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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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

<u>A</u>	For the	2009 cal	endar ye	ear, or tax	<u>cyear beg</u>	ginning					, and e	ending			_	_		
В	Check if ap	plicable	Please	C Name	e of organiz	ation	GLOBA	L MINIST	RIES FC	UNDAT	TION] [) Emplo	yer ide	entification r	number	
	Address o	change	use IRS label or	Doing	Business /	As							5	6-2378	045			
雨	Name cha	anne	print or				box if mail	is not deliver	ed to street	address)	T _B	oom/su	_	Teleph		ımher		
=	Initial retu	-	type			•	box ii iiiaii i		00 10 011001	400,000,	1.,	00111100						
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닏	Terminate	ed	Instruc-	City o		e or countr	ry, and ZIP	+ 4										
Ш	Amended	return	tions	CORDO	<u>AVC</u>				TN	38	3088			Gross	receipt	s \$	<u>5</u> ,	<u>,444,969</u>
	Applicatio	n pending	FN	lame and	address of	of principa	al officer:					H(a)	Is this	s a group	return f	for affiliates?	∏Ye	s X No
			Bichard	d Hamlet	D O B	ov 1150	Cordova	TN 380	98			1 '					Π̈́γe	$\overline{}$
_								<u>, TN 380</u>	_	_		┦┖╚		ıll affılıate:				s No
1	Tax-exer	npt status	<u> [X]</u> 50	01(c) (3)◀	(ınsert n	.o.)	4947(a)	(1) or	527		╛	If "No	o," attach	a list (see instruction	ins)	
J	Website	; ▶										H(c)	Grou	p exempti	เอก ทนเท	nber 🕨		
		ganization	$\overline{\nabla}$	orporation	Trus	🗖 🛵	ssociation	Other		·-	li va	ar of for				M State of I	ogal domici	lo TAI
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	Part I		mmary															
	1	Briefly d	lescribe	the orga	ınızatıon'	s missio	n or mos	t significa	nt activiti	es: Cl	haritab	ole fin	ancı	al missi	on su	ıpport, mo	bilization	of
	Ì	voluntee	ers and a	administ	ration ov	ersight o	of all char	ıtable reli	ef and de	velopm	ent pr	rojects	arc	ound the	worl	d.		
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Jan																		
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霉	2															ıts net ass	ets.	
3	3	Number	of voting	ig memb	ers of the	e govern	iing body	(Part VI,	line 1a) .							3		3
es	4	Number	of indep	pendent	voting m	embers	of the go	verning b	ody (Par	t VI, line	e 1b) .				. L	4		2
<u> </u>	5	Total nu	mber of	employe	es (Part	t V, line 2	2a)									5		12
A	6				•)								6		
SEP Adivide 2000 Rernance	7a							VIII, colu							_ -	7a		0
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	8				(Part VI			ALIG :	17 201	n 18					304,2			440,396
	9				e (Part V					1 /0	١.			3,	907,1		2,	915,832
	10							4, and 7d			· 1				_50,9)59		88,741
	11	Other re	venue (l	Part VIII.	, column	(A), line	s 5, 6d, 8	3c, 9c, 10	2. and 11	q)] .					0		0
<i>⊗0</i>	12	Total reve	enue—ad	dd lines 8	through 1	1 (must e	qual Part	VIH, colum	m (A): line	12)	<u> </u>			4,	262,3	341	5,	444,969
	13							(A), lines						2.	921,9	93	2,	124,250
	14				-											0		0
	15	Benefits paid to or for members (Part IX, column (A), line 4)								259,7	766		293,497					
Expenses	16a	Professional fundraising fees (Part IX, column (′⊢−				0		200,707
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. X	b		•	• .	•			ne 25) 🕨			(4						
	117		•	•				1d, 11f–24	-		•				780,3			660,024
	18							t IX, colun	nn (A), Iir	ne 25)				3,	962,1	37	<u> </u>	<u>077,771</u>
	19_	Revenue	e less ex	xpenses	. Subtrac	t line 18	from line	12	<u>.</u>	<u>.</u>					300,2	204	2,	367,198
Net Assets or	Ses				<u> </u>			-	_			Beg	innin	g of Curi	rent Ye	ar	End of Yea	ar
ets	20	Total as	sets (Pa	art X. line	16)									2,	308,9	903	4,	923,510
Ass	21		,		•						_				820,4			139,596
ē.	22							line 20			-				488,4			783,914
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	411				I declare #	hat I have s	avamined th	ue return unc	luding acco	mpanying	schedu	les and	letate	mente a	nd to th	e best of my	knowledge	
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Form **990** (2009)

ř	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Advance the gospel in great commission work around the globe.
	To provide low to moderate income housing nationwide as part of the parent's charitable outreach/social services plan.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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
	\$ervices?
	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.
40	(Code:) (Expenses \$ 2,732,549 including grants of \$ 0) (Revenue \$ 0)
44	the contract of the contract o
	Mission trips, etc.

4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
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4c	(Code: 0 including grants of \$ 0 (Revenue \$ 0)

	*
	·
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
46	Total program service expenses ► 2.732.549

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		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	5		
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,"	ľ		1
	complete Schedule D, Part I	6		Х
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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part IV	9		_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	10		_X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
_	VII, VIII, IX, or X as applicable			
•	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 statements for the tax year? If "Yes," complete	ļ		
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	{		
40	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	10		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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	15	х	
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	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20	If "Yes," complete Schedule G, Part III	19 20		X
	Did the diganization operate one of more hospitale. If Too, complete defided in			

		ļ	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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	j]
	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, 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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		<u>X</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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	<u>25</u> a		<u> </u>
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	051		\ ,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	20	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u></u>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		Х
С	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,	1		
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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?	00		\ ,
00	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
J4	III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	 • •		
00	Schedule R, Part V, line 2	35		Х
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		х
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	Х	

Form 990 (2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
1.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		162	NO
1a	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	За		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country" ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
C -	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
6a	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
0	required?			
8	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?	8	7 700	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a		
0	II Tes. effici the afficult of tax-exempt interest received of accided during the year		. !	1

Part VI Gov

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.

