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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: GLOBAL HEALTH MINISTRIES
Doing Business As:
Number and street (or P O. box if mail is not delivered to street addr): 7831 HICKORY ST. NE
Room/suite:
City, town or country: MINNEAPOLIS
State: MN
ZIP code + 4: 55432-2500

D Employer Identification Number: 36-3532234

E Telephone number: (763) 586-9590

G Gross receipts $ 3,718,797.

F Name and address of principal officer: TIMON IVERSON 7831 HICKORY ST MINNEAPOLIS MN 55432

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1987

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH & MEDICAL SUPPORT TO FOREIGN MISSIONS

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	2,129
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,029,290.	3,632,364.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,569.	86,433.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,149,859.	3,718,797.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,494,083.	2,949,231.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	298,534.	314,465.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,790.	8,333.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 37,979.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	147,251.	149,412.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,974,658.	3,421,441.
19	Revenue less expenses. Subtract line 18 from line 12	175,201.	297,356.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,947,638.	3,209,455.
21	Total liabilities (Part X, line 26)	214,614.	179,075.
22	Net assets or fund balances. Subtract line 21 from line 20	2,733,024.	3,030,380.

Part II Signature Block

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

Sign Here

► Signature of officer — Date: 4-27-11

► Type or print name and title: Timon C Iverson, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: ROGER WEST	Preparer's signature: Roger L West	Date: 4-19-11	Check ☐ if self-employed	PTIN: P00719301
Firm's name ► BOYER & COMPANY			Firm's EIN ► 41-1383846	
Firm's address ► 14500 Burnhaven Drive Ste 135 BURNSVILLE MN 55306			Phone no (952) 435-3437	

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 12/21/10 Form 990 (2010)

SCANNED JUN 14 2011

917,18 10

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Global Health Ministries continues the healing ministry of Jesus by enhancing health care programs of Lutheran Churches in other countries. We propvide

See Form 990, Page 2, Part III, Line 1 (continued)

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

If 'Yes,' describe these new services on Schedule O

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

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

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

4a (Code: _____) (Expenses $ 2,221,646. including grants of $ 1,861,000.) (Revenue $ 0.)

Shipping- Thirteen sea containers of donated and purchased, new and refurbished, medical and dental equipment and supplies were sent overseas. Six supported health facilities in Tanzania, including Arusha Lutheran Medical Center, Nkoaranga, Lambi and Selian hospitals and several dispensaries in the Massai region. Containers supplied two hospitals in Liberia and a health center in the Central African Republic. A container war sent to three hospitals and a clinic in India. Two containers supplied four hospitals in Zimbabwe. In conjuction with other NGS's, two trailers of medical supplies were sent to Haiti. Crated medical equipment was sent to Ethiopia, Senegal, and Tanzania, pallets of medical supplies were donated to other U.S. NGO's for their overseas ministries. Our suitcase ministry supplied medical and dental supplies and equipment to 73 groups of travelers to nineteen countries including El Salvador, Guatemala, Haiti, Peru, Tanzania and Uganda.

4b (Code _____) (Expenses $ 743,204. including grants of $ 463,384.) (Revenue $ 0.)

Construction, renovation, and operation of health care facilities - in Tanzania, Grants supported the renovation of medical dispensaries in the Maasai region and the construction and operation of Arusha Lutheran Medical Center and the Selian Hospital. Support continued for operations at Emanuel Health Center in the Central African Republic and Ejada Hospital and rural health clinics in Madagascar. In southeastern Madagascar, Avia, the long term initiative integrating public health care, nutrition, education and economic development, with school renovation and village assessments. Glogal Health Administrative Partners, a program of GHM sent consultants to Cameroon to work with the Lutheran Church and its health care system focusing on improving hospital management practices.

4c (Code: _____) (Expenses $ 156,764. including grants of $ 125,330.) (Revenue $ 0.)

Disease Intervention - Grants were given to hospice programs in Cameroon, Central African Republic and Tanzania. Funding continued for a rape and sexual abuse counseling program at Arusha Lutheran Medical Center In Tanzania. The construction of bore wells in Uganda continued along with a Nigerian program to provide new and restore old wells. Charity funds were granted to Seleian Hospital In Tanzania to provide for those unable to afford medical care. Community based primaary health care initiatives in El Salvador and Madagascar trained village workers in basic health care and nutriton.

