

**Return of Organization Exempt From Income Tax**

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>AMERICAN LEPROSY MISSIONS, INC.</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE ALM WAY</b></p> <p>City or town, state or country, and ZIP + 4 <b>GREENVILLE, SC 29601</b></p> <p><b>F</b> Name and address of principal officer: <b>BEVERLY H. ELMORE</b> <b>SAME AS C ABOVE</b></p>	<p><b>D</b> Employer identification number <b>13-5562163</b></p> <p><b>E</b> Telephone number <b>(864) 271-7040</b></p> <p><b>G</b> Gross receipts \$ <b>10,040,537.</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J</b> Website: ▶ <b>WWW.LEPROSY.ORG</b></p>	
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1906</b> <b>M</b> State of legal domicile: <b>NY</b></p>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE VISION AND PRINCIPAL ENDS OF ALM ARE TO WORK AS CHRIST'S SERVANTS, FREEING THE WORLD OF LEPROSY,</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>15</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>23</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	7,464,004.	6,782,118.
<b>9</b>	Program service revenue (Part VIII, line 2g)		
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<10,754.>	<154,435.>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,879.	21,603.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,462,129.	6,649,286.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,883,093.	3,409,227.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,411,772.	1,007,445.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	125,090.	411,248.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,777,740.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,636,838.	1,753,249.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,056,793.	6,581,169.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<594,664.>	68,117.
<b>20</b>	Total assets (Part X, line 16)	11,964,263.	13,453,706.
<b>21</b>	Total liabilities (Part X, line 26)	1,040,651.	863,666.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	10,923,612.	12,590,040.

**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>	<p>Signature of officer _____ Date _____</p> <p><b>BEVERLY H. ELMORE, DIRECTOR OF FINANCE</b></p> <p>Type or print name and title</p>	
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature ▶ _____ Date <b>06/02/10</b></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>TAIT, WELLER &amp; BAKER LLP</b> <b>1818 MARKET STREET; SUITE 2400</b> <b>PHILADELPHIA, PA 19103</b></p>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions)</p> <p>EIN ▶ _____</p> <p>Phone no. ▶ <b>215-979-8800</b></p>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO SERVE AS A CHANNEL OF CHRIST'S LOVE TO PERSONS AFFECTED BY LEPROSY AND RELATED CONDITIONS, HELPING THEM TO BE HEALED IN BODY AND SPIRIT AND RESTORED TO LIVES OF DIGNITY AND HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

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

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

4a (Code: ) (Expenses \$ 1,126,848. including grants of \$ 893,714. ) (Revenue \$ ) LEPROSY TREATMENT

IN 2009 ALM CONTINUED ITS CLOSE COLLABORATION WITH THE WORLD HEALTH ORGANIZATION (WHO), THE INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS (ILEP) AND PARTNER ORGANIZATIONS IN EIGHT COUNTRIES - ANGOLA, BRAZIL, CHINA, DEMOCRATIC REPUBLIC OF THE CONGO, INDIA, MYANMAR, NEPAL, AND THE PHILIPPINES - TO DETECT AND TREAT LEPROSY. ALM'S DIRECT COORDINATION WITH MINISTRY OF HEATH BASED NATIONAL LEPROSY CONTROL PROGRAMS IN THESE COUNTRIES CONTRIBUTED TO THE DIAGNOSIS AND TREATMENT OF MORE THAN 190,000 NEWLY DETECTED CASES IN 2009, OR MORE THAN 80% OF ALL NEW CASES DETECTED GLOBALLY. (WHO, WEEKLY EPIDEMIOLOGICAL REVIEW, 14 AUGUST 2009).

4b (Code: ) (Expenses \$ 935,345. including grants of \$ 741,832. ) (Revenue \$ ) RESEARCH

INVESTMENT IN RESEARCH IS REGARDED AS CRUCIALLY IMPORTANT BY AMERICAN LEPROSY MISSIONS. BOTH THE WHO GLOBAL LEPROSY PROGRAM AND THE ILEP TECHNICAL COMMISSION HAVE INDICATED THEIR VIEW THAT FURTHER PROGRESS TOWARDS ERADICATING THE DISEASE CANNOT BE MADE WITHOUT NEW TOOLS, SUCH AS BETTER DIAGNOSTIC TESTS, AND BETTER PREVENTIVE INTERVENTIONS, SUCH AS A NEW VACCINE.