1s Enter the number of voting members of the governing body. b Enter the number of voting members that are independent. c) The third the number of voting members that are independent. Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? 2	Sect	ion A. Governing Body and Management				1	Т
b Enter the number of voting members that are independent.			م ا	1	٠	Yes	No
2 Dut any officer, director, trustee, or key employee? 3 Dut the organization delegate control over management duties outstomantly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 4 Dut the organization make any syndicant changes to its organizational documents since the prior Form 990 was filed? 5 Dut the organization become aware during the year of a material diversion of the organizations assests? 5 Does the organization here members of stockholders? 6 X 5 Does the organization here members, stockholders, or other persons who may elect one or more members of the governing body? 5 Dut the organization here members, stockholders, or other persons who may elect one or more members of the governing body? 5 Dut the organization ore members, stockholders, or other persons? 6 X 7a Dut the organization ore members, stockholders, or other persons? 7b X X 7c Dut the organization ore members, stockholders, or other persons? 7c Dut the organization ore members, stockholders, or other persons? 7d Dut the organization ore members, stockholders, or other persons? 8a X 8a X 8b Dut the organization or the persons who may elect one or more members of the governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 Each committee with authority to act on behalf of the governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Each committee with authority to act on behalf of the governing body? 18 Each committee with authority to act on behalf of the governing body? 19 Each committee with autho	1a	Enter the number of voting members of the governing body			3 .		, , , , , , , , , , , , , , , , , , ,
any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Does the organization have members or other persons who may elect one or more members of the governing body? 9 Are any devisions of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Describe the properties of the governing body subject to approval by members, stockholders, or other persons? 10 Describe any officer, director, trustee, or key employee listed in Part VII, Soction A, who cannot be reached at the organization semilar and the governing body? 10 Describe organization have local chapters, branches, or affiliators? 10 Describe organization have local chapters, branches, or affiliators? 10 Describe organization have local chapters, branches, or affiliators? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliators and branches to ensure their operations are consistent with those of the organization? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," and officers or key employees and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization have a written own of the feet of the policy? If "Yes," and the organization have a written		Enter the number of voting members that are independent		<u> </u>	- 음		' .'
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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? The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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. Disclosure 15a X 15b X 16a X 16a X Section C. Disclosure 16a X 16a X 16a X 16a V V Unon request 17 List the states with which a copy of this Form 990 is required to be filed 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 X 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: Pichard Hamlet 901-684-5556	13	Does the organization have a written whistleblower policy?					
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The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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. Disclosure 16b Section 6.104 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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Fischard Hamlet Plichard Hamlet 901-684-5556	15	Did the process for determining compensation of the following persons include a review and	appro	val by	1.	٠, ٠	* 1
the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed 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 X Sette the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet Note instructions. See instructions. See instructions. (See instructions.) (Is a palicate nation a joint venture or smillar arrangement (Is a palicate nation a joint venture or smillar arrangement (Is a palicate nation a joint venture or smillar arrangement (Is a palicate nation a joint venture or smillar arrangement (Is a palicate nation a joint venture or smillar arrangement (Is a palicate nation a joint venture or smi		independent persons, comparability data, and contemporaneous substantiation of the delibe	ration	and decision?	·		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed Section C. Disclosure 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 Website Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Fischard Hamlet Pichard Hamlet Pichard Hamlet	а					_	<u> </u>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b				15b	X	<u> </u>
with a taxable entity during the year?					`	.	
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?	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrang	ement			
tis 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?					16a		X
the organization's exempt status with respect to such arrangements?	b				- [· .		
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 X 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: Richard Hamlet 901-684-5556		its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to s	safeguard			
 List the states with which a copy of this Form 990 is required to be filed 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 X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:		the organization's exempt status with respect to such arrangements?	<u></u>	<u>.</u>	16b		<u>l</u>
 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet 901-684-5556 	Sect	ion C. Disclosure					
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available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet 901-684-5556	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 99	D-T (501(c)(3)	s only)		
Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet 901-684-5556							
 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet 901-684-5556 							
policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Hamlet 901-684-5556	19		ments	, conflict of int	erest		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Richard Hamlet 901-684-5556							
organization: ► Richard Hamlet 901-684-5556	20	State the name, physical address, and telephone number of the person who possesses the b	ooks	and records o	f the		
				001-684-6		 -	
		65 Germantown Court #409, Cordova, TN 38018					

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 compo	ensate any curr	ent of	fice	r, d	lired	ctor, o	r tr	ustee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Richard Hamlet President & Chairman	40.	X		х	х	X		_ 54,835	0	0
Alan Swafford Director	1.	Х						0	0	0
Thomas Stovall Director	1.	Х						0	0	0
Nancy Hall Treasurer	40			х				32,041	0	0
Jimmy Ervin Key Employee	40.				х			40,000	0	0
		_								
	_									
	_									
			П							
					П					

56-2378045

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	Hig	hes	t Co.	mpensated Em	ployees (co	ntınu	ied)	
	(A)	(B)			(C)			(D)	(E)		(F)
	Name and title	Average	Po	sition	(chec	k all ti	hat ap		Reportable	Reportable		Estima	
		hours per week	or d	Inst	Officer	Key	em H	Former	compensation from	compensati from relate		amour oth	
			Individual trustee or director	tutio	Ĕ	Key employee	lest o	ner	the organization	organizatio (W-2/1099-M		compen from	
			l a ta	nal t	ļ	loye	le om		(W-2/1099-MISC)	,		organiz and re	zation
			stee	Institutional trustee		°	Highest compensated employee					organiza	
				ř			ated						
										_		_	
													
