

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EXTENSION ATTACHED CATHOLIC MEDICAL MISSION BOARD, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 WEST 17TH STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10011-5701	D Employer identification number 13-5602319
	E Telephone number (212) 242-7757	G Gross receipts \$ 283,534,932.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number ▶ 0928
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ CMMB.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1928 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CATHOLIC MEDICAL MISSION BOARD, INC. (THE "ORGANIZATION" OR "CMMB"), A NONPROFIT CORPORATION,
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5	Total number of employees (Part V, line 2a) 5 123
	6	Total number of volunteers (estimate if necessary) 6 548
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 206,914,220. 280,218,876.
	9	Program service revenue (Part VIII, line 2g)
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 121,509. <554,339.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 207,035,729. 279,664,537.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 191,378,092. 269,294,266.
	14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,627,403. 6,679,984.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 985,660. 481,136.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,408,130.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,087,264. 6,922,567.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 208,078,419. 283,377,953.
	19	Revenue less expenses. Subtract line 18 from line 12 <1,042,690.> <3,713,416.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Beginning of Year 24,488,715. End of Year 18,432,404.
	21	Total liabilities (Part X, line 26) 10,047,387. 7,501,457.
	22	Net assets or fund balances. Subtract line 21 from line 20 14,441,328. 10,930,947.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	THOMAS GRAY CFO	5-14-10
Paid Preparer's Use Only	Preparer's signature	Date
	MARKS PANETH & SHRON LLP	5/14/10
Firm's name (or yours if self-employed), address, and ZIP + 4	622 THIRD AVENUE	Check if self-employed <input type="checkbox"/>
	NEW YORK, NY 10017	Preparer's identifying number (see instructions)
EIN ▶		Phone no. ▶ 212 503-8800

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ROOTED IN THE HEALING MINISTRY OF JESUS, CATHOLIC MEDICAL MISSION BOARD, INC. WORKS COLLABORATIVELY TO PROVIDE QUALITY HEALTHCARE PROGRAMS AND SERVICES, WITHOUT DISCRIMINATION, TO PEOPLE IN NEED AROUND THE WORLD.

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

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

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

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

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 266,073,567. including grants of \$ 265,142,972.) (Revenue \$)

HEALING HELP. CMMB'S PHARMACEUTICAL DONATIONS PROGRAM RESPONDS TO THE DIRE SHORTAGE OF QUALITY MEDICINES AND PRIMARY HEALTHCARE IN RESOURCE-POOR COUNTRIES. IN FY2009, CMMB MADE 431 SHIPMENTS OF PHARMACEUTICALS AND MEDICAL SUPPLIES VALUED AT US\$265 MILLION TO RECIPIENTS IN 39 COUNTRIES. CMMB RECEIVES GENEROUS DONATIONS OF HIGH-QUALITY MEDICINES AND OTHER PRODUCTS FROM OUR PARTNERS IN THE PHARMACEUTICAL AND MEDICAL SUPPLIES INDUSTRIES. CMMB THEN SHIPS MUCH NEEDED MEDICINES AND SUPPLIES TO LOCATIONS WORLDWIDE, IN RESPONSE TO REQUESTS FROM OUR IN-COUNTRY PARTNERS. CMMB IS A FOUNDING MEMBER OF THE PARTNERSHIP FOR QUALITY MEDICAL DONATIONS (PQMD) WHICH IS AN ALLIANCE WITH PRIVATE VOLUNTARY ORGANIZATIONS AND MEDICAL PRODUCT MANUFACTURERS DEDICATED TO RAISING THE STANDARDS OF MEDICAL DONATIONS TO MEET THE

4b (Code:) (Expenses \$ 5,609,070. including grants of \$ 3,048,265.) (Revenue \$)

AIDSRELIEF. CMMB'S CAPACITY BUILDING INITIATIVES SUPPORT HIV AND AIDS PROGRAMS THAT STRIVE TO REDUCE 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.

4c (Code:) (Expenses \$ 1,962,920. including grants of \$ 251,636.) (Revenue \$)

BORN TO LIVE. CMMB'S PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) PROGRAM PROVIDED SERVICES IN KENYA, ZAMBIA AND HAITI. OUR EFFORTS CONTRIBUTE TO THE REDUCTION IN HIV TRANSMISSION, PROVIDE NEVIRAPINE TO MOTHERS AND THEIR BABIES AND DELIVER QUALITY HEALTHCARE AND SUPPORT FOR THOSE INFECTED.

