	5,498,054.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,910,274.	27	3,171,104.	
	28 Temporarily restricted net assets	2,020,673.	28	3,187,039.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	10,930,947.	33	6,358,143.	
34 Total liabilities and net assets/fund balances	18,432,404.	34	11,856,197.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization CATHOLIC MEDICAL MISSION BOARD	Employer identification number 13-5602319
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,092,484.	200,979,515.	206,914,220.	280,218,876.	179,707,372.	1018912467.
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	151,092,484.	200,979,515.	206,914,220.	280,218,876.	179,707,372.	1018912467.
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)						498,897,294.
6 Public support. Subtract line 5 from line 4.						520,015,173.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	151,092,484.	200,979,515.	206,914,220.	280,218,876.	179,707,372.	1018912467.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244,484.	267,821.	220,713.	135,364.	97,603.	965,985.
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 IV.)						
11 Total support. Add lines 7 through 10						1019878452.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	50.99	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	48.42	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

CATHOLIC MEDICAL MISSION BOARD

13-5602319

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CATHOLIC MEDICAL MISSION BOARD	Employer identification number 13-5602319
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>ABBOTT LABS</u> <u>100 ABBOTT PART ROAD, DEPT. 383, BLDG</u> <u>AP6D-2</u> <u>ABBOTT PART, IL 60064</u>	\$ <u>6,708,808.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>BOEHRINGER INGELHEIM LTD.</u> <u>900 RIDGEBURY ROAD/PO BOX 368</u> <u>RIDGEFIELD, CT 06877</u>	\$ <u>26,289,095.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>BROTHERS BROTHER</u> <u>1200 GALVESTON AVENUE</u> <u>PITTSBURGH, PA 15233</u>	\$ <u>10,720,859.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>CATHOLIC RELIEF SERVICES</u> <u>209 WEST FAYETTE STREET</u> <u>BALTIMORE, MD 21201-3443</u>	\$ <u>4,984,621.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>ELI LILLY & CO.</u> <u>LILLY CORPORATE CENTER</u> <u>INDIANAPOLIS, IN 46285</u>	\$ <u>10,790,189.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>JOHNSON & JOHNSON</u> <u>ONE JOHNSON & JOHNSON PLAZA, WH7231</u> <u>NEW BRUNSWICH, NJ 08933</u>	\$ <u>12,117,206.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CATHOLIC MEDICAL MISSION BOARD	Employer identification number 13-5602319
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	TEVA PHARMACEUTICALS INC 1090 HORSHAM ROAD NORTH WALES, PA 19454-1090	\$ 18,020,248.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BOCA PHARMACAL 3550 NW 126TH AVENUE CORAL SPRINGS, FL 33065	\$ 15,407,135.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BRISTOL-MYERS SQUIBB 345 PARK AVENUE NEW YORK, NY 10154	\$ 9,394,994.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	PROMETHEUS INC 9410 CARROLL PARK DRIVE SAN DIEGO, CA 92121	\$ 5,062,482.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	RIVER'S EDGE PHARMACEUTICALS, LLC 5400 LAUREL SPRINGS PARKWAY # 504 SUWANEE, GA 30024-6082	\$ 3,832,824.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	UCB, INC 1950 LAKE PARK DRIVE SMYRNA, GA 30080	\$ 3,650,102.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CATHOLIC MEDICAL MISSION BOARD	Employer identification number 13-5602319
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 6,708,808.	09/30/10
2	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 26,289,095.	09/30/10
3	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 10,720,859.	09/30/10
5	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 10,790,189.	09/30/10
6	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 12,117,206.	09/30/10
7	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES	\$ 18,020,248.	09/30/10

Name of organization CATHOLIC MEDICAL MISSION BOARD	Employer identification number 13-5602319
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES _____ _____	\$ 15,407,135.	09/30/10
9	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES _____ _____	\$ 9,394,994.	09/30/10
10	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES _____ _____	\$ 5,062,482.	09/30/10
11	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES _____ _____	\$ 3,832,824.	09/30/10
12	PHARMACEUTICALS, EQUIPMENT, AND SUPPLIES _____ _____	\$ 3,650,102.	09/30/10
	_____ _____ _____	\$ _____	