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1b	Total					٠	٠.	. ▶	126,876		-		
2	Total number of individuals (including but no	ot limited to thos	e list	ed a	bove	e) wł	no re	ceive					
	reportable compensation from the organizat	ion 🕨			0								
												Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,		_	st compensated		3		X
4							-			 m	"	 	 ^
4	For any individual listed on line 1a, is the su the organization and related organizations g												
	individual										4		X
5	Did any person listed on line 1a receive or a	ccrue compens	ation	fror	n an	y uni	relate	ed or	ganization for				
	services rendered to the organization? If "Y									<u> </u>	5		X
Sec	tion B. Independent Contractors						_						
1	Complete this table for your five highest con	npensated indep	pend	ent c	contr	acto	rs tha	at re	ceived more tha	n \$100,000	of		
	compensation from the organization							Γ	/B)	T		(C)	
	(A) Name and business a	ddress							(B) Description of serv	rices	Com	(C) pensation	
		· <u>-</u> -											C
							:	<u> </u>					C
		-						<u> </u>					
	Total number of independent contractors (in	icluding but not	limito	od to	thos	e lie	ted s	L	a) who received				
-	more than \$100,000 in compensation from t						0	O V I	., mio 1000ived				

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
σ ₍₀	10	Federated campaigns 1a	<u> </u>				-
혈벌	1a	, ,					
22	b	Membership dues	0				
μĚ	С	Fundraising events	0				
ı,	4	Related organizations	2,440,396				
e'≣	u		2,110,000	1			
S E	е	Government grants (contributions)	U				
ë .	f	All other contributions, gifts, grants, and					
ž š		similar amounts not included above 1f	o				
i <u>E</u> to	_	Noncash contributions included in lines 1a-1f: \$	0				
Contributions, gifts, grants and other similar amounts	g	-	>	0.440.000			
O B	<u>h</u>	Total. Add lines 1a-1f		2,440,396	·		
g			Business Code				
Ē	2a	Contributions	900099	2,650,358			
ě	ь		900099	165,788			
ĕ			900099	99,686	·		
Š	C		300033				
Š	đ		-	0			
Program Service Revenue	е			0			
gra	f	All other program service revenue		o			
Pro	a	Total. Add lines 2a–2f	•	2,915,832			
				<u> </u>			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		88,741			
	4	Income from investment of tax-exempt bond proceed	ls ▶	0			
	5	Royalties	Г	0			
	•	(i) Real	(ii) Personal				
	_		(ii) i ersonai				
	6a	Gross Rents					
	b	Less. rental expenses				'	
	С	Rental income or (loss) 0	o				
	d	Net rental income or (loss)		0		- '	
		Gross amount from sales of (i) Securities	(ii) Other				
	/a						
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses	o				
	c	Gain or (loss) 0	0				
	l .	Net gain or (loss)		0			+ +
	d		• • • • • •				-
ø	ва	Gross income from fundraising					
2		events (not including \$ 0					
ē		of contributions reported on line 1c).					
ě		See Part IV, line 18 a	ol				
-	h	Less: direct expenses b					
Other Revenue					•		
ರ		Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	. 0				
	Ь	Less: direct expenses b	0				
		Net income or (loss) from gaming activities		0			
			· · · · · · ·	<u>_</u>			
	IUa	Gross sales of inventory, less	_				
	1	returns and allowances a	0				
	b	Less. cost of goods sold b	0		- n mmm		
	C	Net income or (loss) from sales of inventory	▶	0			
	<u> </u>	Miscellaneous Revenue	Business Code				
	11-			o	-		
	11a						-
	b			0			
	C			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	r	5,444,969	0	0	0
					<u> </u>		

Form 990 (2009)

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). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 78.700 organizations in the U.S. See Part IV, line 21. 78,700 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 870,123 870,123 Grants and other assistance to governments, organizations, and individuals outside the 1,175,427 1,175,427 U.S See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, 126,876 74.384 52,492 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,583 Other salanes and wages 93,956 33,373 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 57,665 15,000 72,665 9 Other employee benefits 10 Fees for services (non-employees): а 0 b 0 Accounting C O d Professional fundraising services. See Part IV, line 17 ol 0 f 0 g 0 12 0 13 0 14 0 15 0 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 Conferences, conventions, and meetings . . . 19 0 20 Interest 0 21 0 22 Depreciation, depletion, and amortization. . . 23 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.) 345,222 See attached itemized list 685,479 340,257 -293,497 -165,422 -128.075Less. reported on line 5, 7 and 9 above b 0 C 268,042 268,042 d Mobilization of mission trips 0 All other expenses 3,077,771 345,222 Total functional expenses. Add lines 1 through 24f 2,732,549 25 Joint costs. Check here ▶ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)

Balance Sheet Part X (A) (B) Beginning of year End of year 304.556 1.095,118 1,359,076 2 1.039.085 2 Ol 3 3 ol 4 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of ol 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 546,640 7 2,537,486 7 8 Inventories for sale or use 62,968 9 128,068 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 30,334 10c 19.801 10b Less accumulated depreciation 57.389 2.691 4.068 11 11 0 12 12 Investments—other securities. See Part IV, line 11 ol 13 Investments—program-related. See Part IV, line 11. ol 13 0 ol 14 0 14 101,261 1,261 15 15 2,308,903 16 4,923,510 16 Total assets. Add lines 1 through 15 (must equal line 34) 544,733 17 845,843 17 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,225,688 23 1,243,753 Secured mortgages and notes payable to unrelated third parties . . . 23 50,000 24 50.000 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 1,820,421 26 2,139,596 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2,783,914 27 488,482 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds. 488,482 2,783,914 33 Total net assets or fund balances 33 2,308,903 34 4,923,510 34 Total liabilities and net assets/fund balances . . .