THE MAIN RESEARCH PROJECT CURRENTLY SUPPORTED BY ALM (RECEIVING MORE THAN 50% OF THE TOTAL RESEARCH BUDGET) IS THE DEVELOPMENT OF A NEW VACCINE BY THE INFECTIOUS DISEASES RESEARCH INSTITUTE (IDRI) IN

4c (Code: ) (Expenses \$ 730,346. including grants of \$ 579,244. ) (Revenue \$ ) PREVENTION OF DISABILITIES

DISABILITY PREVENTION ACTIVITIES SHOULD NORMALLY GO HAND-IN-HAND WITH THE ROUTINE TREATMENT OF LEPROSY CASES, SO IN MOST INSTANCES THIS COMPRISES FINANCIAL AND TECHNICAL SUPPORT TO NATIONAL PROGRAMS, AS OUTLINED ABOVE. IN SOME CASES, SPECIAL POD PROJECTS HAVE BEEN INITIATED TO DEMONSTRATE METHODS AND STRATEGIES, USUALLY BECAUSE IT HAS PREVIOUSLY BEEN A NEGLECTED COMPONENT OF THE PROGRAM. THUS IN 2009, ALM CONTINUED TO FUND SPECIAL POD PROJECTS IN ANGOLA, CHINA AND INDIA. IN DR CONGO, NEW EFFORTS WERE MADE IN POD WITH THE APPOINTMENT OF ADDITIONAL STAFF, BUT THIS WAS DONE THROUGH THE ROUTINE PROGRAM, IN ALL AREAS WE SUPPORT. OF THE EIGHT COUNTRIES WHERE WE SUPPORT THE NATIONAL

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,506,015. including grants of \$ 1,194,437. ) (Revenue \$ )

4e Total program service expenses \$ 4,298,554.

**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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> <li>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></li> <li>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></li> <li>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></li> <li>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></li> <li>Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

	Yes	No
<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 of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<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**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 7		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 23		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			15
b	Enter the number of voting members that are independent		
1b			15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL**
- 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: **BEVERLY ELMORE - (864) 271-7040**  
**ONE ALM WAY, GREENVILLE, SC 29601**

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NEAL JOSEPH CHAIR	10.00	X		X				0.	0.	0.
STEVEN L. JACOBS VICE CHAIR	5.00	X		X				0.	0.	0.
MARY PHILIPS, PH.D TREASURER	5.00	X		X				0.	0.	0.
RONALD G. DOUCETTE SECRETARY	5.00	X		X				0.	0.	0.
YMELDA BEAUCHAMP BOARD MEMEBER	3.00	X						0.	0.	0.
GLEN R. BRUBAKER, M.D., BOARD MEMEBER	3.00	X						0.	0.	0.
JODY BRYSON BOARD MEMEBER	3.00	X						0.	0.	0.
DR. EBENEZER DANIEL, M.D BOARD MEMEBER	3.00	X						0.	0.	0.
DR. STEPHEN GENHEIMER BOARD MEMEBER	3.00	X						0.	0.	0.
DR. RICHARD H. GOODWIN, J BOARD MEMEBER	3.00	X						0.	0.	0.
RICHARD (DICK) FLORENCE BOARD MEMEBER	3.00	X						0.	0.	0.
THOMAS M. YOUNG BOARD MEMEBER	3.00	X						0.	0.	0.
SAMUEL PURUSHOTHAM, MBA BOARD MEMEBER	3.00	X						0.	0.	0.
EMILY BAILEY BOARD MEMEBER	3.00	X						0.	0.	0.
ALAN TERWILLIGER BOARD MEMEBER	3.00	X						0.	0.	0.
CHRISTOPHER DOYLE CEO	40.00			X				124,539.	0.	31,817.
CHRISTOPHER POTT CFO	40.00			X				80,232.	0.	23,338.