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

(Expenses \$ 3,360,759. including grants of \$ 851,393.) (Revenue \$)

4e **Total program service expenses** ▶ \$ 277,006,316. (Must equal Part IX, Line 25, column (B).)

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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>		
6 Did the organization maintain any donor advised funds or any 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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

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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	56
1b	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	X
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	123
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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	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)?	4a	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	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: N/A		
a	Gross income from members or shareholders	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 N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	19
b Enter the number of voting members that are independent	1b	18
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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	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?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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?	15a	X
b Other officers or key employees of the organization?	15b	X
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?	16a	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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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				209,880.	0.	31,148.
FACHE CHRIS ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN E. CELENTANO BOARD MEMBER	1.00	X						0.	0.	0.
MICHEAL DORING CONNELLY TREASURER	1.00	X		X				0.	0.	0.
NICHOLAS D'AGOSTINO, JR. BOARD MEMBER	1.00	X						0.	0.	0.
SR. PATRICIA ECK, C.B.S. BOARD MEMBER	1.00	X						0.	0.	0.
JEANMARIE C. GRISI BOARD MEMBER	1.00	X						0.	0.	0.
JOHN D. HERICK BOARD MEMBER	1.00	X						0.	0.	0.
AMBAS. BRADLEY P. HOLMES BOARD MEMBER	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	1.00	X						0.	0.	0.
E. ANNE PETERSON, M.D., 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	1.00	X						0.	0.	0.
MARY COLLEEN SCANLON, R. SECRETARY	1.00	X		X				0.	0.	0.
REV. PETER SCHINELLER 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			
F. WILLIAM SMULLEN, III BOARD MEMBER	1.00	X						0.	0.	0.
MOST REV. JOE M. SULLIVAN CHAIRMAN	1.00	X						0.	0.	0.
THOMAS GRAY CFO	35.00			X				136,791.	0.	15,051.
RABIA MATHAI SVP - POLICY & PLANNING	35.00			X				164,463.	0.	18,344.
JEFFREY JORDAN SVP, PROGRAMS	35.00			X				0.	0.	0.
ADRIAN KERRIGAN SVP, ADVANCEMENT	35.00			X				0.	0.	0.
ALBERT BRILL DIRECTOR OF PHILANTHROPY	35.00					X		149,411.	0.	23,092.
BARBARA WRIGHT DIRECTOR, COMMUNICATIONS	35.00					X		128,446.	0.	5,361.
SALVADOR DE LA TORRE COUNTRY DIRECTOR, KENYA	35.00					X		115,417.	0.	15,461.
RICARDO RIVERA DIRECTOR, IT	35.00					X		112,335.	0.	8,003.
1b Total								1,016,743.	0.	116,460.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

7

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

Yes No

3 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

4 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

5 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 FUNDRAISING AND DATA	2,063,135.
IDP CONSULTING, 100 JERICHO QUADRANGLE SUITE 314, JERICHO, NY 11753	IT SUPPORT	245,331.
WALDORF ASSOCIATES P.O. BOX 590, HUNTINGTON, NY 11743	INSURANCE SERVICES	201,742.
PKF 29 BROADWAY, NY, NY 10006	AUDIT AND ACCOUNTING	177,840.
MDS COMMUNICATIONS P.O. BOX 16006, PHOENIX, AZ 85011	TELEPHONE FUNDRAISING	174,919.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	922,924.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	279,295,952.			
	g	Noncash contributions included in lines 1a-1f: \$		262,346,098.			
	h	Total. Add lines 1a-1f		280,218,876.			
	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)		135,364.			135,364.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
		Gross Rents					
		Less: rental expenses					
		Net rental income or (loss)					
	7 a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
		Net gain or (loss)					
	8 a	(i) Securities		(ii) Other			
		Gross income from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
		Net gain or (loss)					
	9 a	(i) Securities		(ii) Other			
		Gross income from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
		Net gain or (loss)					
	10 a	(i) Securities		(ii) Other			
Gross income from sales of assets other than inventory							
Less: cost or other basis and sales expenses							
Net gain or (loss)							
11 a	(i) Securities		(ii) Other				
	Gross income from sales of assets other than inventory						
	Less: cost or other basis and sales expenses						
	Net gain or (loss)						
Miscellaneous Revenue							
Business Code							
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			279,664,537.	0.	0.	<554339.>