Form 990 (2009)

Pari	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	ļ		
	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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in	1		İ
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Ì		
	issued on a consolidated basis, separate basis, or both:		~	
	Separate basis X Consolidated basis Both consolidated and separate basis	1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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.	3b		<u> </u>
		Fo	rm 99 0	(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

Open to Public Inspection

Employer identification number Name of the organization GLOBAL MINISTRIES FOUNDATION 56-2378045 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. _____ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. **b** Type II c Type III–Functionally integrated Type III-Other a | Type I 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) (i) 11g(i) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (II) EIN (i) Name of supported organization in col (described on lines 1-9 in col (i) listed in your the organization in support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes 0 0 0

0

Total

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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) = 333	<u> </u>			3 /	
•	membership fees received. (Do not				j		
	include any "unusual grants.")	2,189,167	2,650,204	4,153,764	4,211,382	5,356,228	18,560,745
2	Tax revenues levied for the organization's		, , , , , ,				
-	benefit and either paid to or expended on						
	its behalf	o	o				0
3	The value of services or facilities					·-	
•	furnished by a governmental unit to the						
	organization without charge	o	o				0
4	Total. Add lines 1 through 3	2,189,167	2,650,204	4,153,764	4,211,382	5,356,228	18,560,745
5	The portion of total contributions by each	2,100,107	2,000,201	1,100,101	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		,
•	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.						18,560,745
	ion B. Total Support	() 0005	(1) 0000	(-) 0007 T	(-I) 0000	(-) 0000	/f\ Tatal
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 20 <u>0</u> 7	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,189,167	2,650,204	4,153,764	4,211,382	5,356,228	18,5 <u>60,745</u>
8	Gross income from interest, dividends,		1				
	payments received on securities loans,						
	rents, royalties and income from similar sources	10,124	73,857	240,255	50,959	88,741	463,936
9	Net income from unrelated business	10,124	75,657	240,233	30,333	00,741	400,000
3	activities, whether or not the business is						
	regularly carried on						. 0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0				0
11	Total support. Add lines 7 through 10						19,024,681
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here				<u> </u>		▶
	ion C. Computation of Public Support	t Percentage	 				07.500/
14	Public support percentage for 2009 (line 6, o					14	97 56% 0 00%
15	Public support percentage from 2008 Scheo					15	
16a	33 1/3% support test-2009. If the organiza	tion did not che	eck the box on	line 13, and lin	e 14 is 33 1/39	% or more, cne	CK this dox
	and stop here. The organization qualifies as						
b	33 1/3% support test-2008. If the organiza						
4 –	box and stop here. The organization qualified	es as a publicly	/ supported org	janization . .			
17a	10%-facts-and-circumstances test-2009. or more, and if the organization meets the "I	ii the organiza	uon ala noi che metanose" tost	obook this ho	e is, ioa, oi :	rou, and line is	art IV how
	the organization meets the "facts-and-circur						
h	10%-facts-and-circumstances test–2008.	If the organiza	tion did not che	ori quaiilles as	a publicly sup	or 17a and li	ne 15 is 10%
b	or more, and if the organization meets the "I	ii iiie oiyaiiiza facts-and-circii	mstances" test	check this bo	x and stop he	re. Explain in F	Part IV how
	the organization meets the "facts-and-circur	nstances" test	The organizat	ion qualifies as	a publicly sup	ported organiza	ation . ▶
10	-						⊾≓
18	Private foundation. If the organization did not ch	ięck a dox on line	ə 13, 10d, 10D, 1	/a ,OI 1/D, CHEC	ulis pox aliu se	e 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.)

	(Complete only if you checked to	HE DOX OIT HITE	J OI T alt 1.7				
	tion A. Public Support				,		
Cal	endar year (or fiscal year beginning in) 🕒 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0				0
4	unrelated trade or business under section 513 Tax revenues levied for the organization's			. <u></u>			0
5	benefit and either paid to or expended on its behalf	0	0				0
6	furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						
С	amount on line 13 for the year	- 0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
			1				
9 10a	Amounts from line 6	0	. 0	0	0	0	0
b	rents, royalties and income from similar sources						0
С	acquired after June 30, 1975	0	0	0	0		0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	carried on						0
13	(Explain in Part IV.)	0	0		<u> </u>		0
14	and 12.)		•		•		` '
	organization, check this box and stop here.		<u> <u></u> .</u>	<u> </u>	<u>.</u> <u>.</u>	<u> </u>	<u>▶ </u>
Sect	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	d by line 13, co	olumn (f)) .		15	0.00%
16	Public support percentage from 2008 Schedu					16	0.00%
	tion D. Computation of Investment Inco					_:-	3.0070
17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 Sci					17	0.00% 0.00%
19a	33 1/3% support tests-2009. If the organizat						
b	not more than 33 1/3%, check this box and st 33 1/3% support tests-2008. If the organization did	t op here. The o	organization qu x on line 14 or lii	ialifies as a pu ne 19a, and line	blicly supported 16 is more than	d organization 33 1/3% and	
20	line 18 is not more than 33 1/3%, check this box an Private foundation . If the organization did no		-	•		_	, -

Schedule A (Form	990 or 990-EZ) 2009	GLOBAL MINIS	STRIES FOUND	ATION			56-2378045	Page 4
Part IV	Supplemental	Information. C	omplete this pa	art to provide t	he explanatior	ns required	by Part II, line 1	0;
	Part II, line 17a	or 17b; and Par	rt III, line 12. Pr	ovide any othe	er addıtıonal ir	formation.	See instructions	i.
								
