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Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization GLOBAL HEALTH MINISTRIES		D Employer Identification Number 36-3532234
		Number and street (or P O box if mail is not delivered to street addr) Room/suite 7831 HICKORY ST. NE		E Telephone number (763) 586-9590
		City, town or country State ZIP code + 4 MINNEAPOLIS MN 55432-2500		G Gross receipts \$ 3,149,859.
		F Name and address of principal officer TIMON IVERSON 7831 HICKORY ST MINNEAPOLIS MN 55432		
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: N/A				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐				
L Year of formation 1987 M State of legal domicile MN				

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH & MEDICAL SUPPORT TO FOREIGN MISSIONS	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23
5 Total number of employees (Part V, line 2a)	5 6
6 Total number of volunteers (estimate if necessary)	6 2,194
7a Total gross unrelated business revenue from Part VIII, I column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b
8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,424,112. Current Year 3,029,290.
9 Program service revenue (Part VIII, line 2g)	27,240. 120,569.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,451,352. 3,149,859.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,701,203. 2,494,083.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,762. 298,534.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,583. 34,790.
14 Benefits paid to or for members (Part IX, column (A), line 4)	152,470. 147,251.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,184,018. 2,974,658.
16a Professional fundraising fees (Part IX, column (A), line 11e)	267,334. 175,201.
b Total fundraising expenses (Part IX, column (D), line 25)	68,056.
17 Other expenses (Part IX, column (D), lines 11a, 11d, 11f-24f)	2,841,188. 2,947,638.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	283,365. 214,614.
19 Revenue less expenses Subtract line 18 from line 12	2,557,823. 2,733,024.
20 Total assets (Part X, line 16)	Beginning of Year End of Year
21 Total liabilities (Part X, line 26)	2,841,188. 2,947,638.
22 Net assets or fund balances Subtract line 21 from line 20	283,365. 214,614.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Rev. Timon Iverson</i>	Date 5-5-10
Type or print name and title Rev. Timon Iverson, Executive Director		

Paid Preparer's Use Only	Preparer's signature <i>Roger L. Hust</i>	Date 5-3-10	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Boyer & Company 14500 Burnhaven Drive Ste 135 BURNSVILLE MN 55306		EIN 5-3-10	
	Phone no (952) 435-3437			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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917,18 18

Part III Statement of Program Service Accomplishments**1.** Briefly describe the organization's mission:

Global Health Ministries continues the healing ministry of Jesus by enhancing health care programs of Lutheran churches in other countries. We provide financial support for health care programs, receive and ship donated medical supplies and equipment, recruit health care personnel for short term training projects, and collaborate with overseas partners in health care program development.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,848,964 including grants of \$ 1,449,858) (Revenue \$)

Shipping - Thirteen sea containers of donated and purchased, new and refurbished, medical and dental equipment and supplies were sent overseas. Five supported health facilities in Tanzania: Arusha Lutheran Medical Ctr., Maasai Dispensaries, the Iringa Diocese and the ELCT hospice program. Two were delivered to Curran and Phebe hospitals in Liberia. Three supplied Ngaoundere, Garoua Boulai, and Ngaoubela hospitals in Cameroon. One container was packed for Aira hospital in Ethiopia. Four hospitals in Zimbabwe: Mnene, Manama, Musume and Masase, shared one 40' container. A 20' container brought equipment to the newly constructed health clinic at Gallo in the Republic of Central Africa. In conjunction with another NGO, two containers were shipped to hospitals in Rwanda and Tanzania. Pallets of sorted and inventoried medical equipment and supplies were donated to other US nonprofits for their overseas ministries. Our growing suitcase ministry provided 100 suitcases of medical supplies to 39 groups of travelers on mission trips to Bangladesh, Cameroon, Cuba, Gambia, India, Kazakhstan, Kenya, Madagascar, Malawi, Mexico, Nigeria, Peru, Tanzania, and Uganda.

4b (Code:) (Expenses \$ 705,821 including grants of \$ 476,134) (Revenue \$)

Construction, renovation, and operation of health care facilities - Grants supported the construction and operation of Arusha Lutheran Medical Centre and the Selian Orthopedic Institute. The construction of a health clinic at Gallo in the Republic of Central Africa was nearly completed by year end. In southeastern Madagascar, AVIA, a long term initiative integrating public health care, nutrition, school, and economic development progressed at Manantantely bible school where students were trained to be health educators as well as ministers. Renovations to nine buildings at Manantantely, Toby Nenilava, and Manambaro hospital were also completed. Grants provided support to rural health clinics and Ejeda hospital in Madagascar. Global Health Administrative Partners, a GHM program, worked with the Lutheran church in Cameroon and its health care system to improve its administration. US Hospital administrators traveled to Cameroon to advise in management practices and an in-country consultant was hired to provide supervisory financial services to Ngaoundere hospital.