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

(Expenses $ 125,627. including grants of $ 114,201.) (Revenue $ 0.)

4e Total program service expenses ► 3,247,241.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
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 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' 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	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
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 *e-file.* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If 'Yes,' enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAGDELINE AAGARD VICE PRESIDENT	0.00	X		X				0.	0.	0.
(2) DONNA WRIGHT RN PRESIDENT	0.00	X		X				0.	0.	0.
(3) JAMES BUHR DIRECTOR	0.00	X						0.	0.	0.
(4) KENNETH BORLE DIRECTOR	0.00	X						0.	0.	0.
(5) SOLVIEG H CARLSON DIRECTOR	0.00	X						0.	0.	0.
(6) MELVIN DALE DIRECTOR	0.00	X						0.	0.	0.
(7) REV.TIMON IVERSON EXEC. DIRECTOR	40.00	X		X				39,903.	0.	32,000.
(8) GARY GRONERT DIRECTOR	0.00	X						0.	0.	0.
(9) JAMES HART M.D. DIRECTOR	0.00	X						0.	0.	0.
(10) NEIL MATTSON DIRECTOR	0.00	X						0.	0.	0.
(11) REV THOMAS OLSON DIRECTOR	0.00	X						0.	0.	0.
(12) DAVID PAGE DIRECTOR	0.00	X						0.	0.	0.
(13) TIMOTHY PETERSON MD DIRECTOR	0.00	X						0.	0.	0.
(14) JOHN PRABHAKER MD DIRECTOR	0.00	X						0.	0.	0.
(15) KATHY QUANBECK RN DIRECTOR	0.00	X						0.	0.	0.
(16) ANDRY RANAIVOSON DIRECTOR	4.00	X						5,381.	0.	0.
(17) DAVID THOMPSON MD DIRECTOR	4.00	X						11,250.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN VITALIS MD MEMBER AT LARGE	0.00	X						0.	0.	0.
(19) BARBARA WANG MEMBER AT LARGE	0.00	X						0.	0.	0.
(20) CYTHIA WILKE DIRECTOR	0.00	X						0.	0.	0.
(21) MOMO WALAPAYE DIRECTOR	0.00	X						0.	0.	0.
(22) JUDY WINZIG DIRECTOR	0.00	X						0.	0.	0.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							►	56,534.	0.	32,000.
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	56,534.	0.	32,000.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,632,364.			
	g Noncash contributions included in lns 1a-1f	$	1,754,715.			
	h **Total.** Add lines 1a-1f	►	3,632,364.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►				
	3 Investment income (including dividends, interest and other similar amounts)	►	86,433.	86,433.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	►				
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►				
	12 **Total revenue.** See instructions	►	3,718,797.	86,433.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	206,194.	206,194.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,743,037.	2,743,037.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,631.	57,659.	16,772.	8,200.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	167,970.	100,903.	63,102.	3,965.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,037.	8,756.	4,925.	356.
9 Other employee benefits	37,290.	27,059.	8,558.	1,673.
10 Payroll taxes	12,537.	7,557.	4,700.	280.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,500.	0.	3,500.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17	8,333.			8,333.
f Investment management fees				
g Other				
12 Advertising and promotion	741.	341.	330.	70.
13 Office expenses	54,025.	27,833.	12,744.	13,448.
14 Information technology	5,739.	2,354.	3,385.	0.
15 Royalties				
16 Occupancy	34,644.	27,462.	7,182.	0.
17 Travel	10,623.	10,493.	130.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,256.	3,896.	360.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,880.	20,871.	9,009.	0.
23 Insurance	2,309.	0.	2,309.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISCELLANEOUS	3,695.	155.	1,886.	1,654.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,421,441.	3,244,570.	138,892.	37,979.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		159,796.	1	167,497.
	2	Savings and temporary cash investments		1,733,809.	2	2,032,178.
	3	Pledges and grants receivable, net		63,728.	3	45,343.
	4	Accounts receivable, net		9,908.	4	13,519.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,425.	9	18,698.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,162,660.			
	b	Less: accumulated depreciation	10b 230,440.	953,972.	10c	932,220.
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,947,638.	16	3,209,455.
LIABILITIES	17	Accounts payable and accrued expenses		65,529.	17	85,539.
	18	Grants payable		45,000.	18	30,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		104,085.	24	63,536.
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		214,614.	26	179,075.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		1,506,039.	27	1,719,375.
	28	Temporarily restricted net assets		1,147,069.	28	1,231,089.
	29	Permanently restricted net assets		79,916.	29	79,916.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances.		2,733,024.	33	3,030,380.
	34	Total liabilities and net assets/fund balances.		2,947,638.	34	3,209,455.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,718,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,421,441.
3	Revenue less expenses. Subtract line 2 from line 1	3	297,356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,733,024.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,030,380.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
GLOBAL HEALTH MINISTRIES	36-3532234