·								
			·					
						•		
·								
		· - - -						

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Name	ame of the organization Employer identification number										
GLO	BAL MINISTRIES FOUNDATION				56-2378045						
Par	Organizations Maintaining Don the organization answered "Yes" to	or Advised Funds or Other Similar F to Form 990, Part IV, line 6.	und	s or Ac	counts. Complete if						
		(a) Donor advised funds		(b) F	unds 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 o	donor advisors in writing that the assets he	eld in c	donor ac	dvised						
	funds are the organization's property, subje	ct to the organization's exclusive legal con	itrol? .		Yes No						
6	Did the organization inform all grantees, do										
	used only for charitable purposes and not for	or the benefit of the donor or donor advisor	r, or fo	or any o	ther						
	purpose conferring impermissible private be	enefit?			L Yes No						
Par	Conservation Easements. Comp	olete if the organization answered "Yes	" to F	orm 99	00, Part IV, line 7.						
1	Purpose(s) of conservation easements held										
	Preservation of land for public use (e.g.	· · · · · · · · · · · · · · · · · · ·		n histori	cally important land area						
	Protection of natural habitat	· · · · · =			d historic structure						
	=	i reservation	ΠΟΙα	Certine	Thistoric structure						
2	Preservation of open space	ation hald a mishfield concentration contribu		n tha fa	of a componistion						
2	Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	ation heid a qualified conservation contribt	ulion	n ine io	im of a conservation						
	easement on the last day of the tax year.				Held at the Fad of the Tay Vees						
а	Total number of conservation easements .			2a	Held at the End of the Tax Year						
b	Total acreage restricted by conservation ea			2b							
c	Number of conservation easements on a ce			2c							
d	Number of conservation easements include	• •		2d	· 						
3	Number of conservation easements modifie			ated 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	•	ion, h	andling	of						
	violations, and enforcement of the conserva	ation easements it holds?			Yes . No						
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on eas	sement	s during the year						
	•										
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	aseme	ents dur	ing the year						
	\$										
8	Does each conservation easement reported				П. П.						
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?										
9	In Part XIV, describe how the organization is	•		-							
	balance sheet, and include, if applicable, the organization's accounting for conservation		iinand	iai state	ements that describes						
Pari		ons of Art, Historical Treasures, or Othe	ar Sim	ilar As	eete						
- u.	Complete if the organization answere		JI OI	mui Ao	oc.,.						
1a	If the organization elected, as permitted und		staten	nent and	balance sheet works of						
-	art, historical treasures, or other similar ass										
	service, provide, in Part XIV, the text of the	footnote to its financial statements that de-	scribe	s these	items.						
b	If the organization elected, as permitted und										
	historical treasures, or other similar assets		earch	ın furth	erance of public						
	service, provide the following amounts relat	_									
	(i) Revenues included in Form 990, Part VI										
_	(ii) Assets included in Form 990, Part X										
2	If the organization received or held works of		ssets	tor tinai	nciai gain, provide the						
_	following amounts required to be reported u	-			• •						
a	Revenues included in Form 990, Part VIII, I	IIIC I	•		Φ						

Page 2

Part	Organizations Maintaining Control	ollections of	Art, His	torical 7	<u> Freasures, o</u>	r Oth	er Similar As	ssets (c	<u>ontinu</u>	ıed)
3	Using the organization's acquisition, accuse of its collection items (check all that		ther reco	ords, chec	ck any of the f	ollowir	ng that are a s	ignificant	:	
а	Public exhibition		d	Loan	or exchange p	orogra	ms			
b	Scholarly research		е	Other						
С	Preservation for future generation	าร								
4	Provide a description of the organization		and expl	aın how t	hey further the	e orga	nızatıon's exe	mpt purp	ose ın	
	Part XIV.									
5	During the year, did the organization so assets to be sold to raise funds rather the	han to be maın	tained a	s part of t	the organization	on's co	ollection?	Y	es 🔲	No
Part	IV, line 9, or reported an amou	ınt on Form 9	90, Par	t X, line :	21), Par ———	t
1a	Is the organization an agent, trustee, cu							ΠY		No
_	included on Form 990, Part X? If "Yes," explain the arrangement in Par							T.	;s []	NO
b	ii Yes, explain the arrangement in Far	t AIV and Com	piete trie	TOHOWING	j labie.	<u> </u>		Amount		
С	Beginning balance					. 1c				0
d	Additions during the year					1d				
e	Distributions during the year									
f	Ending balance									0
2a	Did the organization include an amount							T Ye	es X	No
b	If "Yes," explain the arrangement in Par		ו עונ א, וו					ш.,	ىن س	
Part		e if the organ	zation a	answere	d "Yes" to Fo	orm 99	90, Part IV, li	ne 10.		
, arc		a) Current year	_	or year	(c) Two years b		(d) Three years bac		our years	back
1a	Beginning of year balance	0		-						
b	Contributions									
c	Net investment earnings, gains,						*			
_	and losses							1		
d	Grants or scholarships									
e	Other expenditures for facilities						<u></u> .			
	and programs									
f	Administrative expenses									
g	End of year balance	0		0						
2	Provide the estimated percentage of the	e year end bala	ance held	d as:						
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
C	Term endowment ▶ %									
3a	Are there endowment funds not in the p	ossession of tl	he organ	ization th	at are held ar	nd adn	ninistered for ti	he ,		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
								3a(ii)	\longrightarrow	
b	If "Yes" to 3a(II), are the related organiz							3b		L
4	Describe in Part XIV the intended uses									
Part	VI Investments—Land, Building		•	T	1.					
	Description of investment	(a) Cost or oth (investme			st or other s (other)		occumulated preciation	(d) Bo	ook value	a
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		73,379		57,389		19	9,801
e	Other		0		0		. 0			0
Tota	I. Add lines 1a through 1e. (Column (d) n	nust equal For	m 990 <u>,</u> F	Part X, col	lumn (B), line	10(c).) <u> </u>		19	9,801

organization's liability for uncertain tax positions under FIN 48.

