

# 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.

**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CATHOLIC MEDICAL MISSION BOARD</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>10 WEST 17TH STREET</b> City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10011-5701</b> <b>F</b> Name and address of principal officer: <b>JOHN F. GALBRAITH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-5602319</b> <b>E</b> Telephone number <b>(212) 242-7757</b> <b>G</b> Gross receipts \$ <b>306,028,729.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>0928</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>CMMB.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1928</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SINCE ITS INCEPTION IN 1912 (PRIOR TO LEGAL FORMATION IN 1928), THE CATHOLIC MEDICAL MISSION</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>240</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>983</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>179,707,372.</b>	<b>304,912,375.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>134,377.</b>	<b>185,690.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>179,841,749.</b>	<b>305,098,065.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>168,016,726.</b>	<b>238,754,547.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>7,087,999.</b>	<b>8,137,426.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,025,427.</b>	<b>877,760.</b>	<b>1,037,156.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>8,559,502.</b>	<b>9,965,787.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>184,541,987.</b>	<b>257,894,916.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-4,700,238.</b>	<b>47,203,149.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>11,856,197.</b>	<b>60,205,046.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>5,498,054.</b>	<b>6,646,367.</b>
		<b>6,358,143.</b>	<b>53,558,679.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JOHN F. GALBRAITH, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH KANJAMALA</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <b>MARKS PANETH &amp; SHRON LLP</b> Firm's address ▶ <b>622 THIRD AVENUE NEW YORK, NY 10017</b>	Firm's EIN ▶ Phone no. <b>212 503-8800</b>

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 236,223,821. including grants of \$ 235,117,881. ) (Revenue \$ ) HEALING HELP IS THE NAME OF CMMB'S PROGRAM OF DONATED MEDICINES AND MEDICAL SUPPLIES. IN FISCAL 2011, 287 SHIPMENTS VALUED AT \$235,117,881 WERE DELIVERED TO 132 PARTNERS IN 35 COUNTRIES. HEALING HELP HAS, AS ONE OF ITS PRIORITIES, THE PROVISION OF DONATIONS IN SUPPORT OF CMMB'S DISEASE-SPECIFIC PROGRAMS. THOSE GIFTS OF MEDICINES AND MEDICAL SUPPLIES HELP INCREASE THE CAPACITY OF HEALTHCARE SERVICES PROVIDERS AND MAKE THEM MORE SUSTAINABLE OVER TIMES. IN ADDITION, HEALING HELP PROGRAM IS GEARED TO QUICKLY AND EFFECTIVELY PROVIDE MEDICINES AND MEDICAL SUPPLIES WHEN EMERGENCY RELIEF IS REQUIRED.

4b (Code: ) (Expenses \$ 536,322. including grants of \$ ) (Revenue \$ ) 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 2011, CMMB PLACED 1,001 MEDICAL VOLUNTEERS AT LOCATIONS IN 24 COUNTRIES IN AFRICA, ASIA, LATIN AMERICA AND THE CARIBBEAN.

4c (Code: ) (Expenses \$ 8,134,211. including grants of \$ 2,724,254. ) (Revenue \$ ) CMMB'S CAPACITY BUILDING INITIATIVES SUPPORT HIV AND AIDS PROGRAMS THAT STRIVE TO REDUCE AND PREVENT HIV PREVELANCE AND IMPROVE SERVICES AVAILABLE TO INDIVIDUALS, FAMILIES AND COMMUNITIES. CMMB IS A MEMBER OF THE AIDSRELIEF CONSORTIUM, WORKING TO EXPAND THE DELIVERY OF ANTIRETROVIRAL THERAPIES TO HIV-INFECTED PERSONS IN AFRICA AND THE CARIBBEAN. IN 2011 CMMB TESTED 115,878 PEOPLE FOR HIV. CMMB ALSO PROVIDED 127,499 PEOPLE LIVING WITH HIV/AIDS WITH TREATMENT. IN 2011, CMMB CIRCUMCISED 15,500 MEN IN SOUTH AFRICA, KENYA, UGANDA AND ZAMBIA AS PART OF A COMPREHENSIVE PREVENTION AND TREATMENT PORTFOLIO OF HIV/AIDS SERVICE PROVISION INCLUDING COUNSELING AND TESTING AND COMMUNITY OUTREACH.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,303,215. including grants of \$ 912,412. ) (Revenue \$ )