4c (Code:) (Expenses \$ 126,706 including grants of \$ 114,030) (Revenue \$)

Education - In Tanzania, scholarships were given to five medical students and to the continuing education of the staff at Selian Lutheran hospital and Arusha Lutheran Medical Centre. A pediatric cardiology resident, through Dodoma Christian Medical Centre, was supported. Scholarships for a lab assistant and a clinical medical officer at Shighatini hospital and a medical student at Illembula hospital were granted. In El Salvador, school scholarships were provided. Travel scholarships were granted to US medical students who were learning about global health in internships in Tanzania.

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

(Expenses \$ 89,834 including grants of \$ 80,848) (Revenue \$)

4e Total program service expenses ▶ 2,771,325

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)? If 'Yes,' complete Schedule A	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? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• 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? If 'Yes,' complete Schedule D, Part VII		
• 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? If 'Yes,' complete Schedule D, Part VIII		
• 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? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part 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? If 'Yes,' complete Schedule F, Part II	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? If 'Yes,' complete Schedule F, Part III	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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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	23	
b Enter the number of voting members that are independent	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		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?		
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	
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	
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	
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed **Minnesota**

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

GLOBAL HEALTH MINISTRIES 7831 HICKORY ST. NE, MINNEAPOLIS MN 55432-2500 (763) 586-9590

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**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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			
MAGDELINE AAGARD DIRECTOR	0.00	X						0.	0.	0.
DONNA WRIGHT DIRECTOR/PRESIDENT	0.00	X		X				0.	0.	0.
JAMES BUHR DIRECTOR	0.00	X						0.	0.	0.
MELVIN DALE DIRECTOR	0.00	X						0.	0.	0.
REV. TIMON IVERSON EXEC. DIR.	40.00	X						41,904.	0.	39,624.
BARBARA WANG MEMBER AT LARGE	0.00	X						0.	0.	0.
MOMO WALAPAYE DIRECTOR	0.00	X						0.	0.	0.
JEFFREY D. DAHL DIRECTOR	0.00	X						0.	0.	0.
KEN DAHLBERG DIRECTOR/TREASURER	0.00	X		X				0.	0.	0.
BEA HAAGENSON DIRECTOR	0.00	X						0.	0.	0.
JAMES HART DIRECTOR	0.00	X						0.	0.	0.
WILHELMINA HOLDER DIRECTOR	0.00	X						0.	0.	0.
GLEN KAPPELMANN DIRECTOR	0.00	X						0.	0.	0.
RANDY HURLEY DIRECTOR/V. PRES	0.00	X		X				0.	0.	0.
PAUL MATSON DIRECTOR	0.00	X						0.	0.	0.
NIEL MATTSON DIRECTOR	0.00	X						0.	0.	0.
DAVID PAGE DIRECTOR	0.00	X						0.	0.	0.