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g (i)		
(ii)	A family member of a person described in (i) above? 11g (ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? 11g (iii)		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include unusual grants.)	2,663,710.	2,920,311.	3,423,685.	3,029,290.	3,632,364.	15,669,360.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,663,710.	2,920,311.	3,423,685.	3,029,290.	3,632,364.	15,669,360.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						15,669,360.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,663,710.	2,920,311.	3,423,685.	3,029,290.	3,632,364.	15,669,360.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,738.	47,027.	24,680.	120,569.	86,433.	311,447.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						15,980,807.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.26 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ► ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	407,709.	277,309.	248,260.		
b Contributions	52,885.	50,190.	35,853.		
c Net investment earnings, gains, and losses	61,940.	89,262.	1,732.		
d Grants or scholarships					
e Other expenditures for facilities and programs	15,571.	9,052.	8,536.		
f Administrative expenses					
g End of year balance	506,963.	407,709.	277,309.		

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

a Board designated or quasi-endowment ► 76.00 %
b Permanent endowment ► 16.00 %
c Term endowment ► 8.00 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	93,200.			93,200.
b Buildings	1,035,346.		203,849.	831,497.
c Leasehold improvements				
d Equipment	34,114.		26,591.	7,523.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				932,220.

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

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

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column(B), line 15)* ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	

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

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

1	Total revenue (Form 990, Part VIII,column (A), line 12)	3,718,797.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,421,441.
3	Excess or (deficit) for the year Subtract line 2 from line 1	297,356.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	297,356.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

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

Pt V Line 4 Used to supplement support for the Organization's general operations

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America	0	0	PROGRAM sERVICES	Medical Supplies	92,000.
(2) Central America	0	0	Grants		2,000.
(3) North America	0	0	Program Services	Medical Supplies	47,000.
(4) South America	0	0	Program Services	Medical Supplies	2,000.
(5) South Asia	0	0	Grants		25,000.
(6) South Asia	0	0	Proram Services	Medical Supplies	72,000.
(7) Sub-Saharan Africa	0	0	Grants		565,000.
(8) Sub-Saharan Africa	0	0	Program Services	Medical Supplies	1,591,000.
(9) Sub-Saharan Africa	0	2	Program Servies	Health Facilities	240,000.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	2			2,636,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	2			2,636,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 .. ▶☐
Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SCHEDULE					
(2)			ATTACHED					
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Medical Scholarships	Sub-Saharan Africa	5	40,020.	Wire Transfer			
(2) Medical Scholarships	Sub-Saharan Africa	2	2,612.	Wire Transfer			
(3) Medical Scholarships	Sub-Saharan Africa	1	3,100.	Wire Transfer			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Pt I Line 2 Applicants for assistance must be supported by or related to a Lutheran church or Lutheran mission agency based in the United States, or have a defined relationship with one these churches or agencies. The Lutheran group must endorse the application. The application, including a description of the project and a detailed budget, is screened by the Exective Director then submitted to the Executive Committee. The Executive Committee may approve,disaprove or request clarification or changes, or recommend the project be reviewed by the full Board of Directors for approval.

Pt 1 Line 2 Follow through begins with a "Declaration of Responsibilty" signed by the applicant which states that the applicant has an obligation to use the funds responsibly, to submit progress reports at six month or more frequent intervals and upon completion of the project and to make the project records available for inspection by Global Health Ministries. Grants are distributed on a quarterly basis to allow evaluation of progress reports. The Executive Director or designated project manager will receive the follow up reports and report on the status of the project to the Board of Directors.