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				
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	269,294,266.	269,294,266.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	764,068.	334,190.	402,955.	26,923.
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	4,669,223.	2,815,480.	723,692.	1,130,051.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,092.	63,172.	9,959.	32,961.
9 Other employee benefits	876,998.	456,505.	216,898.	203,595.
10 Payroll taxes	263,603.	137,619.	66,619.	59,365.
11 Fees for services (non-employees):				
a Management				
b Legal	49,856.		42,780.	7,076.
c Accounting	187,820.		187,820.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	481,136.			481,136.
f Investment management fees	613,539.	202,321.	328,391.	82,827.
g Other	844,825.	561,607.	198,785.	84,433.
12 Advertising and promotion	64,419.	33,700.	1,242.	29,477.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	315,899.	279,119.	36,780.	
17 Travel	708,918.	591,045.	71,213.	46,660.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	709,094.	674,455.	30,002.	4,637.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,176.	38,344.	89,832.	
23 Insurance	142,973.	54,238.	88,735.	
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	940,773.	880,673.	54,470.	5,630.
b POSTAGE AND MAILING	762,804.	22,356.	8,822.	731,626.
c SERVICE CONTRACTS	432,834.	67,203.	238,147.	127,484.
d PRINTING	342,687.	23,829.	81.	318,777.
e TELEPHONE/COMMUNICATION	227,567.	107,974.	110,154.	9,439.
f All other expenses	450,383.	368,220.	56,130.	26,033.
25 Total functional expenses. Add lines 1 through 24f	28,337,7953.	27,700,6316.	2,963,507.	3,408,130.
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	1,275,719.	1	940,725.
	2 Savings and temporary cash investments	229,420.	2	13,105.
	3 Pledges and grants receivable, net	52,799.	3	109,306.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	15,713,323.	8	12,505,379.
	9 Prepaid expenses and deferred charges	154,611.	9	120,768.
	10a Land, buildings, and equipment: cost basis ... 10a 3,546,054.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 2,631,133.	1,043,097.	10c	914,921.
	11 Investments - publicly traded securities	2,853,913.	11	640,161.
	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	3,165,833.	15	3,188,039.
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,488,715.	16	18,432,404.	
Liabilities	17 Accounts payable and accrued expenses	4,856,134.	17	2,010,889.
	18 Grants payable		18	
	19 Deferred revenue	1,881,196.	19	1,231,755.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		23	850,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,310,057.	25	3,408,813.
	26 Total liabilities. Add lines 17 through 25	10,047,387.	26	7,501,457.
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	12,814,829.	27	8,910,274.
	28 Temporarily restricted net assets	1,626,499.	28	2,020,673.
	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	14,441,328.	33	10,930,947.
	34 Total liabilities and net assets/fund balances	24,488,715.	34	18,432,404.

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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 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?	2c	X
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	X

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public Inspection

13-5602319

1 ☐ A church, convention, or association 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).** (Attach Schedule H.)

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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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?

(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? ☐ Yes ☐ No

(ii) A family member of a person described in (i) above? ☐ Yes ☐ No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No

h Provide the following information about the organizations the organization supports.

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	196,098,244.	151,092,484.	200,979,515.	206,914,220.	280,218,876.	1035303339.
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 - 3	196,098,244.	151,092,484.	200,979,515.	206,914,220.	280,218,876.	1035303339.
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)						533,483,507.
6 Public Support. Subtract line 5 from line 4.						501,819,832.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	196,098,244.	151,092,484.	200,979,515.	206,914,220.	280,218,876.	1035303339.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293,484.	244,484.	267,821.	220,713.	135,364.	1,161,866.
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						1036465205.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	48.42 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	48.95 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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"/>

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD, INC.

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 taxable
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, violations, and
enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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 Investment earnings or 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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) Depreciation	(d) Book value
1a Land		57,000.		57,000.
b Buildings		691,517.	630,974.	60,543.
c Leasehold improvements		1,574,031.	839,506.	734,525.
d Equipment		1,223,506.	1,160,653.	62,853.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				914,921.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	279,664,537.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	283,377,953.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<3,713,416.>
4	Net unrealized gains (losses) on investments	4	413,572.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<210,537.>
9	Total adjustments (net). Add lines 4-8	9	203,035.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<3,510,381.>

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	285802328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	413,572.
b	Donated services and use of facilities	2b	5,724,219.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,137,791.
3	Subtract line 2e from line 1	3	279664537.
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 should equal Form 990, Part I, line 12.)	5	279664537.