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,782,118.				
	g	Noncash contributions included in lines 1a-1f: \$		13,261.				
	h	<b>Total.</b> Add lines 1a-1f		6,782,118.				
	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)		142,406.			142,406.	
	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)			<296,841.>			<296,841.>
	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	SALES, REFUNDS, MISC	900099		21,603.	21,603.			
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			21,603.				
12	<b>Total revenue.</b> See instructions.			6,649,286.	21,603.		0.<154,435.>	

**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 .....	701,980.	701,980.		
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 .....	2,707,247.	2,707,247.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	259,925.	150,877.	85,595.	23,453.
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 .....	544,221.	250,876.	135,313.	158,032.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	55,111.	22,786.	16,020.	16,305.
9 Other employee benefits .....	99,009.	50,181.	8,071.	40,757.
10 Payroll taxes .....	49,179.	25,796.	12,032.	11,351.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	27,600.	46.	27,530.	24.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	411,248.			411,248.
f Investment management fees .....	55,267.		55,267.	
g Other .....	35,003.	12,123.	6,485.	16,395.
12 Advertising and promotion .....	542,579.	22,376.		520,203.
13 Office expenses .....	576,098.	153,526.	3,919.	418,653.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	96,222.	40,164.	32,073.	23,985.
17 Travel .....	157,805.	105,487.	16,674.	35,644.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	94,773.	43,597.	28,431.	22,745.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>MISCELLANEOUS</b> .....	167,902.	11,492.	77,465.	78,945.
b .....				
c .....				
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	6,581,169.	4,298,554.	504,875.	1,777,740.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,638,176.	<b>1</b>	1,685,754.	
	<b>2</b> Savings and temporary cash investments .....	1,065,839.	<b>2</b>	938,944.	
	<b>3</b> Pledges and grants receivable, net .....	18,021.	<b>3</b>	14,282.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	17,575.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	164,279.	<b>9</b>	124,685.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,251,654.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,019,125.	1,104,359.	<b>10c</b>	1,232,529.
	<b>11</b> Investments - publicly traded securities .....	4,345,580.	<b>11</b>	5,096,579.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,606,982.	<b>12</b>	4,329,564.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	21,027.	<b>15</b>	13,794.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,964,263.	<b>16</b>	13,453,706.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	367,206.	<b>17</b>	208,991.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	673,445.	<b>25</b>	654,675.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,040,651.	<b>26</b>	863,666.	
<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 .....	6,202,822.	<b>27</b>	7,070,305.	
	<b>28</b> Temporarily restricted net assets .....	518,715.	<b>28</b>	595,078.	
	<b>29</b> Permanently restricted net assets .....	4,202,075.	<b>29</b>	4,924,657.	
	<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 .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	10,923,612.	<b>33</b>	12,590,040.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,964,263.	<b>34</b>	13,453,706.		

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  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? .....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

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

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **AMERICAN LEPROSY MISSIONS, INC.** Employer identification number **13-5562163**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 ..... **15** %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7670116.	7189666.	7189372.	7464004.	6782118.	36295276.
<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 .....	7670116.	7189666.	7189372.	7464004.	6782118.	36295276.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	264,918.	332,523.	415,376.	353,846.	304,424.	1671087.
<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 .....						0.
<b>c</b> Add lines 7a and 7b .....	264,918.	332,523.	415,376.	353,846.	304,424.	1671087.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						34624189.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....	7670116.	7189666.	7189372.	7464004.	6782118.	36295276.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	126,138.	179,036.	219,817.	228,436.	142,406.	895,833.
<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 .....	126,138.	179,036.	219,817.	228,436.	142,406.	895,833.
<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.) .....	14,175.	28,857.	7,564.	8,879.	21,603.	81,078.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	7810429.	7397559.	7416753.	7701319.	6946127.	37272187.
<b>14 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>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	92.90 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	93.29 %

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	2.40 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	2.19 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**AMERICAN LEPROSY MISSIONS, INC.**

Employer identification number

**13-5562163**

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

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

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

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

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

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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	595,093.	595,093.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	595,093.	595,093.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <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 Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		285,675.		285,675.
b Buildings		1,275,552.	664,846.	610,706.
c Leasehold improvements				
d Equipment		2,590,427.	2,354,279.	236,148.
e Other		100,000.		100,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,232,529.</b>



**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	6,649,286.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,581,169.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	68,117.
4	Net unrealized gains (losses) on investments	4	904,733.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	693,578.
9	Total adjustments (net). Add lines 4 through 8	9	1,598,311.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,666,428.

**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	6,594,019.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,594,019.
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	55,267.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	55,267.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,649,286.