_			•
Do	-	_	•

Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	, ugo c
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0	·	
	0		
	0	···	
	0		
	0	· · · · · · · · · · · · · · · · · · ·	
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Воок value	(c) Metnod of valu Cost or end-of-year m	
	0		
	0		
	0		
	0		
	0		
	0		 _
	0		
	0		
	0	- · - · · · · · · · · · · · · · · · · ·	-
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part IX	art X, line 15.		
) Description		(b) Book value
			C
			C
	·		-
			C
			C
			C
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> </u>	O
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
		0	
		o	
		o	
		0	
		0	
		0	
		O	
		o	
		ō	
		0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		o	
2 FIN 48 Footpote In Part XIV provide the text of	the feetnets to the organize	stion's financial statements that	roperto the

Sched	lule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	State	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,444,969
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,077,771
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,367,198
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,367,198
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,,
a	Net unrealized gains on investments	┥゛	5
b	Donated services and use of facilities		,
C	Recoveries of prior year grants		,
ď	Other (Describe in Part XIV.)	∤ 🦼	<u></u>
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	5,444,969
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		32
a	Investment expenses not included on Form 990, Part VIII, line 7b		#(E)
b			
С 5	Add lines 4a and 4b		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	3	3,011,111
a	Donated services and use of facilities	1	
b	Prior year adjustments		
C	Other losses		м м,
d	Other (Describe in Part XIV.)	——'`_';	Log
e	Add lines 2a through 2d	2	0 الم
3	Subtract line 2e from line 1	3	
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	1,5	`.'
b	Other (Describe in Part XIV.)		n.
С	Add lines 4a and 4b	. 40	c ⁻ 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_	
Par	t XIV Supplemental Information		
and 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 part to provide any additional information.	4b. Al	so complete

GLOBAL MINISTRIES FOUNDATION 56-2378045 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

Schedule F (Form 990)

Statement of Activities Outside the United States

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

 OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GLOBAL MINISTRIES FOUNDATION

Employer identification number 56-2378045

Pa		mation on Ac t 190, Part IV, line		de the United States. Con	nplete if the organization ar	nswered
1	For grantmakers. Does assistance, the grants or assistance	s' eligibility for th	ne grants or ass	ords to substantiate the amount istance, and the selection cri	int of the grants or teria used to award 	Yes No
2	For grantmakers. Desc United States	cribe in Part IV tl	ne organization'	s procedures for monitoring	the use of grant funds outs	ide the
3	Activities per Region. (L	Jse 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
		0	0			0
		0	0			0
		0	0			o
		0	0			0
	-	0	0			0
		0	0			0
		0	0			0
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_		0	0			0
	-	0	0			, 0
		0	0			0
То	tals <u></u>	0	0	, p		

56-2378045

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.

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement	152,130 Checks	21.344 Checks	253.251 Checks	496.525 Checks	209,915 Checks	42,262 Checks										
(e) Amount of cash grant	152,130	21.344	253.251	496,525	209,915	42,262	0	0	0	0	0	0	0	0	0	0
(d) Purpose of grant	TCM Ministry Project	Child Sponsorship	Child Sponsorship	Outreach Project	Ministry Partner	Outreach Project										
(c) Region	Europe	South America	Central America and Child the Caribbean Spons	South Asia	Sub-Saharan Africa	East Asia and the Pacific										
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																

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. Enter total number of other organizations or entities ო 2

Schedule F (Form 990) 2009

56-2378045

Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Fo	orm 990) 2009	Page 4
Part IV	Supplemental Information	
	Complete this part to provide the information required in Part I, line 2, and any additional information.	
	•	
	••••••••••••••••••••••••••••••••	
	•	
	•••••••••••••••••••••••••••••••••••••••	
	••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••	
		
·		
		-

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

GLOBAL MINISTRIES FOUNDATION

Part I

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

Open to Public OMB No 1545-0047 Inspection

Employer identification number 56-2378045

3	
5	
	90
î	Form 9
Complete in the organization and a cost, one control and the mice and	Attach to Form 990.
	Ā
5	
)	

Š (h) Purpose of grant Campus Missions or assistance 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 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Missions Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 (e) Amount of non-cash assistance 68,200 10,500 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. the selection criteria used to award the grants or assistance? (c) IRC section if applicable 95-6006173 62-0516509 (p) EIN 1050 Union University Drive Jacks 100 Lake Hart Drive Orlando, FL 3 1 (a) Name and address of organization Campus Crusade for Christ or government Union University Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III

Page

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.

(f) Description of non-cash assistance						,		ional information.						
(e) Method of valuation (book, FMV, appraisal, other)	<u> </u>							to provide the information required in Part I, line 2, and any other additional information.						
(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, lin		, , , , , , , , , , , , , , , , , , ,				
(c) Amount of cash grant	948,823	0	0	0	0	0	0	ide the information						
(b) Number of recipients	47	0	0	0	0	0	0							
(a) Type of grant or assistance	Cash Grant							Part IV Supplemental Information. Complete this part						

Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization **GLOBAL MINISTRIES FOUNDATION** 56-2378045 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (c) Original (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (e) In default? (g) Written (f) Approved the organization? principal amount agreement? by board or committee? Yes No Yes No Yes No Τo From 50,000 50,000 Richard Hamlet Working Capital Χ Х 0 0 0 0 0 0 0 0 0 0 50,000 Total . \$ Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (c) Amount of (d) Description of transaction (b) Relationship between (e) Sharing of transaction interested person and the organization's organization revenues? No 0 ol ol

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SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GLOBAL MINISTRIES FOUNDATION	56-2378045
Form 990 Part Part IV Section Section B-Policies Line Line 12c All officers and directors are	
informed of possible conflicts at board meetings and on a regular basis.	
Form 990 Part Part VI Section Section B-Policies Line Line 15a & 15b Executive compensation	ı paid
shall be consistent with industry norms and as determined by the board in its review of peer	
charitable organizations. In this matter, the board shall consider the value of the services	
rendered by the executive in his/her official corporate position, the professional and educational	<u></u>
credentials of the executive officer, and the effectiveness and productivity of the officer.	
Form 990 Part Vi Section Section A Line Line 6,7a,7b The corporation has members that elect	new
board members to one year terms and officers are approved each year. All major decisions are)
approved by the majority of the board members which total 4 with one non-voting director.	
Form 990	
	•••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047 Open to Publi

Employer identification number

▶ See separate instructions. ▶ Attach to Form 990.