Name of organization	Employer identification number
CATHOLIC MEDICAL MISSION BOARD	13-5602319

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

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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 SFAS 116 relating to these items:

a Revenues included in 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 are a significant use of its collection items

(check all that apply):

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

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

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,000.		57,000.
b Buildings		691,517.	644,804.	46,713.
c Leasehold improvements		1,574,031.	912,596.	661,435.
d Equipment		1,252,515.	1,195,816.	56,699.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				821,847.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	179,841,749.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	184,541,987.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,700,238.
4	Net unrealized gains (losses) on investments	4	90,125.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	37,309.
9	Total adjustments (net). Add lines 4 through 8	9	127,434.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,572,804.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	189968738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	90,125.
b	Donated services and use of facilities	2b	10,036,864.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	10,126,989.
3	Subtract line 2e from line 1	3	179841749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	179841749.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	194578851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,036,864.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	10,036,864.
3	Subtract line 2e from line 1	3	184541987.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	184541987.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: FIN 48 DISCLOSURE:

EFFECTIVE OCTOBER 1, 2009, THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109," NOW INCORPORATED IN ASC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. THE ADOPTION OF FIN 48 DID NOT HAVE AN EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION AS OF OCTOBER 1, 2009 OR THE ORGANIZATION'S CHANGES IN NET ASSETS AND CASH FLOWS FOR THE

Part XIV Supplemental Information (continued)

YEAR ENDED SEPTEMBER 30, 2010. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUATION OF GIFT ANNUITY PROGRAM PAYABLE: 7924.

CHANGE IN VALUATION OF CHARITABLE REMAINDER ANNUITY TRUST

OBLIGATION: -3273.

POSTRETIREMENT RELATED CHANGE OTHER THAN NET PERIODIC COST: 32658.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	Employer identification number
CATHOLIC MEDICAL MISSION BOARD	13-5602319

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	110	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	26402731.
CENTRAL AMERICA AND THE CARIBBEAN	2	39	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	118,020,491.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	15742980.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HEALING HELP	404,737.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HEALING HELP	5,175,147.
SOUTH AMERICA	1	1	PROGRAM SERVICES	HEALING HELP, HIV/AIDS AND IMCI	1,374,723.
SOUTH ASIA	0	0	PROGRAM SERVICES	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	213,158.
NORTH AMERICA (MEXICO)	0	0	PROGRAM SERVICES	HEALING HELP	52,310.
Totals	8	151			167386277.

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	10,479	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	3,338,386	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	6,320,629	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	52,360	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	41,332	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	385,051	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	1,370,129	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	1,544,676	PHARMACEUTICAL DONATIONS	MARKET VALUE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 204

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: CATHOLIC MEDICAL MISSION BOARD MONITORS THE USE OF GRANT FUNDS BY PERFORMING INITIAL EVALUATIONS OF THE GRANTEES AND THEN DESIGNS A MONITORING PROGRAM BASED ON THEIR MEASURED CAPACITY. THE MONITORING PLAN INCLUDES SITE VISITS THROUGHOUT THE YEAR, INDEPENDENT EXTERNAL AUDITS, AND THOROUGH REVIEW OF TECHNICAL AND FINANCIAL STATUS REPORTS.