4e Total program service expenses 250,197,569.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8 (Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations), 9 (Sponsoring organizations maintaining donor advised funds), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), and 13 (Section 501(c)(29) qualified nonprofit health insurance issuers).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b> 21		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>			
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>12c</b>			
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization	X	
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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: **ROY HUNTER - 212-609-2591**  
**10 WEST 17TH STREET, NEW YORK, NY 10011**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			282,018.	0.	62,402.	
CHRIS ALLEN, FACHE TREASURER	1.00	X		X			0.	0.	0.	
JOHN E. CELENTANO BOARD MEMBER	1.00	X					0.	0.	0.	
MICHEAL DORING CONNELLY CHAIR	1.00	X					0.	0.	0.	
NICHOLAS D'AGOSTINO, III BOARD MEMBER	1.00	X					0.	0.	0.	
JEAN MARIE GRISI BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN D. HERRICK BOARD MEMBER	1.00	X					0.	0.	0.	
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.	
ROBERT E. ROBOTTI BOARD MEMBER	1.00	X					0.	0.	0.	
MARY COLLEEN SCANLON, R.N., J.D. SECRETARY	1.00	X		X			0.	0.	0.	
REV. PETER SCHINELLER, S.J. BOARD MEMBER	1.00	X					0.	0.	0.	
F. WILLIAM SMULLEN, III VICE CHAIR	1.00	X					0.	0.	0.	
AMBAS. MARK R. DYBUL, M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
SISTER PATRICIA ECK, C.B.S. BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHANIE L FERGUSON, PHD,RN,FAAN BOARD MEMBER	1.00	X					0.	0.	0.	
MARIA ROSA ROBINSON, M.D., MBA BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MICHAEL J. SEERGY BOARD MEMBER	1.00	X					0.	0.	0.	
BILL WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
MOST REV. JOSEPH M. SULLIVAN, DD BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN A. MATTHEWS, JR., ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS GRAY CFO AND SVP OPERATIONS	35.00			X			174,365.	0.	42,943.	
ALANA GOOLEY VP OF OPERATIONS	35.00			X			136,700.	0.	27,870.	
JEFFREY JORDAN SVP, PROGRAMS	35.00			X			207,759.	0.	57,583.	
ADRIAN KERRIGAN SVP, ADVANCEMENT	28.00			X			210,240.	0.	38,278.	
WILLIAM DESANTIS SVP, HUMAN RESOURCES	28.00			X			97,773.	0.	14,302.	
<b>1b Sub-total</b>							1,108,855.	0.	243,378.	
<b>c Total from continuation sheets to Part VII, Section A</b>							565,069.	0.	48,568.	
<b>d Total (add lines 1b and 1c)</b>							1,673,924.	0.	291,946.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERGENT 9 CENTENNIAL DRIVE, PEABODY, MA 01960	DIRECT RESPONSE AND DATA MANAGEMENT: PRO	889,055.
IDP CONSULTING, 100 JERICHO QUADRANGLE SUITE 314, JERICHO, NY 11753	IT SUPPORT	258,521.
WORLD VISION 300 I STREET, NE, WASHINGTON, DC 20002	PROGRAM SERVICES IN SUDAN	218,453.
MDS COMMUNICATIONS P.O. BOX 16006, PHOENIX, AZ 85011	TELEPHONE FUNDRAISING	148,101.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week	(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			
MOSES SINKALA COUNTRY DIRECTOR IN ZAMBIA	35.00					X		108,500.	0.	6,510.
ROBERT WUILLEMEY DIRECTOR OF PHILANTHROPY	35.00					X		108,925.	0.	16,733.
BARBARA WRIGHT DIRECTOR OF COMMUNICATIONS	35.00					X		101,126.	0.	15,493.
SALVADOR DE LA TORRE COUNTRY DIRECTOR, KENYA	35.00					X		146,449.	0.	0.
MARY BECCHI COMPLIANCE OFFICER	35.00					X		100,069.	0.	9,832.
Total to Part VII, Section A, line 1c .....								565,069.		48,568.