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

(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			
TIMOTHY PETERSON DIRECTOR	0.00	X						0.	0.	0.
KAREN PLAGER MEMBER AT LARGE	0.00	X						0.	0.	0.
JOHN PRABHAKAR DIRECTOR	0.00	X						0.	0.	0.
KATHY QUANBECK DIRECTOR	0.00	X						0.	0.	0.
ANDRY RANALVOSON DIRECTOR	0.00	X						3,753.	0.	0.
LOUIS DORVILLIER DIRECTOR	0.00	X						0.	0.	0.
SUSAN VITALIS SECRETARY	0.00	X		X				0.	0.	0.
THOMAS OLSON DIRECTOR	0.00	X						0.	0.	0.
DAVID THOMPSON DIRECTOR	0.00	X						0.	0.	0.
CYNTHIA WILKE DIRECTOR	0.00	X						0.	0.	0.
	0.00							0.	0.	0.
	0.00							0.	0.	0.
1 b Total								45,657.	0.	39,624.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 2,617.				
	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 3,026,673.				
	g Noncash contrbns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		3,029,290.			
PROGRAM SERVICE REVENUE	Business Code					
	2a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		120,569.	120,569.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,149,859.	120,569.	0.	0.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	217,479.	217,479.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,600.	3,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,273,004.	2,273,004.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,041.	58,130.	16,605.	8,306.
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	161,517.	95,533.	62,098.	3,886.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,785.	8,599.	4,836.	350.
9 Other employee benefits	28,306.	19,172.	8,467.	667.
10 Payroll taxes	11,885.	6,887.	4,723.	275.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,610.	0.	3,610.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	34,790.			34,790.
f Investment management fees				
g Other				
12 Advertising and promotion	504.	78.	0.	426.
13 Office expenses	57,332.	24,586.	13,442.	19,304.
14 Information technology	2,784.	1,268.	1,516.	0.
15 Royalties				
16 Occupancy	33,036.	25,976.	7,060.	0.
17 Travel	9,028.	8,976.	0.	52.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,234.	6,808.	426.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,446.	20,830.	9,616.	0.
23 Insurance	2,159.	0.	2,159.	0.
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 MISCELLANEOUS	1,118.	398.	720.	0.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,974,658.	2,771,324.	135,278.	68,056.
26 Joint costs. Check here ☐ 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	549,991.	1	159,796.
	2 Savings and temporary cash investments	1,191,729.	2	1,733,809.
	3 Pledges and grants receivable, net	90,562.	3	63,728.
	4 Accounts receivable, net	7,220.	4	9,908.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,824.	9	26,425.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,154,532.		
	b Less: accumulated depreciation	10b 200,560.	10c	953,972.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,841,188.	16	2,947,638.	
LIABILITIES	17 Accounts payable and accrued expenses	66,660.	17	65,529.
	18 Grants payable	75,000.	18	45,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	141,705.	24	104,085.
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	283,365.	26	214,614.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,344,474.	27	1,506,039.
	28 Temporarily restricted net assets	1,133,433.	28	1,147,069.
	29 Permanently restricted net assets	79,916.	29	79,916.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,557,823.	33	2,733,024.
34 Total liabilities and net assets/fund balances.	2,841,188.	34	2,947,638.	

BAA

Form 990 (2009)

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?

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

- 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

BAA

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

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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 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 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 is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	2,609,983.	2,663,710.	2,920,311.	3,423,685.	3,029,290.	14,646,979.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	2,609,983.	2,663,710.	2,920,311.	3,423,685.	3,029,290.	14,646,979.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						14,646,979.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,609,983.	2,663,710.	2,920,311.	3,423,685.	3,029,290.	14,646,979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,501.	32,738.	47,027.	24,680.	120,569.	259,515.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						14,906,494.
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	98.26 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.86 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 ☐

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Schedule A (Form 990 or 990-EZ) 2009

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

	Held at the End of the 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 easement 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 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	277,309.	248,260.			
b Contributions	50,190.	35,853.			
c Net investment earnings, gains, and losses	89,262.	1,732.			
d Grants or scholarships					
e Other expenditures for facilities and programs	9,052.	8,536.			
f Administrative expenses					
g End of year balance	407,709.	277,309.			

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

- a Board designated or quasi-endowment ▶ 73.00 %
 b Permanent endowment ▶ 7.00 %
 c Term endowment ▶ 20.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	93,200.			93,200.
b Buildings	1,028,357.		177,460.	850,897.
c Leasehold improvements				
d Equipment	32,975.		23,100.	9,875.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				953,972.

BAA

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,149,859.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,974,658.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	175,201.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	175,201.

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	3,149,859.
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	
3	Subtract line 2e from line 1	3	3,149,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,149,859.

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

1	Total expenses and losses per audited financial statements	1	2,974,658.
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	
3	Subtract line 2e from line 1	3	2,974,658.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,974,658.

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.

Pt V Line 4 _____ **Used to supplement support for the Organization's** _____

_____ **general operations** _____

Part XIV	Supplemental Information <i>(continued)</i>
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This image shows a full page of white paper designed for handwriting practice. It features 18 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

**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

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Sub-Saharan Africa	0	0	Grantmaking		563,424.
Sub-Saharan Africa	0	2	Program Services	Health Fac. Oper.	328,284.
Sub-Saharan Africa	0	0	Program Services	Med. Sup. & Eq	1,319,931.
South Asia	0	0	Program Services	Med. Sup. & Eq	11,006.
South Asia	0	0	Grant Making		5,000.
Central America	0	0	Grant Making		5,600.
Central America	0	0	Program Services	Medical Sup.	215.
South America	0	0	Program Services	Med. Sup. & Eq	3,949.
Russia	0	0	Program Servies	Med. Sup. & Eq	2,520.
North America	0	0	Program Services	Medical Sup.	700.
Totals	0	2			2,240,629.