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	10,618.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	10,983.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	31,762.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,623,532.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	484.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	679313.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	203811.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	220.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	34,918.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	30,570.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	9,009.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	966840.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	11,681.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	30,217.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	62,824.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	23,552.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	659854.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	37,386.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	22,425,841.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	42,932.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	4,403,456.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	37,406.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,457.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	156683.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	81,864.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	17,120.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	7,672,024.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	569,240.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	8,906.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	21,775.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	30,498.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	35,501.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,803,963.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,318,189.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	887,758.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	12,162.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	18,104.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	33,067.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	55,200.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	105,959.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	7,322,487.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	140,153.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,574,266.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	132,532.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	647,134.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	38,319.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	115,373.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	15,563.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	84,474.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	13,046,049.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	37,130.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	47,237.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	17,408.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	12,464.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	74,271.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	20,603.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	24,011.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	83,673.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	49,751.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	56,567.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,820,051.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	47,106.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	4,478.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	19,235.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	85,481.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	20,930.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	90,373.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	19,093.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	17,045.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,291,580.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,830.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	294086.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	21,412.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	34,934.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,175,756.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	18,871.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	425682.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	31,746.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	30,330.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	20,561,089.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	64,215.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	50,897.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	7,113.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,811,360.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,418.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	212329.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	32,946.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	6,633.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	361415.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	232105.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	1,492,263.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	84,639.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	288780.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	391634.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	79,067.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	532732.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	1,094,147.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	67,892.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	14,425.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	1,530.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	268,636.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	92,239.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	31,624.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	9,746,088.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	592,137.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	360,317.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		E. ASIA & THE PACIFIC	MEDICAL ASSISTANCE	0.	N/A	11,313.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		MIDDLE EAST & NORTH AFRICA	MEDICAL ASSISTANCE	0.	N/A	404,737.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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)
		NORTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	52,310.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	443,925.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	133,946.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	2,817,277.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	342,213.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	438,468.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	161,515.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	3,216.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	33,425.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	644,516.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	56,331.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	29,704.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	70,611.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	6,773.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	26,876.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	30,504.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	69,590.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	1,983.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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 AMERICA	MEDICAL ASSISTANCE	0.	N/A	114,490.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	929,514.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	28,499.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	46,328.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SOUTH ASIA	MEDICAL ASSISTANCE	0.	N/A	39,905.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	18,215.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	1,938,237.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	2,788.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	10,524.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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	MEDICAL ASSISTANCE	0.	N/A	74,000.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	23,092.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	1,675,809.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	214,487.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	45,200.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	11,056.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	50,321.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	1,065.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	10,938,787.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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	MEDICAL ASSISTANCE	0.	N/A	23,712.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	7,124,860.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	23,421.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	68,382.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	230711.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	19,691.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	31,757.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	103055.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	12,377.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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	MEDICAL ASSISTANCE	0.	N/A	25,273.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	264,696.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	47,848.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	6,563.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	99,707.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	20,627.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	28,561.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	20,446.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	115,421.	PHARMACEUTICAL DONATIONS	MARKET VALUE

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	CAPACITY BUILDING	11,846.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	15,466.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	275948.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	9,291.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	250765.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	287680.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	187376.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,690.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	635911.	EFT	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	CAPACITY BUILDING	196,278.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,954.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	213,567.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	211,197.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	18,350.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	220,364.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	136,382.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	14,201.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	5,804.	EFT	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	CAPACITY BUILDING	197,965.	EFT	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,292.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	10,000.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	24,859.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	20,996.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	18,879.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	48,762.	EFT	0.		
		SOUTH ASIA	CAPACITY BUILDING	50,840.	EFT	0.		
		SOUTH AMERICA	CAPACITY BUILDING	120,166.	EFT	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)
		CENTRAL AMERICA AND CARRIBEAN	CAPACITY BUILDING	15,165.	CHECK	0.		
		CENTRAL AMERICA AND CARRIBEAN	CAPACITY BUILDING	10,000.	CHECK	0.		
		CENTRAL AMERICA AND CARRIBEAN	CAPACITY BUILDING	15,301.	CHECK	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	29,188.	CHECK	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,573.	CHECK	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	14,345.	CHECK	0.		
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,711.	CHECK	0.		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **CATHOLIC MEDICAL MISSION BOARD** Employer identification number **13-5602319**

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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 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			
AMERGENT	PROFESSIONAL FUNDRAISING SERVIC		X	4720308.	707,438.	4012870.
MDS COMMUNICATIONS	PROFESSIONAL FUNDRAISING SERVIC		X	739,274.	170,322.	568,952.
Total				5459582.	877,760.	4581822.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AK, AL, AR, AZ, CA, CT, CO, FL, GA, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NH, NJ, NM, NY, OH, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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: Charitable 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. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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? **15a**

- 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? **17a**

- 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 ► \$ _____

	Yes	No
15a		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number
13-5602319