**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	10,661,178.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	294,251,197.				
	g	Noncash contributions included in lines 1a-1f: \$		283,068,639.				
	h	<b>Total.</b> Add lines 1a-1f		304,912,375.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		96,034.			96,034.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			89,656.	89,656.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.			305,098,065.	89,656.	0.	96,034.	

**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 .....	773,150.	773,150.		
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 .....	237981397.	237981397.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,345,806.	370,364.	734,945.	240,497.
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 .....	4,914,569.	3,952,326.	414,525.	547,718.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	1,607,912.	1,049,863.	365,954.	192,095.
10 Payroll taxes .....	269,139.	175,730.	61,255.	32,154.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	68,145.	20,871.	7,581.	39,693.
c Accounting .....	104,844.	10,000.	94,844.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	1,037,156.			1,037,156.
f Investment management fees .....	535,034.	208,051.	224,638.	102,345.
g Other .....	859,833.	603,123.	127,845.	128,865.
12 Advertising and promotion .....	38,554.	6,595.	500.	31,459.
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	509,645.	443,368.	66,152.	125.
17 Travel .....	1,466,065.	1,023,212.	362,328.	80,525.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	1,243,665.	1,135,365.	76,980.	31,320.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	110,618.	34,782.	75,836.	
23 Insurance .....	204,424.	116,713.	87,611.	100.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>SUPPLIES</b> .....	1,360,633.	1,277,217.	71,996.	11,420.
b <b>SERVICE CONTRACTS</b> .....	789,657.	136,106.	569,339.	84,212.
c <b>POSTAGE AND MAILING</b> .....	729,741.	16,261.	6,845.	706,635.
d <b>PRINTING</b> .....	558,203.	29,726.	47.	528,430.
e <b>TELEPHONE/COMMUNICATION</b> .....	358,204.	172,674.	81,511.	104,019.
f All other expenses .....	1,028,522.	660,675.	241,188.	126,659.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	257894916.	250197569.	3,671,920.	4,025,427.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,148,788.	1	847,935.	
	<b>2</b> Savings and temporary cash investments .....	680,927.	2	615,227.	
	<b>3</b> Pledges and grants receivable, net .....	158,480.	3	80,267.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	4,505,720.	8	52,689,029.	
	<b>9</b> Prepaid expenses and deferred charges .....	122,075.	9	173,240.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,457,582.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,698,233.	821,847.	<b>10c</b> 759,349.	
	<b>11</b> Investments - publicly traded securities .....	723,465.	11	736,723.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	3,694,895.	15	4,303,276.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,856,197.	16	60,205,046.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,883,489.	17	2,115,398.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	165,344.	19	1,197,381.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	3,449,221.	25	3,333,588.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,498,054.	26	6,646,367.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,171,104.	27	51,358,217.	
	<b>28</b> Temporarily restricted net assets .....	3,187,039.	28	2,200,462.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	6,358,143.	33	53,558,679.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,856,197.	34	60,205,046.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	305,098,065.
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,894,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,203,149.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,358,143.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,613.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,558,679.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	200,979,515.	206,914,220.	280,218,876.	179,707,372.	304,912,375.	1172732358.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	200,979,515.	206,914,220.	280,218,876.	179,707,372.	304,912,375.	1172732358.
<b>5</b> 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) .....						583,757,929.
<b>6 Public support.</b> Subtract line 5 from line 4.						588,974,429.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	200,979,515.	206,914,220.	280,218,876.	179,707,372.	304,912,375.	1172732358.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	267,821.	220,713.	135,364.	97,603.	96,034.	817,535.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1173549893.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	50.19	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	50.99	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,187,039.	2,020,673.	1,626,499.		
b Contributions	1,934,257.	3,481,461.	1,693,421.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,920,834.	2,315,095.	1,299,247.		
g End of year balance	2,200,462.	3,187,039.	2,020,673.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  100.00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,000.		57,000.
b Buildings		691,517.	658,634.	32,883.
c Leasehold improvements		1,568,021.	977,755.	590,266.
d Equipment		1,141,044.	1,061,844.	79,200.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>759,349.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST & OTHER RECEIVABLES	113,177.
(2) GIFT ANNUITY INVESTMENTS	2,112,431.
(3) CHARITABLE REMAINDER TR ASSETS	801,688.
(4) GOVERNMENT GRANTS RECEIVABLE	1,148,014.
(5) OTHER ASSETS	127,966.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	4,303,276.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) GIFT ANNUITY PAYABLE	2,375,503.
(3) CHARITABLE REMAINDER ANNUITY TR	
(4) PAYABLE	317,384.
(5) POSTRETIREMENT BENEFITS	372,615.
(6) OTHER LIABILITIES	268,086.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,333,588.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	305,098,065.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	257,894,916.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	47,203,149.
4	Net unrealized gains (losses) on investments	4	-165,425.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	162,812.
9	Total adjustments (net). Add lines 4 through 8	9	-2,613.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	47,200,536.