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

Schedule F (Form 990) (2009)

Schedule F Part II Grants to Organization Out side US

Region	Purpose of Grant	Amount of cash grant	Manner of Disbursement	Amount of non cash assistance	Description of Non cash	Method of valuation
Sub-saharan Africa	hospital operations	32,508	Wire transfer	243,377	medical supplies & equip	FMV/estimated
Sub-saharan Africa	hospital construction	195,297	Wire transfer			
Sub-saharan Africa	medical scholarships	64,000	Wire transfer			
Sub-saharan Africa	clinic operations & construction	61,500	Wire transfer	1,169	medical supplies & equip	FMV/estimated
Sub-saharan Africa	management & hospice	31,000	Wire transfer	253,897	medical supplies & equip	FMV/estimated
Sub-saharan Africa	AIDS prevention	3,750	Wire transfer	77,349	medical supplies & equip	FMV/estimated
Sub-saharan Africa	clinic operations	27,436	Wire transfer			
Sub-saharan Africa	nursing scholarships	26,515	Wire transfer			
Sub-saharan Africa	medical scholarship	13,420				
Sub-saharan Africa				73,320	medical supplies & equip	F
Sub-saharan Africa				76,139	medical supplies & equip.	FMV/estimated
Sub-saharan Africa				29,294	medical supplies & equip	FMV/estimated
Sub-saharan Africa				99,736	medical supplies & equip.	FMV/estimated
Sub-saharan Africa				172,925	medical supplies & equip.	FMV/estimated

Schedule F Part II Grants to Organization Out side US

Region	Purpose of Grant	Amount of cash grant	Manner of Disbursement	Amount of non cash assistance	Description of Non cash	Method of valuation
Sub-saharan Africa	hospital operations	84,508	Wire transfer	243,377	medical supplies & equip	FMV/estimated
Sub-saharan Africa	hospital construction	213,797	Wire transfer			
Sub-saharan Africa	medical scholarships	33,000	Wire transfer			
Sub-saharan Africa	clinic operations & construction	61,500	Wire transfer	1,169	medical supplies & equip	FMV/estimated
Sub-saharan Africa	management & hospice	31,000	Wire transfer	253,897	medical supplies & equip	FMV/estimated
Sub-saharan Africa	AIDS prevention	3,750	Wire transfer	77,349	medical supplies & equip	FMV/estimated
Sub-saharan Africa	clinic operations	27,436	Wire transfer			
Sub-saharan Africa	nursing scholarships	26,515	Wire transfer			
Sub-saharan Africa				73,320	medical supplies & equip	F
Sub-saharan Africa				76,139	medical supplies & equip.	FMV/estimated
Sub-saharan Africa				29,294	medical supplies & equip	FMV/estimated
Sub-saharan Africa				99,736	medical supplies & equip.	FMV/estimated
Sub-saharan Africa				172,925	medical supplies & equip.	FMV/estimated

Schedule F, part IV

Applicants for assistance must be supported by or related to a Lutheran church or Lutheran mission agencies based in the United States or have a clearly defined relationship with one of these churches or agencies. The Lutheran group must endorse the application.

The application, including a description of the project and a detailed budget, is screened by the Executive Director then submitted to the Executive Committee.

The Executive Committee may approve, or disapprove. Or request clarification or changes or recommend the project be reviewed by the full Board of Directors for approval.

Follow through begins with a "Declaration of Responsibility" signed by the applicant which states that the applicant has an obligation to use the funds responsibly, to submit progress reports at six month or more frequent intervals and upon completion of the project, and to make the project or any part of the project records available for inspection by Global Health Ministries.

Grants are distributed on a quarterly basis to allow evaluation of progress reports.

The Executive Director or designated project manager will receive the follow up reports and report on the status of the project to the Board of Directors.

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

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ 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.

- | | |
|---|--|
| ☒ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☒ In-person solicitations | |

2a Did the organization have 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			
LAMONT KOERNER	DEVELOPE		X	0.	24,790.	-24,790.
	FUNDRAISING					
	PROGRAMS					
WILLIAM ELMSTROM	GIFT		X	0.	10,000.	-10,000.
	DEVELOPMENT					
Total				0.	34,790.	-34,790.