Schedule F Part II Grants to Organization Outside US							
	Region	Purpose of Grant	Amount of cash grant	Manner of Disbursement	Amount of non cash assistance	Description of Non cash	Method of valuation
	Sub-saharan Africa	hospital operations, orthopedics, hospice	145,582	Wire transfer	403,848	medical supplies & equip	FMV/estimated
	Sub-saharan Africa	hospital construction	67,355	Wire transfer			
	Sub-saharan Africa	medical scholarships	29,304	Wire transfer			
	Sub-saharan Africa	clinic operations & construction	38,005	Wire transfer			
	Sub-saharan Africa	charity patient support	7,345	Wire transfer			
	Sub-saharan Africa				127,035	medical supplies & equip	FMV/estimated
	Sub-saharan Africa				59,573	medical supplies & equip	FMV/estimated
	Sub-saharan Africa				124,755	medical supplies & equip	FMV/estimated
	Sub-saharan Africa				5,320	medical supplies & equip	FMV/estimated
	Sub-saharan Africa	management & hospice	40,737	Wire transfer	232,940	medical supplies & equip	FMV/estimated
	Sub-saharan Africa	AIDS prevention	26,250	Wire transfer	54,749	medical supplies & equip	FMV/estimated
	Sub-saharan Africa	primary based health care	20,915	Wire transfer			
	Sub-saharan Africa	hospital support	11,400	Wire transfer			
	Sub-saharan Africa	clinic operations	46,392	Wire transfer			
	Sub-saharan Africa	nursing scholarships	23,968	Wire transfer			
	Sub-saharan Africa	health clinic support	7,000	Wire transfer	2,151	medical equipment	FMV
	Sub-saharan Africa	well construction, health clinic support	12,500	Check			
	Sub-saharan Africa				305,370	medical supplies & equip	FMV/estimated
	Sub-saharan Africa				104,402	medical supplies & equip.	FMV/estimated
	South Asia	hospital renovation	22,000	Wire transfer	1,620	medical equipment	FMV
	South Asia				60,646	medical supplies & equip.	FMV/estimated
	North America				47,390	medical supplies & equip.	FMV/estimated
	Central America/Caribbean				14,231	medical supplies & equip.	FMV/estimated

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part II General Information on Grants and Assistance

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

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

Part III Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. ► [ ]

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Friends Serving Uganda 3285 Lake Shore Chaska MN 0	26-2927820	501(c) (3)	5,000.	5,648.	FMV Estimated	Medical Suppli	Uganda wells
(2) Abrahams Blessing 18 Kairnes St. Albany NY 0	14-1790920	501(c) (3)		145,115.	FMV Estimated	Medical Suppli	Medical Suppli
(3) Hope for the City 4350 Baker Rd Minnetonka MN 0	37-1441658	501(c) (3)		27,982.	FMV Estimated	Medical Suppli	Medical Suppli
(4) American Refugee Comm. 430 Oak Grove St Minneapolis MN 55402	36-3241033	501(c) (3)		55,730.	FMV Estimated	Medical Suppli	Medical Suppli
(5) American Friends of Kenya 150 Yantic St Norwich CT 0	55-0884322	501(C) (3)		15,045.	FMV Estimated	Medical Suppli	Medical Suppli
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 6

3 Enter total number of other organizations . . . . . ► 0

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

Pt I Line 2 SEE ATTACHED

Schedule I, part IV

Applicants for assistance must be supported by or related to a Lutheran church or Lutheran mission agencies based in the United States, or have a clearly defined relationship with one of these churches or agencies. The Lutheran group must endorse the application. The application, including a description of the project and a detailed budget is screened by the Executive Director then submitted to the Executive Committee. The Executive Committee may approve, disapprove, or request clarification or changes, or recommend the project be reviewed by the full Board of Directors for approval.