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION INTERNATIONAL 300 I STREET NE WASHINGTON, DC 20002	95-1922279	501(C)(3)	202,544.	0.			PROGRAM SERVICES - SUBGRANT WORK ON CDC ANISA GRANT IN SOUTHERN SUDAN
CHRISTAIN APPALACHIAN PROJECT PO BOX 55911 LEXINGTON, KY 40555-5911	61-0661137	501(C)(3)	0.	309,972.	MARKET VALUE	PHARMACEUTICAL DONATIONS	MEDICAL ASSISTANCE
MED SHARE INTL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	117,933.	MARKET VALUE	PHARMACEUTICAL DONATIONS	MEDICAL ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations **3.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: CATHOLIC MEDICAL MISSION BOARD MONITORS THE USE OF GRANT FUNDS BY PERFORMING INITIAL EVALUATIONS OF THE GRANTEES AND THEN DESIGNS A MONITORING PROGRAM BASED ON THEIR MEASURED CAPACITY. THE MONITORING PLAN INCLUDES SITE VISITS THROUGHOUT THE YEAR, INDEPENDENT EXTERNAL AUDITS, AND THOROUGH REVIEW OF TECHNICAL AND FINANCIAL STATUS REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input 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 (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input 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 (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN F GALBRAITH	(i)	212,210.	0.	0.	16,500.	1,503.	230,213.	180,771.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS GRAY	(i)	142,442.	0.	0.	0.	10,072.	152,514.	113,882.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RABIA MATHAI	(i)	151,041.	0.	0.	0.	4,151.	155,192.	137,106.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY JORDAN	(i)	195,935.	0.	0.	0.	18,949.	214,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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.**

Name of the organization **CATHOLIC MEDICAL MISSION BOARD** Employer identification number **13-5602319**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	4	19,994.	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	X	114	156,212,052.	FMV
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 IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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2009

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Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

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

BOARD, INC. HAS DELIVERED QUALITY HEALTHCARE SERVICES AND MEDICINES TO
PEOPLE IN NEED THROUGHOUT THE WORLD. THE ORGANIZATION BUILDS
SUSTAINABLE HEALTHCARE PROGRAMS THAT TARGET LEADING CAUSES OF ILLNESS,
SUFFERING AND DEATH. THE ORGANIZATION STRIVES TO STRENGTHEN LOCAL
CAPABILITIES THROUGH ITS PROGRAMS. THE HEALTHCARE PROGRAMS INCLUDE:
INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS, PRIMARY HEALTHCARE AND HIV
AND AIDS PREVENTION, TREATMENT OF HIV INFECTED INDIVIDUALS, VOLUNTARY
COUNSELING AND TESTING, IMPROVING ACCESS TO MEDICAL SERVICES, TRAINING
NURSES AND DOCTORS IN PREVENTION, CARE AND COUNSELING. THE ORGANIZATION
SHIPS MEDICINES AND SUPPLIES TO LOCAL CARE PROVIDERS IN RESOURCE POOR
COUNTRIES. THE ORGANIZATION ALSO PROVIDES DISASTER RELIEF TO REGIONS
HIT BY NATURAL OR POLITICAL CATASTROPHES.

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

COMMUNITIES AND INDIVIDUALS IN GREATEST NEED. IN 2010, CMMB'S LARGEST
INITIATIVES INCLUDED (1) PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF
HIV/AIDS (PMTCT) (2) CARE AND ANTIRETROVIRAL TREATMENT FOR PEOPLE
LIVING WITH HIV AND AIDS (3) INTEGRATED MATERNAL/CHILD HEALTH SERVICES
(4) DONATION OF MEDICINES AND MEDICAL SUPPLIES AND (5) PLACEMENT OF
HEALTHCARE PROFESSIONALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN SOUTH SUDAN, KENYA, SOUTH AFRICA AND ZAMBIA CMMB PROVIDES HIV
TESTING AND COUNSELING WITHIN PREVENTION AND PMTCT INITIATIVES. IN
2010, CMMB WAS ABLE TO TEST 119,087 PERSONS, A CRITICAL STEP TOWARDS

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CARE AND SUPPORT, OR MOTIVATION FOR LIFESTYLE CHANGES TO STAY NEGATIVE.