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

1	Total expenses and losses per audited financial statements	1	6,525,902.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,525,902.
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	55,267.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	55,267.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,581,169.

**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 XI, LINE 8 - OTHER ADJUSTMENTS:

ACTUARIAL GAIN/(LOSS) ON ANNUITY OBLIGATIONS: -29004.

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS: 722582.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**Name of the organization** **Employer identification number**  
**AMERICAN LEPROSY MISSIONS, INC.** **13-5562163**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	1	GRANTS TO RECIPIENTS		1,013,784.
SOUTH AMERICA	0	1	GRANTS TO RECIPIENTS		114,669.
EAST ASIA & PACIFIC	0	1	GRANTS TO RECIPIENTS		755,206.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		658,657.
EUROPE	0	1	GRANTS TO RECIPIENTS		217,893.
<b>Totals</b> .....	0	4			2,760,209.

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

Schedule F (Form 990) 2009

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC SERVICES	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES	111,200.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES	55,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC SERVICES	14,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC SERVICES	17,400.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC	196,310.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OTHER DISEASES	54,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEPROSY TREATMENT	24,778.	WIRE TRANSFER	0.		

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  29

3 Enter total number of other organizations or entities

SEE PART IV FOR COLUMN (D) DESCRIPTIONS



**Part IV Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: GRANTEES SUBMIT FINANCIAL REPORTS QUARTERLY OR SEMI-ANNUALLY. ALSO, PERIODIC ON SITE AUDITS AND DESK AUDITS ARE PERFORMED.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES, OTHER DISEASES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAINING, RESEARCH, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIS SERVICES

REGION: EAST ASIA &amp; PACIFIC

(D) PURPOSE OF GRANT: TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES, OTHER DISEASES

REGION: EAST ASIA &amp; PACIFIC

(D) PURPOSE OF GRANT: TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES, OTHER DISEASES

REGION: EUROPE

(D) PURPOSE OF GRANT: TRAINING, RESEARCH, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES, OTHER DISEASES

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEPROSY TREATMENT	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEPROSY TREATMENT	70,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEPROSY TREATMENT	70,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC	72,351.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC SERVICES	24,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OTHER DISEASES	56,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OTHER DISEASES	48,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	OTHER DISEASES	139,900.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING, LEPROSY TREATMENT	15,000.	WIRE TRANSFER	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	LEPROSY TREATMENT	15,831.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	TRAINING, LEPROSY TREATMENT, PREVENTION OF DISABILITIES	236,710.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	SOCIO-ECONOMIC SERVICES	21,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES	39,996.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	SOCIO-ECONOMIC SERVICES	12,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	PREVENTION OF DISABILITIES	40,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES	50,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	PREVENTION OF DISABILITIES	70,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES	6,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TRAINING, RESEARCH, LEPROSY TREATMENT, PREVENTION OF DISABILITIES,	253,631.	WIRE TRANSFER	0.		
		SOUTH ASIA	PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES	35,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	LEPROSY TREATMENT	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRAINING, SOCIO-ECONOMIC SERVICES	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	LEPROSY TREATMENT	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	LEPROSY TREATMENT	5,100.	WIRE TRANSFER	0.		
		SOUTH ASIA	LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES, PREVENTION OF DISABILITIES	148,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	LEPROSY TREATMENT, PREVENTION OF DISABILITIES	27,576.	WIRE TRANSFER	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)
		EAST ASIA & PACIFIC	SOCIO-ECONOMIC SERVICES	11,525.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES	58,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES, OTHER	41,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	TRAINING, LEPROSY TREATMENT, SOCIO-ECONOMIC SERVICES, OTHER	52,500.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	SOCIO-ECONOMIC SERVICES	20,000.	WIRE TRANSFER	0.		
		EUROPE	RESEARCH	38,817.	WIRE TRANSFER	0.		
		EUROPE	TRAINING, RESEARCH, LEPROSY TREATMENT, PREVENTION OF DISABILITIES,	27,223.	WIRE TRANSFER	0.		
		EUROPE	TRAINING	15,010.	WIRE TRANSFER	0.		
		EUROPE	TRAINING, RESEARCH, LEPROSY TREATMENT	114,180.	WIRE TRANSFER	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)
		EAST ASIA & PACIFIC	TRAINING, PREVENTION OF DISABILITIES	90,319.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TRAINING, PREVENTION OF DISABILITIES	98,838.	WIRE TRANSFER	0.		
		EUROPE	RESEARCH	20,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	SOCIO-ECONOMIC SERVICES	6,156.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIO-ECONOMIC SERVICES	8,854.	WIRE TRANSFER	0.		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization **AMERICAN LEPROSY MISSIONS, INC.** Employer identification number **13-5562163**