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

1	Total expenses and losses per audited financial statements	1	289102172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,724,219.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	5,724,219.
3	Subtract line 2e from line 1	3	283377953.
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 should equal Form 990, Part I, line 18.)	5	283377953.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUATION OF GIFT ANNUITY PROGRAM PAYABLE: -197327.

CHANGE IN VALUATION OF CHARITABLE REMAINDER ANNUITY TRUST

OBLIGATION: -7818.

POSTRETIREMENT RELATED CHANGE OTHER THAN NET PERIODIC COST: -5392.

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

CATHOLIC MEDICAL MISSION BOARD, INC.

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 in region
SUB-SAHARAN AFRICA	3	65	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	22795440.
CENTRAL AMERICA AND THE CARIBBEAN	2	13	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	135,881,519.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	100,099,101.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HEALING HELP	751,378.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HEALING HELP	9,102,071.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALING HELP	291,220.
SOUTH ASIA	0	0	PROGRAM SERVICES	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	373,537.
Totals	5	78			269294266.

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

Schedule F (Form 990) 2008

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 AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	4,188,409	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	101,791	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	48,971	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	19,801	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	40,039	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	70,660	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	29,989	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0	N/A	41,875	PHARMACEUTICAL DONATIONS	MARKET VALUE
2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 171								
3	Enter total number of other organizations or entities 0								

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other 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 or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	117735.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	126005.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	60,886.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	72,223.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	28,517.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	461292.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	5,583,776.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	6,215.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	361680.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	315538.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	10,050,216.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	76,252.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	15,595.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,699,328.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	56,750.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	24,994,570.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	215559.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	4,639,982.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	69,922.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	262,125.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,602,121.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	102,478.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	396,147.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	36,629.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,060,990.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	281,280.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	25,891.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	10,807,768.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	36,700.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	200,372.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	22,932.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,217,457.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	87,011.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	15,821.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	96,959.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	52,886.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		56,750.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		1,394,187.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		7,661,266.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		10,267,479.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		102801.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		4,419,056.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		374178.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		80,354.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		119112.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	58,181.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	8,503.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	26,490.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	55,679.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	31,934.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	44,015.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,240,073.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	16,113,074.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	560040.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		5,050.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		8,000.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN; SUB-SAHARAN	MEDICAL ASSISTANCE	0. N/A		17,958,780.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		243,342.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		627,968.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		27,896,903.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		72,041.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		58,963.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		1,217,870.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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)
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		15,237.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		1,797,712.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		118,424.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		18,256.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		562,154.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		5,813,624.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		46,304.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		140,141.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		182,974.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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)
			EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		10,225.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		2,807,778.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		88,501.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		971,963.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EAST ASIA AND THE PACIFIC	MEDICAL ASSISTANCE	0. N/A		26,384,729.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EAST ASIA AND THE PACIFIC; CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		31,001,376.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			EUROPE; CENTRAL AMERICA AND THE CARIBBEAN	MEDICAL ASSISTANCE	0. N/A		74,680.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0. N/A		601,343.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			MIDDLE EAST AND NORTH AFRICA	MEDICAL ASSISTANCE	0. N/A		150,035.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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	8,758.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES					PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	817,766.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES				34,474.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	370,321.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES				107,587.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES	MEDICAL ASSISTANCE	0.	N/A	1,227,564.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES				115,938.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			RUSSIA AND NEWLY INDEPENDENT STATES; CENTRAL AMERICA;	MEDICAL ASSISTANCE	0.	N/A	6,428,421.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	8,840.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
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	6,384.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	22,487.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	51,529.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	101458.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	8,055.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	80,264.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	33,971.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	2,913,192.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	72,232.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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	374,289.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	40,775.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	121,354.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	11,144.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	11,596.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	6,432,306.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	155,697.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	7,488,020.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0.	N/A	63,787.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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		764518.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		410729.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		263882.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		38,180.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		28,951.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		5,625.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		97,381.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		23,611.	PHARMACEUTICAL DONATIONS	MARKET VALUE
			SUB-SAHARAN AFRICA	MEDICAL ASSISTANCE	0. N/A		30,822.	PHARMACEUTICAL DONATIONS	MARKET VALUE