**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	312239378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,141,313.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,141,313.
3	Subtract line 2e from line 1	3	305098065.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	305098065.

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

1	Total expenses and losses per audited financial statements	1	264870804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,141,313.
b	Prior year adjustments	2b	
c	Other losses	2c	-165,425.
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	6,975,888.
3	Subtract line 2e from line 1	3	257894916.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	257894916.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: FIN 48 DISCLOSURE:**

THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2011

IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740,

INCOME TAXES, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING

ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS NO

LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY

TAX AUTHORITIES FOR THE YEARS PRIOR TO SEPTEMBER 30, 2008.

**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUATION OF GIFT ANNUITY PROGRAM PAYABLE 56,870.

CHANGE IN VALUATION OF CHARITABLE REMAINDER ANNUITY TRUST

OBLIGATION -1,198.

POSTRETIREMENT RELATED CHANGE OTHER THAN NET PERIODIC COST 107,140.

TOTAL TO SCHEDULE D, PART XI, LINE 8 162,812.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization <b>CATHOLIC MEDICAL MISSION BOARD</b>	Employer identification number <b>13-5602319</b>
---	---

**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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	5	120	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	35552893.
CENTRAL AMERICA AND THE CARIBBEAN	2	55	PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	178,046,752.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES AND GRANT MAKING	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	3,793,506.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	HEALING HELP	4,306,821.
RUSSIA AND NEWLY INDEPENDENT STATES			PROGRAM SERVICES	HEALING HELP	3,658,506.
SOUTH AMERICA	1	1	PROGRAM SERVICES	HEALING HELP, HIV/AIDS AND IMCI	10036107.
SOUTH ASIA			PROGRAM SERVICES	HIV AIDS, PMTCT, IMCI, MTA, EMERGING DISEASES, AND HEALING HELP	180,337.
NORTH AMERICA (MEXICO)			PROGRAM SERVICES	HEALING HELP	286,112.
<b>3 a</b> Sub-total .....	8	176			235861034.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	8	176			235861034.