Follow through begins with a "Declaration of Responsibility" signed by the applicant which states that the applicant has an obligation to use the funds responsibly, to submit progress reports at six month or more frequent intervals and upon completion of the project, and to make the project or any part of the project records available for inspection by Global Health Ministries. Grants are distributed on a quarterly basis to allow evaluation of progress reports. The Executive Director or designated project manager will receive the follow up reports and report on the status of the project to the Board of Directors.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	6,668.	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1,288	1,748,047.	Estimated
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (_____)				
26	Other ► (_____)				
27	Other ► (_____)				
28	Other ► (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0.	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If 'Yes,' describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Pt I Line 32b All gifts of securities are processed and sold through brokerage accounts at UBS Financial Services, Minneapolis, MN or Thrivent Investment Management, Minneapolis, MN.

Pt 1 Columb b The Organization is reporting the number of contributions received not the number of items received

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Pt VI, Line 1a The Board of Directors designates an Executive Committee composed of at least five directors, including at least two members at large, which has the authority of the Board of directors in the management of the business of the corporation in the interval between meetings of the board. The Executive Committee is at all times subject to the control and direction of the Board of Directors.

Pt VI-B, Line 11a The audited finanacial report and the Form 990 are reviewed and approved by the Board of Directors at the April board meeting prior to the May 15th IRS submission date.

Pt VI-B, Line 12c All officers, directors and key employees are required to fill out a conflict of interest form annually. These are reviewed by the Executor Director. Any conflicts are brought to the Executive Committee.

Pt VI-B, Line 15 All salaries are compared to non-profit averages in Minnesota. The salary of the Executive Director is determined by the Executive Committee. All other staff salaries are submitted to the Executive Committee by the Executive Director. The Executive Committee recommends all salaries to the Board of Directors for final approval.

Pt VI-C, Line 19 Annual reports and the Form 990 are available on the web site. The annual report is included in a newsletter mailing. Both the newsletter and the web site contain reminder statements that the financial reports and policies are available on request.

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

Briefly describe the organization's mission:
support for health care programs, receive and ship donated medical supplies and equipment, recruit health care personnel for short term training projects, and collaborate with overseas partners in health care program development.

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

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

Code: _____ Description: Education - In Tanzania, scholarships were provided for five medical students. A sc
Expenses 125,627. for graduate dental studies was given. Multiple scholarships were given for clinical
Grants Of 114,201. officers training, nursing and lab work. Annual support provided scholarships for a
Revenue 0. at a nursing school at Antsirabe, Madagascar. A travel scholarship was provided to a US medical student learning about global health in an Internship in Tanzania.

GLOBAL HEALTH MINISTRIES

FINANCIAL STATEMENTS
TOGETHER WITH
AUDITOR'S REPORT

DECEMBER 31, 2010 AND 2009

GLOBAL HEALTH MINISTRIES

INDEX

BOYER & COMPANY

A Professional Association

Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS

Board of Directors
Global Health Ministries
Minneapolis, MN

We have audited the accompanying statement of financial position of Global Health Ministries as of December 31, 2010 and 2009, and the related statements of activities, functional expenses, cash flows and the schedule of Fund Activities for the years then ended, which are presented only for supplementary analysis purposes The financial statements and supplementary schedules are the responsibility of management. Our responsibility is to express an opinion on the financial statements and supplementary schedules based on our audit

We conducted our audit in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements and supplementary schedules are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements and supplementary schedules An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audit provides a reasonable basis for our opinion

In our opinion, the financial statements and supplementary schedules referred to above presents fairly, in all material respects, the financial position of Global Health Ministries as of December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Boyer & Company