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE	DIRECT MAIL		X	1,808,086.	810,016.	998,070.
MDS COMMUNICATIONS	OUTBOUND TELEMARKETING		X	176,862.	95,310.	81,552.
<b>Total</b>				<b>1,984,948.</b>	<b>905,326.</b>	<b>1,079,622.</b>

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.  
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY  
DC

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<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 .....					

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

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**AMERICAN LEPROSY MISSIONS, INC.**

Employer identification number

**13-5562163**

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

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

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

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

<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
INFECTIOUS DISEASE RESEARCH INSTITUTE - 1124 COLUMBIA STREET - SEATTLE, WA 98104	91-1608978	501(C)(3)	450,000.	0.			RESEARCH
LEONARD WOOD MEMORIAL 120 BROADUS AVENUE GREENVILLE, SC 29601	13-5563415	501(C)(3)	165,000.	0.			RESEARCH
CONSULTING & EVALUATION			46,329.	0.			TRAINING, PREVENTION OF DISABILITIES, SOCIO-ECONOMIC SERVICES, OTHER DISEASES
PROFESSIONAL DEVELOPMENT			22,051.	0.			TRAINING, PREVENTION OF DISABILITIES, OTHER DISEASES
NATIONAL HANSEN'S DISEASE PROGRAMS USPHS HOSPITAL CARVILLE, LA 70721	72-0500332	501(C)(3)	15,000.	0.			RESEARCH

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

**3** Enter total number of other organizations .....

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

Schedule I (Form 990) 2009

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

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

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

SCHEDULE I, PART I, LINE 2: GRANTEES SUBMIT FINANCIAL REPORTS QUARTERLY OR SEMI-ANNUALLY. ALSO, PERIODIC ON SITE AUDITS AND DESK AUDITS ARE PERFORMED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

AMERICAN LEPROSY MISSIONS, INC.

Employer identification number

13-5562163

**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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" 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 checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" 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>	X									
<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>	X									
<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 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 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 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? .....</p>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>		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>		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>	5a	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	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>	6a	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	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>	7	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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	8	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>	9									

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER DOYLE	(i)	115,386.	1,000.	8,153.	12,454.	19,363.	156,356.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN LEPROSY MISSIONS, INC.

Employer identification number

13-5562163

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

BURULI ULCER AND RELATED DISEASES BY SERVING AS A CHANNEL OF THE LOVE  
OF CHRIST TO PEOPLE AFFECTED BY THESE DISEASES, HELPING THEM TO BE  
HEALED IN BODY AND SPIRIT AND TO BE RESTORED TO LIVES OF DIGNITY AND  
USEFULNESS WITHIN THEIR COMMUNITY.

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

BY INVESTING - VIA ASSESSMENTS AND EVALUATIONS, FUNDING, LOGISTICS AND  
TECHNICAL SUPPORT, AND TRAINING - IN ITS PARTNERS, ALM ENABLED  
GOVERNMENTS, NGOS AND FAITH BASED ORGANIZATIONS (FBOS) IN THE ABOVE  
MENTIONED NATIONS TO OFFER MORE COMPREHENSIVE SERVICES, TO UNDERWRITE  
OPERATING COSTS, TO ENSURE THE SUPPLY OF MULTI-DRUG THERAPY (MDT) AND  
PROVIDE MUCH NEEDED PREVENTION OF DISABILITY ORIENTATION AND SERVICES  
IN HOSPITALS, AND, MORE IMPORTANTLY, IN LEPROSY AFFECTED COMMUNITIES.