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

Schedule F (Form 990) 2010

**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  Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	0	N/A	264674	PHARMACEUTICAL DONATIONS	FMV
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	0	N/A	217579	PHARMACEUTICAL DONATIONS	FMV
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	0	N/A	254236	PHARMACEUTICAL DONATIONS	FMV
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	27,562	EFT	2,553,213	PHARMACEUTICAL DONATIONS	FMV
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	3,748	EFT	113533	PHARMACEUTICAL DONATIONS	FMV
		WESTERN ASIA AND EASTERN EUROPE	MEDICAL ASSISTANCE	0	N/A	219567	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0	N/A	2,282,179	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0	N/A	7,570,343	PHARMACEUTICAL DONATIONS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 127

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	20,350.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	34,565.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	6,937,514.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	149939.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	319806.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,041,472.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	8,923,835.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,777,918.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	959718.	PHARMACEUTICAL DONATIONS	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	18,461.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	63,365.	PHARMACEUTICAL DONATIONS	FMV
		AFRICA	MEDICAL ASSISTANCE	0.	N/A	31,490.	PHARMACEUTICAL DONATIONS	FMV
		AFRICA	MEDICAL ASSISTANCE	0.	N/A	14,731.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	11,150.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	39,085.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	7,186.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	9,600.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	20,795.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	23,525.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	78,953.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	68,985.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	4,255,172.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	28,838.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	19,961.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	7,080,698.	PHARMACEUTICAL DONATIONS	FMV
		MIDDLE EAST	MEDICAL ASSISTANCE	0.	N/A	1,968,240.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	12,997,535.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	8,297,509.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	33,300.	PHARMACEUTICAL DONATIONS	FMV
		N/A	MEDICAL ASSISTANCE	0.	N/A	238,263.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	77,243.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	44,574,519.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	21,529,397.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	5,302.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	1,835,162.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,572,268.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	8,050.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	200.	EFT	1,008,780.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,879,577.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	63,086.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	21,000.	N/A	2,727,172.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	59,534.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	15,766.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,292,856.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	62,500.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,678,010.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	14,302.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,979,098.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	1,773,756.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	42,366.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	17,221,448.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	60,454.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	16,857.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	45,855.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	18,279.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	65,385.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	37,547.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	3,815,094.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	57,906.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	13,471.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	8,089.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	24,833,933.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	40,368.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	21,899.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	29,943.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	2,183,768.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	6,876.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	243199.	PHARMACEUTICAL DONATIONS	FMV
		EAST AFRICA	MEDICAL ASSISTANCE	0.	N/A	218867.	PHARMACEUTICAL DONATIONS	FMV
		EAST AFRICA	MEDICAL ASSISTANCE	115040.	EFT	82,011.	PHARMACEUTICAL DONATIONS	FMV
		EAST AFRICA	MEDICAL ASSISTANCE	0.	N/A	4,891,364.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	19,498.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTHEAST AFRICA	MEDICAL ASSISTANCE	0.	N/A	8,201.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	25,973.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	21,875.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	6,327,822.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	151,074.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	39,330.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	536,130.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	891,009.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	69,935.	PHARMACEUTICAL DONATIONS	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	218,125.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	77,082.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	7,124.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	2,503,529.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	95,154.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	327,012.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	10,051.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	78,272.	PHARMACEUTICAL DONATIONS	FMV
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	67,521.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MEDICAL ASSISTANCE	0.	N/A	63,750.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	50,648.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	23,805.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	26,836.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	23,890.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	1,792,152.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	5,159.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	1,312,171.	PHARMACEUTICAL DONATIONS	FMV
		ASIA	MEDICAL ASSISTANCE	0.	N/A	538,795.	PHARMACEUTICAL DONATIONS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	776,481.	PHARMACEUTICAL DONATIONS	FMV
		WEST AFRICA	MEDICAL ASSISTANCE	0.	N/A	15,250.	PHARMACEUTICAL DONATIONS	FMV
		CENTRAL AMERICA & THE CARIBBEAN	MEDICAL ASSISTANCE	0.	N/A	103,539.	PHARMACEUTICAL DONATIONS	FMV
		NORTH AFRICA	MEDICAL ASSISTANCE	25,002.	EFT	0.		
		NORTH AFRICA	MEDICAL ASSISTANCE	0.	N/A	9,333.	PHARMACEUTICAL DONATIONS	FMV
		NORTH AFRICA	MEDICAL ASSISTANCE	0.	N/A	72,302.	PHARMACEUTICAL DONATIONS	FMV
		NORTH AFRICA	MEDICAL ASSISTANCE	0.	N/A	54,359.	PHARMACEUTICAL DONATIONS	FMV
		MIDDLE EAST	MEDICAL ASSISTANCE	0.	N/A	2,125,699.	PHARMACEUTICAL DONATIONS	FMV
		SOUTHERN AFRICA	MEDICAL ASSISTANCE	0.	N/A	1,326,681.	PHARMACEUTICAL DONATIONS	FMV