April 14, 2011

GLOBAL HEALTH MINISTRIES

STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Cash and Cash Equivalents	$ 1,697,464	$ 1,485,895
Accounts Receivable - Net	13,519	9,908
Pledges Receivable-Net	45,343	63,728
Prepaid Expenses	18,698	26,425
Endowment Investments		
Cash and Cash Equivalents	22,042	12,851
Investments	480,169	394,859
Total Endowment Investments	502,211	407,710
Property and Equipment - Net	932,220	953,972
Total Assets	$ 3,209,455	$ 2,947,638
LIABILITIES		
Current Liabilities		
Accounts Payable	$ 26,377	$ 11,420
Accrued Wages and Payroll Taxes	3,892	737
Accrued Interest Payable	221	89
Current Portion of Distributions Payable	15,000	15,000
Current Portion of Notes Payable	40,049	38,282
Total Current Liabilities	85,539	65,528
Long Term Liabilities		
Distributions Payable-Net of Current Portion	30,000	45,000
Notes Payable-Net of Current Portion	63,536	104,086
Total Long Term Liabilities	93,536	149,086
NET ASSETS		
Unrestricted Net Assets		
Operating Funds	$1,335,835	$1,208,044
Board Designated Endowment Funds	383,540	297,995
Total Unrestricted Net Assets	1,719,375	1,506,039
Temporarily Restricted	1,231,089	1,147,069
Permanently Restricted	79,916	79,916
Total Restricted Net Assets	1,311,005	1,226,985
Total Net Assets	3,030,380	2,733,024
Total Liabilities and Net Assets	$ 3,209,455	$ 2,947,638

See notes to financial statements.

GLOBAL HEALTH MINISTRIES

STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Unrestricted Net Assets		
Unrestricted Revenues and Gains		
Contributions	$ 611,132	$ 514,727
Contributions Endowment Fund	52,885	50,190
Investment Income	64,620	83,925
Capital Fund Drive	-	2,364
Other Income	3,901	-
Reclassification - FAS 117-1	-	4,501
Total Unrestricted Revenues and Gain	732,538	655,707
Net Assets Released From Restrictions		
Restrictions Satisfied by Payments	2,898,035	2,478,052
Restrictions Satisfied by Time	4,204	2,465
Total Net Assets Released from Restrictions	2,902,239	2,480,517
Total Unrestricted Gains and Other Support	3,634,777	3,136,224
Expenses		
Project-Direct	2,949,231	2,494,083
Project-Support	295,339	277,241
Administration	138,892	135,278
Fund Raising	37,979	68,056
Total Expenses	3,421,441	2,974,658
Increase (Decrease) In Unrestricted Net Assets	213,336	161,566
Temporarily Restricted Net Assets		
Contributions	2,968,347	2,462,009
Investment Income	17,912	30,313
Reclassification - FAS 117-1	-	1,830
Restrictions Satisfied by Payments	(2,898,035)	(2,478,052)
Restrictions Satisfied by Time	(4,204)	(2,465)
Increase (Decrease) In Temporarily Restricted Net Assets	84,020	13,635
Permanently Restricted Net Assets		
Endowment Fund Contributions	-	-
Investment Income	-	-
Reclassification - FAS 117-1	-	-
Increase (Decrease) In Permanently Restricted Net Assets	-	-
Increase (Decrease) in Net Assets	297,356	175,201
Net Assets Beginning of Year	2,733,024	2,557,823
Net Assets End of Year	$ 3,030,380	$ 2,733,024

See notes to financial statements.

GLOBAL HEALTH MINISTRIES

STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Cash Flows From Operating Activities		
Increase (Decrease) In Net Assets	$ 297,356	$ 175,201
Adjustments to Reconcile Increases	-	-
In Net Assets to Net Cash Provided	-	-
By Operating Activities.		
Depreciation	29,880	30,446
(Increase) Decrease In Operating Assets		-
Accounts Receivable	(3,611)	(2,688)
Pledges Receivable	18,385	26,834
Prepaid Expense	7,727	(7,601)
Increase (Decrease) In Operating Liabilities		-
Accounts Payable And Accrued Expenses	20,011	(17,807)
Distribution Payable	-	-
Cash Provided (Used) by Operating Activities	369,748	204,385
Cash Flows From Investing Activities	-	-
Purchase of Certificates of Deposit	-	300,000
Payments for Building And Equipment	(8,128)	(1,556)
Cash (Used) by Investing Activities	(8,128)	298,444
Cash Flows From Financing Activities		
Distribution Payable-Long-Term	(15,000)	(15,000)
Principal Payments on Long-Term Debt	(40,550)	(35,944)
Cash Provided (Used) by Financing Activities	(55,550)	(50,944)
Net Increase (Decrease) In Cash	306,070	451,885
CASH and Equivalents, Beginning of Year	1,893,605	1,441,720
CASH and Equivalents, End of Year	$ 2,199,675	$ 1,893,605

See notes to financial statements.