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

SEATTLE, WHICH BEGAN IN 2003. THE FINAL STAGES OF VACCINE DEVELOPMENT  
ARE BEGINNING, WITH SIX PROTEINS SHOWING A PROTECTIVE EFFECT IN MICE.  
THESE ARE BEING FURTHER TESTED AT THE NATIONAL HANSEN'S DISEASE  
PROGRAMS (NHDP) LABORATORIES IN BATON ROUGE, WITH THE AIM OF PRODUCING  
A NEW LEPROSY VACCINE BY 2011. IN PARALLEL, THE DEVELOPMENT OF  
DIAGNOSTIC TESTS IS CONTINUING. ALM ALSO CONTRIBUTES TO THE  
ILEP-BACKED CONSORTIUM, THE INITIATIVE FOR DIAGNOSTIC AND  
EPIDEMIOLOGICAL ASSAYS IN LEPROSY (IDEAL).

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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13-5562163

OTHER PROJECTS SUPPORTED BY ALM FOCUS ON THE TREATMENT OF CASES AND THE CLINICAL COMPLICATIONS OF LEPROSY. A LARGE STUDY TO COMPARE 12-MONTHS MULTI-DRUG THERAPY (MDT) WITH THE STANDARD 24-MONTH REGIMEN WAS COMPLETED AND WRITTEN UP FOR PUBLICATION. TWO STUDIES EXAMINING LEPROSY REACTIONS - ONE LOOKING AT HORMONAL RISK FACTORS FOR REACTIONS AND THE SECOND LOOKING AT NEW TREATMENT MODALITIES FOR REVERSAL REACTIONS, HAVE ALSO BEEN COMPLETED AND ARE BEING ANALYZED. IN ADDITION TO DIRECT FUNDING, ALM'S TECHNICAL CONSULTANTS CONTRIBUTE ADVICE AND TECHNICAL BACK-UP TO MANY STUDIES, ESPECIALLY IN THE AREA OF DISABILITY PREVENTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM, FOUR (ANGOLA, DR CONGO, CHINA AND MYANMAR) REPORT A HIGH RATE OF DISABILITY IN NEW CASES (>10%).

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

SOCIO-ECONOMIC SERVICES

2009 SAW ALM PARTNER WITH MORE THAN 25 DIFFERENT NGO, FBO OR GOVERNMENT MANAGED SOCIO-ECONOMIC SERVICE PROGRAMS IN 13 DIFFERENT COUNTRIES: ANGOLA, BRAZIL, CHINA, COTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, GHANA, INDIA, MYANMAR, NEPAL, THE PHILIPPINES, SOMALIA AND THAILAND. WHILE THESE PROGRAMS SEEK TO INCREASE THE LIVING STANDARD AND SELF RELIANCE OF PEOPLE AFFECTED BY LEPROSY AND RELATED CONDITIONS, THE SINGLE MOST IMPORTANT INTENDED OUTCOME IS STIGMA REDUCTION (OFTEN DIFFICULT TO MEASURE). ALL OF ALM'S PARTNERS DEVELOP THE VALUES OF

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN LEPROSY MISSIONS, INC.

Employer identification number

13-5562163

SELF SUFFICIENCY AND INDEPENDENCE VIA ONE OR MORE OF THE FOLLOWING:

BASIC EDUCATION, VOCATIONAL TRAINING, COMMUNITY HEALTH DEVELOPMENT,

ANIMAL HUSBANDRY, AGRICULTURE/FOOD SECURITY, INCOME GENERATION, WATER

SYSTEMS, ELDER CARE OR HOUSING INITIATIVES. DURING 2009, ALM SUPPORTED

SOCIO-ECONOMIC PROGRAMS IMPACTED THE LIVES OF MORE THAN 7,250 DIRECT

BENEFICIARIES.

EXPENSES \$ 657136. INCLUDING GRANTS OF \$ 521181. REVENUE \$ 0.