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

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

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AMERGENT - 9 CENTENNIAL DRIVE, PEABODY, MA	PROFESSIONAL FUNDRAISING SERVICES		X	4,329,658.	889,055.	3,440,603.
MDS COMMUNICATIONS - 545 W. JUANITA AVE, MESA, AZ 85210	PROFESSIONAL FUNDRAISING SERVICES		X	500,080.	148,101.	351,979.
<b>Total</b>				<b>4,829,738.</b>	<b>1,037,156.</b>	<b>3,792,582.</b>

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

**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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



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

<b>13a</b>		%
<b>13b</b>		%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: AMERGENT

(I) ADDRESS OF FUNDRAISER: 9 CENTENNIAL DRIVE, PEABODY, MA 01960-7906

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**CATHOLIC MEDICAL MISSION BOARD**

Employer identification number

**13-5602319**

**Part I** General Information on Grants and Assistance

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD VISION INTERNATIONAL 300 I STREET NE WASHINGTON, DC 20002	95-1922279	501(C)(3)	293,978.	0.			PROGRAM SERVICES - SUBGRANT WORK ON CDC ANISA GRANT IN SOUTHERN SUDAN
MED SHARE INTL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	0.	238,263.	MARKET VALUE	PHARMACEUTICAL DONATIONS	MEDICAL ASSISTANCE

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

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

Schedule I (Form 990) (2010)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2010

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN F GALBRAITH	(i)	282,018.	0.	0.	60,866.	1,536.	344,420.	212,210.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 THOMAS GRAY	(i)	174,365.	0.	0.	31,116.	11,827.	217,308.	142,442.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ALANA GOOLEY	(i)	136,700.	0.	0.	21,440.	6,430.	164,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JEFFREY JORDAN	(i)	207,759.	0.	0.	35,024.	22,559.	265,342.	195,935.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ADRIAN KERRIGAN	(i)	210,240.	0.	0.	35,066.	3,212.	248,518.	80,957.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	91	283,068,639.	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 Acknowledgement ..... **29**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

CATHOLIC MEDICAL MISSION BOARD

Employer identification number

13-5602319

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

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

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

COMMUNITIES AND INDIVIDUALS IN GREATEST NEED . IN 2011, CMMB'S LARGEST INITIATIVES INCLUDED (1) PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS (PMTCT) (2) CARE AND ANTIRETROVIRAL TREATMENT FOR PEOPLE LIVING WITH HIV AND AIDS (3) INTEGRATED MATERNAL/CHILD HEALTH SERVICES (4) DONATION OF MEDICINES AND MEDICAL SUPPLIES AND (5) PLACEMENT OF HEALTHCARE PROFESSIONALS.

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

CMMB'S PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV PMTCT PROGRAM PROVIDED ANTIRETROVIRAL COMBINATIONS TO WOMEN AT VARIED STAGES OF PREGNANCY AND THROUGH THE BREASTFEEDING PERIOD. OUR EFFORTS CONTRIBUTE

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

TO THE REDUCTION IN HIV TRANSMISSION, PROVIDE ANTIRETROVIRALS TO MOTHERS AND THEIR BABIES, MENTOR MOTHERS AND DELIVER QUALITY HEALTHCARE AND SUPPORT FOR THOSE INFECTED. IN 2011, CMMB PROVIDED 5,532 PREGNANT WOMAN WITH PMTCT SERVICES.