FIFTY-ONE PERCENT OF THE TESTED GROUP WERE PREGNANT WOMEN. CMMB

CONTINUES BUILDING A PROGRAM IN WHICH MEN WILL BECOME PART OF THE

SOLUTION TO PREVENTING TRANSMISSION OF THE HIV VIRUS FROM MOTHER TO

CHILD. THE PROGRAM ADDRESSES MALE ATTITUDES AND PRACTICES THAT

NEGATIVELY IMPACT WOMEN ATTENDING ANTENATAL CLINICS AND ACCESSING

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) SERVICES.

RECOGNIZING THAT MEN EXERT CONTROLLING INFLUENCE OVER ACTIONS TAKEN BY

THEIR WIVES, FEMALE PARTNERS AND CHILDREN, MEN TAKING ACTION

AGGRESSIVELY TARGETS MEN FOR EDUCATION ON PREVENTION OF HIV/AIDS

TRANSMISSION.

EXPENSES \$ 1281746. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CMMB PROVIDES MATERNAL AND CHILD HEALTH SERVICES USING THE INTEGRATED

MANAGEMENT OF CHILDHOOD AND NEONATAL ILLNESSES APPROACH. THIS INCLUDES

CASE MANAGEMENT OF CHILDREN UNDER FIVE FOR COMMON ILLNESSES AT

COMMUNITY LEVELS, AND REFERRALS TO CLINICS FOR CONDITIONS LIKE

PNEUMONIA. IN 2010, CMMB REACHED 16,273 CHILDREN UNDER FIVE AND THEIR

FAMILIES. ESSENTIAL TO THE PROGRAM IS BUILDING LONGER TERM CAPACITY IN

COMMUNITY HEALTH WORKERS, HEALTH PROFESSIONALS, AND PERSONS WHO MANAGE

STOCKS OF MEDICINES AND MEDICAL COMMODITIES.

EXPENSES \$ 779374. INCLUDING GRANTS OF \$ 166499. REVENUE \$ 0.

CMMB'S MEDICAL VOLUNTEER PROGRAM (MVP) PLACES LICENSED HEALTHCARE

PROFESSIONALS AT FAITH-BASED HEALTHCARE FACILITIES IN RESOURCE-POOR

COUNTRIES. DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS DEVOTE

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THEMSELVES TO HELPING THOSE MOST IN NEED FOR PERIODS RANGING FROM A FEW MONTHS TO A FEW YEARS. HEALTHCARE PROFESSIONALS IN A WIDE RANGE OF DISCIPLINES PARTICIPATE, WITH AN EMPHASIS ON PRIMARY HEALTHCARE. IN 2010, CMMB PLACED 1,663 MEDICAL VOLUNTEERS AT LOCATIONS IN 24 COUNTRIES IN AFRICA, ASIA, LATIN AMERICA AND THE CARIBBEAN.

EXPENSES \$ 523116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM ACTIVITIES INCLUDING PRIMARY HEALTHCARE AND LIFE-SKILLS TRAINING, NEGLECTED AND TROPICAL DISEASES, DISASTER RELIEF, VOLUNTARY MALE CIRCUMCISION, BEHAVIOR CHANGE COMMUNICATIONS, COMMUNITY MOBILIZATION AND STRATEGIC PLANNING. IN SOUTH SUDAN, SOUTH AFRICA, AND ZAMBIA CMMB PREVENTED DEATHS DUE TO HIV AND MALARIA. CMMB PROVIDES EVIDENCE-BASED BEHAVIOR CHANGE MESSAGES TO COUPLES, YOUTH, MEN AND WOMEN (>25 PERSONS PER GROUP). CMMB ALSO HELD HEALTH TALKS TO SAVE THE LIVES OF WOMEN AND INFANTS DUE TO MALARIA. DURING 2010, CMMB REACHED 146,915 PERSONS WITH EDUCATIONAL HEALTH TALKS INCLUDING MESSAGES THAT SAVE LIVES. CMMB ALSO DISTRIBUTED MEDICAL COMMODITIES LIKE INSECTICIDE TREATED BED NETS AND TRAINED HEALTH WORKERS TO PRESCRIBE ANTI-MALARIAL MEDICATIONS TO WOMEN IN PREGNANCY. IN KENYA AND UGANDA, CMMB BEGAN A PILOT INITIATIVE FOR YOUNG AND ADULT MEN TO REDUCE LIFETIME RISK OF HIV ACQUISITION BY 60%- VOLUNTARY MALE CIRCUMCISION. IN THE FISCAL YEAR 2010, CMMB REACHED 15,466 WITH CIRCUMCISION AND TESTED 12,117 OF THESE. CMMB ALSO STRENGTHENS THE HUMAN RESOURCES IN COUNTRIES WE WORK - TRAINING DIFFERENT CADRES OF HEALTH PROFESSIONALS AND COMMUNITY HEALTH WORKERS. IN 2010, CMMB TRAINED 431 HEALTH PROFESSIONALS AND 762