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

Minnesota

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
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary Combine lines 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))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' explain.

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

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers? _____

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

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** 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 contact 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, Part II Grants to organizations in the US

Name & Address	EIN	IRC Section	Amount of cash grant	Amount of non-cash assistance	Method of valuation	Description	Purpose of grant
ChildVoice International PO Box 579, Durham, NH 03824	20-4644590	501(c)(3)	11,250				deep tube well - Uganda
Gleaning for the World PO Box 645 Concord, VA 24538	54-1930105	501(c)(3)		29,589	FMV/estimated	medical supplies & equip	medical supplies
Friends Serving Uganda 3285 Lake Shore Ct, Chaska, MN 55318	26-2927820	501(c)(3)	5,000	1,450	FMV/estimated	medical supplies & equip	deep tube well - uganda medical supplies
Project Hero 2204 5th Ave N, Moorhead, MN 56560	45-0457109	501(c)(3)		8,400	FMV/estimated	medical equipment	medical equipment
African Health & Hospital Foundation 4909 Iaciede Ave., St Louis, MO 63108		501(c)(3)		21,430	FMV/estimated	medical supplies & equip	medical supplies
Abraham's Blessing 18 Kairnes St, Albany, NY 12205	14-1790920	501(c)(3)		135,962	FMV/estimated	medical supplies & equip.	medical supplies

Schedule I, part IV

Applicants for assistance must be supported by or related to a Lutheran church or Lutheran mission agencies based in the United States or have a clearly defined relationship with one of these churches or agencies. The Lutheran group must endorse the application. The application, including a description of the project and a detailed budget, is screened by the Executive Director then submitted to the Executive Committee. The Executive Committee may approve, or disapprove. Or request clarification or changes or recommend the project be reviewed by the full Board of Directors for approval. Follow through begins with a "Declaration of Responsibility" signed by the applicant which states that the applicant has an obligation to use the funds responsibly, to submit progress reports at six month or more frequent intervals and upon completion of the project, and to make the project or any part of the project records available for inspection by Global Health Ministries.

Grants are distributed on a quarterly basis to allow evaluation of progress reports.

The Executive Director or designated project manager will receive the follow up reports and report on the status of the project to the Board of Directors.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545 0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	25,888.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1,463	1,327,519.	Estimated Value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	
33		

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

Pt I Line 32b All gifts of securities are processed and sold through

UBS Financial Services, Minneapolis

Pt 1 Column b The Organization is reporting the number of contributions

received not the number of items received

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Pt III Line 4d Disease intervention - Grants were given to hospice programs
in Cameroon, The Republic of Central Africa and
Tanzania. The malaria prevention program at Punena
Health Center in Uganda and the Guatemala program
to train health promoters received support. Funding was given
for a new program at Arusha Lutheran Medical Centre
to provide rape and sexual abuse conseling. Borehole
well projects in Uganda and Nigeria were funded.
Charity funds were given to Selian Hospital in Tanzania
to cover costs of patients unable to pay for their
health care.

Pt VI-B, Line 11A The audited financial report used to prepare the IRS
Form 990 is approved by the Board Of Directors at the
April Board meeting. Information to be compiled in the
Form 990 is reviewed at that time. The finished Form
990 is e-mailed to all directors for personnal review
prior to the submission date.

Pt VI-B, Line 12c All board members, officers, and key personnel are
required to fill out conflict of interest forms
annually. Any potential conflicts are reviewed by the
executive director and brought to the attention of the
Executive Committee of the Board.

Pt VI-B, Line 15 The salary of the Executive Director is determined

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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required to fill out conflict of interest forms

annually. Any potential conflicts are reviewed by the

executive director and brought to the attention of the

Executive Committee of the Board.

Pt VI-B, Line 15 The salary of the Executive Director is determined

Name of the organization

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

by the Executive Committee of the Board Of Directors.

The general operating budget, containing the executive

director's salary, is reviewed by the Finance

Committee and recommended to the Board for final

approval at the fall board meeting.

Pt VI-C, Line 19 Annual reports are posted on the web site and

included in a newsletter mailing. Donors are reminded,

in the newsletter and at the web site, that the

governing documents, policies, and financial

statements are available on request.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

support for health care programs, receive and ship donated medical supplies
and equipment, recruit health care personnel for short term training projects,

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: See Schedule Attached

Expenses 89,834.

Grants Of 80,848.

Revenue 0.