EXPENSES \$ 995,397. INCLUDING GRANTS OF \$ 136,050. REVENUE \$ 0.

CMMB PROVIDES MATERNAL AND CHILD HEALTH SERVICES USING THE INTEGRATED MANAGEMENT OF CHILDHOOD AND NEONATAL ILLNESSES APPROACH. THIS INCLUDES CASE MANAGEMENT OF CHILDREN UNDER FIVE FOR COMMON ILLNESSES AT COMMUNITY LEVELS, AND REFERRALS TO CLINICS FOR CONDITIONS LIKE PNEUMONIA. IN 2011, CMMB PROVIDED 74,516 PREGNANT WOMAN AND 25,703 CHILDREN UNDER THE AGE OF FIVE WITH PRIMARY HEALTH CARE. ESSENTIAL TO THE PROGRAM IS BUILDING LONGER TERM CAPACITY IN COMMUNITY HEALTH WORKERS, HEALTH PROFESSIONALS, AND PERSONS WHO MANAGE STOCKS OF MEDICINES AND MEDICAL COMMODITIES. IN 2011, CMMB LAUNCHED A NEONATAL ASPHYXIA PROGRAM IN PARTNERSHIP WITH HELPING BABIES BREATHE (HBB) THAT AIMS TO REDUCE DEATHS FROM ASPHYXIA DURING BIRTH IN ZAMBIA. BY THE END OF 2012. MORE THAN 100 HEALTH WORKERS AND BIRTH ATTENDANTS WILL HAVE BEEN TRAINED IN THE CURRICULUM AND EQUIPPED WITH LIFE SAVING DEVICES. EXPENSES \$ 834,374. INCLUDING GRANTS OF \$ 166,499. REVENUE \$ 0.

OTHER PROGRAM ACTIVITIES INCLUDING PRIMARY HEALTHCARE AND LIFE-SKILLS TRAINING, NEGLECTED AND TROPICAL DISEASES, DISASTER RELIEF, VOLUNTARY MALE CIRCUMCISION, BEHAVIOR CHANGE COMMUNICATIONS, COMMUNITY MOBILIZATION AND STRATEGIC PLANNING. IN SOUTH SUDAN, SOUTH AFRICA, AND ZAMBIA CMMB PREVENTED DEATHS DUE TO HIV AND MALARIA. CMMB PROVIDES EVIDENCE-BASED BEHAVIOR CHANGE MESSAGES TO COUPLES, YOUTH, MEN AND WOMEN. CMMB ALSO HELD HEALTH TALKS TO SAVE THE LIVES OF WOMEN AND



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

INFANTS DUE TO MALARIA. DURING 2011, CMMB REACHED 133,503 PERSONS WITH EDUCATIONAL HEALTH TALKS INCLUDING MESSAGES THAT SAVE LIVES. CMMB ALSO DISTRIBUTED MEDICAL COMMODITIES LIKE INSECTICIDE TREATED BED NETS AND TRAINED HEALTH WORKERS TO PRESCRIBE ANTI-MALARIAL MEDICATIONS TO WOMEN IN PREGNANCY. IN 2011, CMMB TRAINED 752 HEALTH PROFESSIONALS AND 1,509 COMMUNITY HEALTH WORKERS IN THE ABOVE PROGRAM AREAS. IN ADDITION, CMMB EQUIPPED AND TRAINED THESE PERSONS WITH MONITORING AND EVALUATION TOOLS SO THEIR EFFORTS WILL BE FEEDING INTO HEALTH INFORMATION AT DISTRICT, STATE AND NATIONAL LEVELS. CMMB PROVIDES REGULAR DATA QUALITY AUDITS WITH IN-COUNTRY M&E OFFICERS.

EXPENSES \$ 3,473,444. INCLUDING GRANTS OF \$ 609,863. REVENUE \$ 0.