Name of the organization GLOBAL MINISTRIES FOUNDATION				56-2378045	
garded Entities (Complete If	the organization answered "Yes" on Form 990, Part IV, line 33.)	s" on Form 990, I	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
GMF-PEPPERMILL, LLC 20-8364215 65 GERMANTOWN CT., STE 409, CORDOVA, TN 38088	LOW INCOME HOUSINGTN	T.	-64,691	4,627,746	4,627,746 GMF-PAC
	LOW INCOME HOUSINGTN	ZL	-356,925	15,008,539 GMF-PAC	GMF-PAC
	LOW INCOME HOUSINGTN	N.	-810,679	59,143,423 GMF-PAC	GMF-PAC
GMF-STONEKEY, LLC 26-3706320 65 GERMANTOWN CT., STE 409, CORDOVA, TN 38088	LOW INCOME HOUSINGTN	Z	55,670		6,643,843 GMF-PAC
			0	0	
			0	0	
Part II had one or more related tax-exempt Organizations (Co	ions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it during the tax year.)	on answered "Ye	s" to Form 990, F	art IV, line 34 be	cause it
(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
Preservation of Affordability Corp. 56-2444917 65 Germantown Ct., Suite 409, Cordova, TN 38088	Low Income Housing	Z.	501(C)(3)		Global Ministries F
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	n 990.			Schedul	Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

56-2378045

Page 2

GLOBAL MINISTRIES FOUNDATION

Schedule R (Form 990) 2009

٥ ک managing partner? Percentage General or ownership Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part 0 0 amount in box 20 of end-of-year assets (i) Code V—UBI Schedule K-1 (Form 1065) Share of 6 (h)
Disproportionate
allocations? ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 0 ⋜ 0 0 (g) Share of end-of-year (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) 7 \overline{c} 7 0 (f) Share of total income (d) Direct controlling entity (c) Legal domicile foreign country) (state or (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) (b) Primary activity (d)
(Direct controlling entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization Part IV Part III

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Schedule R (Form 990) 2009

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Part V

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

56-2378045

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. Amount involved Yes 트 9 <u>1</u> þ 5 1 ၁ 7 무 7 # 关 Transaction type (a-r) 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? 9 Performance of services or membership or fundraising solicitations for other organization(s)............. Sharing of paid employees.................. Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations by other organization(s). Sharing of facilities, equipment, mailing lists, or other assets Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Loans or loan guarantees to or for other organization(s)........ Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Reimbursement paid by other organization for expenses..... Loans or loan guarantees by other organization(s) Gift, grant, or capital contribution to other organization(s) . $\,$. Other transfer of cash or property to other organization(s). Purchase of assets from other organization(s)...... Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Reimbursement paid to other organization for expenses. Sale of assets to other organization(s) Exchange of assets Ec 0 0 ۵ **6** -- -.... × σ **a** 9 3 Ξ 9 (2) N

Schedule R (Form 990) 2009

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56-2378045

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(d) s all partners section 501(c)(3) ganizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man par	(h) General or managing partner?
			Yes	No		Yes No	0	Yes	Š
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							Schedule R (Form 990) 2009	orm 99	0) 2009

(Rev December 2005)

► File with each consolidated income tax return.

Affiliations Schedule

OMB No 1545-0025

Department of the Treasury 12/31 2009 For tax year ending Internal Revenue Service Employer identification number Name of common parent corporation GLOBAL MINISTRIES FOUNDATION 56-2378045 Number, street, and room or suite no. If a P.O. box, see instructions P O. BOX 1150 City or town, state, and ZIP code CORDOVA, TN 38088 Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions) Part I Portion of Employer Portion of tax overpayment credits Corp Name and address of corporation identification deposited with and estimated No Form 7004 number tax payments 1 Common parent corporation Subsidiary corporations: Preservation of Affordiability-Pa 2 65 Germantown Rd., Ste. 401, Cordova, TN 38088 56-2444917 3 4 5 6 7 8 9 10 Totals (Must equal amounts shown on the consolidated tax return.) . 0 Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions) Did the subsidiary Stock holdings at beginning of year PBA Corp make any nondividend Principal business activity (PBA) Code distributions? Number Percent of No Owned by No voting corporation of of value Yes No shares power no 1. 14 J Common parent corporation 1 Subsidiary corporations: 2 Low Income Housing 100.00% 100.00% 3 % % % % 4 % % 5 6 % % % % 7

For Paperwork Reduction Act Notice, see instructions.

Form **851** (Rev 12-2005)

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Corp	Name of constant	Share- holder of	Date	(a) C	hanges	(b) Shares changes de colum	escribed in
No	Name of corporation	Corpora- tion No	of transaction	Number of shares acquired	Number of shares disposed of	Percent of voting power	Percent of value
						%	9/
						%	9/
						%	%
<u></u> _						%	9/
						%	%
						%	%
						%	%
						_%	%
(e) ——	If the equitable owners of any capital stock shown at	ove were	e other than	the holders of	record, provid	le details of th	e changes
		-					
(f)	If additional stock was issued, or if any stock was ret	ired durir	ng the year, l	ıst the dates a	and amounts o	f these transa	actions.