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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; NORTH AMERICA	MEDICAL ASSISTANCE	0. N/A		80,087.	PHARMACEUTICAL DONATIONS	MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	84,606.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	17,743.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	21,598.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	163,426.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	84,707.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	11,695.	CHECK	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	18,847.	EFT	0. N/A		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	12,781.	EFT	0. N/A		N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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)
			EAST ASIA AND THE PACIFIC	CAPACITY BUILDING	15,811.EFT		0.N/A		N/A
			SOUTH AMERICA	CAPACITY BUILDING	12,203.EFT		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	81,042.CHECK		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	9,482.CHECK		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	96,567.CHECK		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	87,743.CHECK		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	66,608.CHECK		0.N/A		N/A
			SOUTH ASIA	CAPACITY BUILDING	32,095.CHECK		0.N/A		N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	64,591.EFT		0.N/A		N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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	7,302	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	612,443	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	250,198	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	172,936	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	129,879	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,604	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	248,238	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,328	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,477	CHECK & EFT	0	N/A	N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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	285102	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	207327	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	15,501	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	5,289	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	194664	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	122781	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	250408	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	241740	CHECK & EFT	0	N/A	N/A
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	188691	CHECK & EFT	0	N/A	N/A

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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	7,134	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,870	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,281	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,046	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	5,177	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,604	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,322	CHECK & EFT	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	24,171	CHECK	0	N/A	N/A
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	22,278	CHECK	0	N/A	N/A

Schedule F-1 (Form 990) 2008

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD, INC.

Employer identification number
13-5602319

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.	
---------------	---	--

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

- a ☒ Mail solicitations
b ☐ 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. Form 990-EZ filers are not required to complete this table.

(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 SERVICE		X	3060659.	339,097.	2721562.
MDS COMMUNICATIONS	PROFESSIONAL FUNDRAISING SERVICE		X	193,409.	142,039.	51,370.
Total				3254068.	481,136.	2772932.

- 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 revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				()
9 Net income summary. Combine lines 3 and 8 in column (d)					

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				
2 Cash prizes				
3 Non-cash 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 lines 1 and 7 in column (d)				

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? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Provide 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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

CATHOLIC MEDICAL MISSION BOARD, INC.

Employer identification number

13-5602319

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input 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) |

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

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

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.

- | | |
|---|---|
| <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 |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No. 1545-0047

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CATHOLIC MEDICAL MISSION BOARD, INC.

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				
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	X	1	444,071.FMV	
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	33	261,902,027.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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2008

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD, INC.

Employer identification number

13-5602319

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

DELIVERS 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 PROVIDED 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS

NEEDS FOR UNDERSERVED POPULATIONS AND DISASTER VICTIMS AROUND THE
WORLD.

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

MEN TAKING ACTION. 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 WILL

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

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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AGGRESSIVELY TARGET MEN FOR EDUCATION ON PREVENTION OF HIV/AIDS
TRANSMISSION.

EXPENSES \$ 922924. INCLUDING GRANTS OF \$ 0. 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
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
2009, CMMB PLACED 548 MEDICAL VOLUNTEERS AT LOCATIONS IN 27 COUNTRIES
IN AFRICA, ASIA, LATIN AMERICA AND THE CARIBBEAN.

EXPENSES \$ 498156. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IMCI. MILLIONS OF CHILDREN NEEDLESSLY FALL VICTIM EACH YEAR TO DISEASES
WHICH ARE EASILY PREVENTABLE OR TREATABLE. ACCION POR LA SALUD FAMILIAR
(ACTION FOR FAMILY HEALTH) IS A COMMUNITY-BASED PROGRAM FROM CMMB THAT
WORKS TO IMPROVE FAMILY HEALTH IN THE CARIBBEAN AND LATIN AMERICA BY
ADDRESSING THESE DISEASES AMONG CHILDREN UNDER FIVE YEARS OF AGE.

EXPENSES \$ 219548. INCLUDING GRANTS OF \$ 185666. REVENUE \$ 0.

OTHER PROGRAM ACTIVITIES INCLUDING PRIMARY HEALTHCARE AND LIFE-SKILLS
TRAINING, DISASTER RELIEF, PROGRAM COMMUNICATIONS AND STRATEGIC
PLANNING.

EXPENSES \$ 1720131. INCLUDING GRANTS OF \$ 665727. REVENUE \$ 0.

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

KENYA, SOUTH AFRICA, ZAMBIA, HONDURAS,

HAITI, INDIA

FORM 990, PART VI, SECTION A, LINE 10: 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 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.

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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,WA

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 THE ORGANIZATION RETAINED MARKS PANETH & SHRON LLP AS A NEW AUDITOR DURING THE FISCAL YEAR, AFTER A COMPREHENSIVE RFP AND EVALUATION PROCESS. OVERSIGHT OF THE EXTERNAL AUDIT AND SELECTION OF THE AUDITORS IS DONE BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.