OTHER DISEASES

ALM'S INTEREST IN OTHER DISEASES RELATES PARTICULARLY TO THOSE

NEGLECTED, TROPICAL INFECTIONS WHICH LEAD TO A SERIOUS BURDEN OF

DISABILITY - THE ADDED VALUE FROM OUR TECHNICAL INPUT IN THE PREVENTION

OF DISABILITY IS WIDELY RECOGNIZED BY WHO AND A RANGE OF INTERNATIONAL

AGENCIES. WE CONTINUED TO SUPPORT BURULI ULCER CONTROL PROGRAMS IN

THREE COUNTRIES: GHANA, COTE D'IVOIRE AND DR CONGO. IN GHANA AND COTE

D'IVOIRE, WE WORK WITH THE NATIONAL PROGRAM AND WITH MAP INTERNATIONAL,

SUPPORTING EARLY CASE FINDING AND TREATMENT; THROUGH OUR TECHNICAL

CONSULTANTS, WE GIVE PARTICULAR SUPPORT TO TRAINING FOR DISABILITY

PREVENTION ACTIVITIES AT COMMUNITY LEVEL. IN DR CONGO, SIMILAR

ACTIVITIES TAKE PLACE, BUT OUR SUPPORT CURRENTLY GOES THROUGH A SINGLE

FBO (IME KIMPESE), WHICH IS ONE OF FEW INSTITUTIONS ACTIVE IN THIS

FIELD. A TOTAL OF ABOUT 3,000 NEW CASES ARE DIAGNOSED EACH YEAR IN THE

THREE COUNTRIES WHERE WE WORK: 2,000 IN IVORY COAST, 650 IN GHANA AND

350 IN DR CONGO.

EXPENSES \$ 477675. INCLUDING GRANTS OF \$ 378850. REVENUE \$ 0.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN LEPROSY MISSIONS, INC.

Employer identification number

13-5562163

**TRAINING**

CAPACITY BUILDING IS CENTRAL TO OUR ACTIVITIES AND MUCH OF THE WORK OF OUR TECHNICAL CONSULTANTS RELATES TO TRAINING. WE SUPPORT A NUMBER OF HEALTH STAFF ATTENDING SHORT TRAINING COURSES AND CONTRIBUTE TO THE RUNNING COSTS OF TWO SCIENTIFIC JOURNALS, WHICH HELP TO DISSEMINATE INFORMATION ABOUT LEPROSY. WHEN RESEARCH PROJECTS ARE EVALUATED FOR SUPPORT, WE ENSURE A TRAINING COMPONENT, SO THAT EXPERTISE IS TRANSFERRED TO ENDEMIC AREAS. AS MENTIONED ABOVE, ROUTINE SUPPORT OF NATIONAL PROGRAM INCLUDES A TRAINING COMPONENT, AS ALL SUPERVISION INCLUDES AN ELEMENT OF ON-THE-JOB TRAINING.

EXPENSES \$ 371204. INCLUDING GRANTS OF \$ 294406. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: EACH INDIVIDUAL BOARD MEMBER IS GIVEN A COPY OF THE 990 DRAFT FOR THEIR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SIGNS THE POLICY AND STATE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: A SALARY SURVEY IS CONDUCTED EVERY TWO YEARS, PAY GRADES AND SCALES ARE SET ACCORDING TO THE SURVEYS AND THEN THE BOARD APPORVES THE BUDGET TOGETHER WITH A SALARY POOL.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AMERICAN LEPROSY MISSIONS, INC.

Employer identification number

13-5562163

NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE  
ON WEB [HTTP://WWW.LEPROSY.ORG/GETINFORMED/ABOUTALM/FINANCIALS.PHP](http://WWW.LEPROSY.ORG/GETINFORMED/ABOUTALM/FINANCIALS.PHP)  
OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C  
PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE F, PART II, LINE 3  
ALL FOREIGN GRANT RECIPIENTS ARE PART OF CHURCHES/DENOMINATIONS,  
NONGOVERNMENT ORGANIZATIONS (NGO), HUMANITARIAN ORGANIZATIONS OR RELIEF  
& DEVELOPMENT ORGANIZATIONS. ALL OF THESE ORGANIZATIONS ARE REVIEWED ON  
A REGULAR BASIS TO ENSURE THEY PROMOTE THE VISION, MISSION AND  
OBJECTIVES OF AMERICAN LEPROSY MISSIONS.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization** **AMERICAN LEPROSY MISSIONS, INC.** **Employer identification number**  
**13-5562163**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LEONARD WOOD MEMORIAL FOR THE ERADICATION OF LEPROSY AND THE AMERICAN - 13-5, 120 BROADUS AVENUE, GREENVILLE, SC 29601	RESEARCH AND CLINICAL WORK FOR THE ERADICATION OF LEPROSY, MEDICAL RESEARCH	NEW YORK	501(C)(3)	7	



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