SUPPLEMENTAL FILING STATEMENT REGARDING THE ANNUAL FRM 990 REPORT FILING FOR THE GLOBAL MINISTRIES FOUNDATION (GMF) EID # 56-2378045, FOR THE YEARS 2007,2008, AND THE ENCLOSED REPORT FILED FOR THE 2009 OPERATING YEAR:

SINCE THE 2007 ANNUAL FORM 990 DULY FILED BY THE GLOBAL MINISTRIES FOUNDATION, EACH RETURN HAS BEEN A CONSOLIDATED RETURN (AS CHECKED IN THE FORM 990 QUESTIONS IN THE REPORT) WHICH HAS INCLUDED THE COMPLETE FINANCIAL AND REPORTING DATA FOR GMF'S WHOLLY OWNED 501C3 SUBSIDIARY CORPORATION, NAMED GMF- PRESERVATION OF AFFORDABILITY CORP. EID # 56-2444917, WITHIN THE CONSOLIDATED 990 FILED BY GMF AS THE PARENT 501C3 CORPORATION

THE SUBSIDIARY, GMF- PRESERVATION OF AFFORDABILTY CORP, RECEIVED ITS IRS 501C3
DETERMINATION LETTER IN DECEMBER 2004, BUT HAD NO ECONOMIC OR FINANCIAL ACTIVITY TO
REPORT UNTIL ITS INITIAL OPERATING ACTIVITIES IN THE 2007 CALENDAR YEAR

AS SUCH, GMF-PRESERVATION HAD NO 990 FILING REQUIREMENT FOR THE YEARS 2004, 2005 AND 2006. THEBN, BEGINNING IN 2007, THE PARENT GLOBAL MINISTRIES FOUNDATION BEGAN TO INCLUDE IN ITS ANNUAL 990 RETURN THE SUBSIDIARY GMF – PRESERVATION'S OPERATING RESULTS.

SINCE THE 2007 RETURN, ACCORDINGLY, OUR GLOBAL MINISTRIES FOUNDATION 990 RETURN HAS BEEN A COMBINED CONSOLIDATED REPORT CONSISTING OF THE PARENT GMF AND THE SUBSIDIARY GMF-PRESERVATION OF AFFFORDABILITY CORP'S ANNUAL OPERATING ACTIVITIES AS 501C3 CORPORATIONS

IN EACH CONSOLIDATED RETURN WE HAVE INCLUDED AN AFFILIATION FORM 851 SCHEDULE LISTING THE WHOLLY OWNED 501C3 SUBSIDIARY CORP. AS UNDER THE COMMON PARENT, GLOBAL MINISTRIES FOUNDATION. THOUGH OUR INDEPENDENT CPA AUDIT REPORT COMPLETED EACH YEAR HAS SUPPEMENTAL SCHEDULES REFLECTING THE TWO SEPARATE PARENT/SUB CORPORATIONS ACTIVITIES WITHIN THE CONSOLIDATED GMF AUDIT REPORT, THE FORM 990 INSTRUCTIONS DID NOT REQUIRE THAT SUPPLEMENT, ONLY THE COMBINED CONSOLIDATED GMF OPERATING RESULTS

FROM HENECFORTH, OUR GMF ANNUAL 990 RETURN WILL CONTINUE TO BE THE CONSOLIDATED RETURN, WITH THE AFFILIATIONS SCHEDULE LISTING THE SUB GMF PRESERVATION CORP, AS WHOLLY OWNED 501C3 SUBSIDIARY CORPORATION, AS WELL AS THE SCHEDULE REPORTING ANY RELATED ORGANIZATION FOR GMF PRESERVATION OF AFFORDABILITY CORP, WITHIN ITS CHARITABLE LOW INCOME HOUSING MISSION AS GMF'S SUBSDIARY SUPPORTING ORG, 501C3 AS APPROVED BY THE IRS IN ITS DETERMINATION LETTER APPROVAL OF THE SUBSIDIARY CORP.

THIS STATEMENT IS MEANT TO CLARIFY THE ABOVE IRS REPORTING FOR THE CONSOLIDATED GMF 990 RETURN, AS THE CURENT IRS POSTED PUBLICATION LISTING APPROVED 501 ORGS SHOWS THAT THE SUBSIDIARY, GMF PRESERVATION OF AFFORDABILTY CORP HAS NOT FILED ANT 990 RETURNS SINCE IT INITIAL ACTIVITIES IN 2007 YEAR. IT WOULD APPEAR THAT SIMPLY NOTING BY GMF-

PRESERVATION'S ROSTER LISTING THAT IS IT INCLUDED IN THE PARENT GMF ORG'S CONSOLIDATED 990 RETURN FILING, WOULD BE HELPFUL T O CLARIFY THIS, SO AS TO SHOW THAT THE SUBSIDIARY GMF PRESERVATION OF AFFORDABILITY CORP. HAS INDEED COMPLIED WITH ITS ANNUAL 990 FILING REQUIREMENT AS 501C3 NON PROFIT CORPORATION, SO THAT THE PUBLIC IS NOT CONFUSED ON THIS MATTER

Global Ministries Foundation and Subsidiary (A Non-Profit Organization) Consolidated Statement of Activities December 31, 2009

56-2378045

Form 990 Additional Schedules

Page 10, Part IX, Line 24a Other Expenses

Other Expenses				
		Child	Management	
Expenses	Projects	<u>Sponsorship</u>	<u>&General</u>	<u>Total</u>
Wages and Compensation	251,168	15,134	179,295	445,597
Payroll taxes	2,000	0	7,639	9,639
Lodging & travel	6,880	0	220	7,100
Professional fees	40	0	10,100	10,140
Insurance	13,101	2,282	19,179	34,562
Rent and utilities	18,000	1,850	17,227	37,077
Postage	2,013	200	500	2,713
Printing	1,291	-	-	1,291
Telephone	6,000	250	6,895	13,145
Ministry contacts & promotion	3,498	-	-	3,498
Office supplies	7,000	300	18,265	25,565
Subsciptions/Dues/Conferences	-	0	3,457	3,457
Interest			49,581	49,581
Other	3,000	<u>o</u>	24,770	27,770
Total Expenses	313,991	20,016	337,128	671,135
Depreciation	6,000	250	8,094	14,344
Total Expenses	319,991	20,266	345,222	685,479