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

KENYA, SOUTH AFRICA, ZAMBIA, HONDURAS,

HAITI, INDIA, SUDAN

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

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

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE APPROVES

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

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.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AZ, AR, CO, FL, GA, IL, KS, LA, MD, MA, ND, OK, SC, TN, KY

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

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-165,425.
CHANGE IN VALUATION OF GIFT ANNUITY PROGRAM PAYABLE	56,870.
CHANGE IN VALUATION OF CHARITABLE REMAINDER ANNUITY TRUST	
OBLIGATION	-1,198.
POSTRETIREMENT RELATED CHANGE OTHER THAN NET PERIODIC COST	107,140.
TOTAL TO FORM 990, PART XI, LINE 5	-2,613.

FORM 990, PART XI, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	VARIABLES		.000	16	57,000.			57,000.			0.
2	BUILDINGS	VARIABLES		.000	16	691,517.			691,517.	630,974.		0.
	LEASEHOLD											
3	IMPROVEMENTS	VARIABLES		.000	16	1,574,031.			1,574,031.	839,506.		0.
4	EQUIPMENT	VARIABLES		.000	16	1,223,506.			1,223,506.	1,160,653.		0.
	* TOTAL 990 PAGE 10 DEPR											
						3,546,054.		0.	3,546,054.	2,631,133.	0.	0.

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2010, or tax year beginning OCT 1, 2010, and ending SEP 30, 2011

**2010**

For use with Forms **990, 990-EZ, 990-PF, 1120-POL, and 8868**

▶ See instructions.

Department of the Treasury  
Internal Revenue Service

Name of exempt organization <b>CATHOLIC MEDICAL MISSION BOARD</b>	Employer identification number <b>13-5602319</b>
--	---

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	<u>305098065</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b>	

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b>	Signature of officer	Date	PRESIDENT & CEO Title
------------------	----------------------	------	--------------------------

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <b>P00227472</b>
	Firm's name (or yours if self-employed), address, and ZIP code ▶	<b>MARKS PANETH &amp; SHRON LLP</b>			EIN <b>11-3518842</b>
		<b>622 THIRD AVENUE</b>			Phone no. <b>212 503-8800</b>
		<b>NEW YORK 10017</b>			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

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

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

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>CATHOLIC MEDICAL MISSION BOARD</b>	Employer identification number <b>13-5602319</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10 WEST 17TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10011-5701</b>	

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

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

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

**ROY HUNTER**

• The books are in the care of  **10 WEST 17TH STREET - NEW YORK, NY 10011**

Telephone No.  **212-609-2591** FAX No.

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

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

4 I request an additional 3-month extension of time until **AUGUST 15, 2012**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.

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

Change in accounting period

7 State in detail why you need the extension  
**WAITING ON ADDITIONAL INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

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

Signature  Title  **CPA** Date

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2010</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>10/01/2010</b> and ending (mm/dd/yyyy) <b>09/30/2011</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>CATHOLIC MEDICAL MISSION BOARD</b>		d. Fed. employer ID no. (EIN) <b>13-5602319</b>
	e. NY State registration no. <b>11-44-54</b>		
	Number and street (or P.O. box if mail not delivered to street address) <b>10 WEST 17TH STREET</b>	Room/suite	f. Telephone number <b>212 242 7757</b>
	City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10011-5701</b>		g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	<b>JOHN F. GALBRAITH</b>	<b>PRESIDENT &amp; CEO</b>	
	Signature	Printed Name	Title
b. Chief Financial Officer or Treas.			Date
	Signature	Printed Name	Title
			Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? ..... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. EPTL filing fee .....	\$ <u>1,500.</u>
c. <b>Total fee</b> .....	\$ <u>1,525.</u>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
---





CATHOLIC MEDICAL MISSION BOARD

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type**   **Fee Instructions**

- **Article 7-A**                      Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL**                                Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual**                                Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

<b>For All Filers</b>		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

<b>Additional Article 7-A Document Attachment Requirement</b>
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)