COMMUNITY HEALTH WORKERS IN THE ABOVE PROGRAM AREAS. IN ADDITION, CMMB

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EQUIPPED AND TRAINED THESE PERSONS WITH MONITORING AND EVALUATION TOOLS
SO THEIR EFFORTS WILL BE FEEDING INTO HEALTH INFORMATION AT DISTRICT,
STATE AND NATIONAL LEVELS. CMMB PROVIDES REGULAR DATA QUALITY AUDITS
WITH IN-COUNTRY M&E OFFICERS.

EXPENSES \$ 885175. INCLUDING GRANTS OF \$ 253161. REVENUE \$ 0.

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

KENYA, SOUTH AFRICA, ZAMBIA, HONDURAS,

HAITI, INDIA, SUDAN

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS POSTED ON THE BOARD
INTRANET AND REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. THE 990 IS THEN
POSTED FOR THE FULL BOARD'S REVIEW AND COMMENT PRIOR TO FILING WITH THE
IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
INCLUDED IN THE EMPLOYEE HANDBOOK AND IS POSTED ON THE EMPLOYEE INTRANET.
ALL STAFF SIGN WHEN THEY HAVE READ AND UNDERSTAND THE EMPLOYEE HANDBOOK.
ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ON AN
ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE APPROVES
THE COMPENSATION OF THE CEO BASED ON COMPARATIVE DATA IN A FORMAL,
DELIBERATE, CONTEMPORANEOUS SUBSTANTIATED DECISION-MAKING PROCESS. THE
CHAIRMAN OF THE BOARD REVIEWS THE CEO'S FISCAL YEAR PERFORMANCE RESULTS
WITH THE CEO FOLLOWED BY THE CHAIRMAN'S PRESENTATION AND SHARING OF THE

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DATA WITH OTHER MEMBERS OF THE CMMB EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS THE FISCAL YEAR PERFORMANCE PLAN, SUCCESS MEASURES AND THE RESULTS, PLUS DETAILED, RELEVANT CEO SALARY SURVEY DATA TO SUPPORT THE DECISION-MAKING PROCESS. THE FINAL DECISION IS SUBSEQUENTLY RELAYED TO THE CEO.

THE OFFICERS/EXECUTIVE TEAM MEMBERS HAVE INDIVIDUAL PERFORMANCE REVIEWS WITH THEIR SUPERVISOR, THE CEO. THE REVIEW ENTAILS MUTUAL ANALYSIS OF FISCAL YEAR PERFORMANCE PLANS, SUCCESS MEASURES AND ACTUAL RESULTS. THE CEO IS PROVIDED WITH DETAILED, RELEVANT SALARY SURVEY DATA AS ADDITIONAL MATERIAL FOR ANY PLANNED SALARY ACTIONS. THE APPROVED SALARY ADJUSTMENTS FOR THE KEY EMPLOYEES/EXECUTIVE TEAM MEMBERS ARE FORWARDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS TO VERIFY COMPLIANCE WITH THE CMMB SALARY PROGRAM, TO CONFIRM THE CEO'S VERIFICATION OF THE INDIVIDUAL PERFORMANCE RESULTS AND TO CONFIRM ADHERENCE TO THE CURRENT CMMB BUDGET PLANS AND CONSTRAINTS.

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

AZ, AR, CO, FL, GA, IL, KS, LA, MD, MA, ND, OK, SC, TN, KY

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT

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HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.