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Global Health Ministries was established in 1987 to assist Lutheran health care programs and missionaries in developing countries where health care is not readily available The organization ships donated and purchased medical supplies and equipment, funds short term mission trips for project development, disburses grants for specific projects, and provides educational scholarships for overseas health care workers

Donated Services

During the years ended December 31, 2010 and 2009, the values of contributed services meeting the requirements for recognition in the financial statements have been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures Accordingly, actual results could differ from those estimates.

Property and Equipment

It is the Organization's policy to capitalize property and equipment over $1,000 Lesser amounts are expensed Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time Property and equipment are depreciated using the straight-line method.

Concentrations of Credit Risk

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of temporary cash investments and trade accounts receivable. The Organization places its temporary cash investments with financial institutions and limits the amount of credit exposure to any one financial institution. Concentrations of credit risk with respect to trade receivables are limited due to the immaterial balances involved.

Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all unrestricted investment instruments purchased with original maturities of three months or less to be cash equivalents.

NOTE 2 - FINANCIAL STATEMENT PRESENTATION

The Organization has adopted Statement of Financial Accounting Standards (SFAS) No 117, *Financial Statements of Not-for-Profit Organizations.* Under SFAS No 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets In addition, the Organization is required to present a statement of cash flows

Contributions

The Organization has also adopted SFAS No. 116, *Accounting for Contributions Received and Contributions Made.* Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted net assets depending on the existence or nature of any donor restrictions

Investments

The Organization has adopted SFAS No 124, *Accounting for Certain Investments Held by Not-for-Profit Organizations* Under SFAS No 124, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized

Property and Equipment

Property and equipment consist of the following.

	2010	2009
Property and Equipment		
Land	$ 93,200	$ 93,200
Building	1,035,346	1,028,357
Warehouse Equipment	9,505	9,505
Office Furniture and Equipment	24,609	23,470
Total	1,162,660	1,154,532
Accumulated Depreciation	230,440	200,560
Net Property and Equipment	$932,220	$953,972

Depreciation is computed using the straight line method.

Donated Services - The Organization receives a significant amount of donated services from volunteers who assist in the warehouse, fund raising and special projects. The organization received 20,812 and over 29,897 volunteer hours for each of the years ended December 31, 2010 and 2009, in general warehouse and office activities which do not meet the criteria for recognition under SFAS No. 116.

Employee Benefit Plan - The Organization has a 403(b) retirement plan for its employees through the Evangelical Lutheran Church Board of Pensions. It may contribute up to 9% of compensation annually for eligible employees. The retirement plan expenses were $20,831 in 2010 and $20,461 in 2009.

Income Tax - The organization is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code, and therefore, no provision for income taxes is included

NOTE 3 - CASH AND INVESTMENTS

Cash and investments includes:

		2010	2009
Cash in Bank Checking	Highland Bank	$ 167,497	$ 154,373
	Bremer Bank	6,845	5,423
Network For Good	Online Contributions	7,821	7,740
Investments	Highland Bank M/M	566,941	617,729
	Bremer Bank	251,037	226,211
	Bremer C/D	111,068	-
	Bremer C/D	154,189	-
	Thrivent	480,169	394,859
	ELCA – Mission Fund	454,108	487,270
Total Cash and Investments		$2,199,675	$1,893,605

NOTE 4 – LONG TERM DEBT

	2010	2009
Note payable dated 6-14-08 to Highland Bank totaling $195,943 secured by building Payable in 59 monthly installments of $3,659 including interest at 4.50% with a final payment of $3,379 due 6-14-2013	$ 103,585	$ 142,368
Less: Current Portion	40,049	38,282
Net Long Term Debt	$ 63,536	$ 104,086

Maturities of long term debt are as follows:

2011	$ 40,049
2012	41,903
2013	21,633
2014	-
2015	-

NOTE 5 – Temporarily Restricted Net Assets	2010	2009
Restricted for subsequent years program expense		
Balance January 1	$ 1,147,069	$ 1,133,433
Contributions	2,968,347	2,462,009
Investment Income	16,058	30,313
Reclassification of Endowment Funds	1,854	1,831
Restrictions Satisfied by Payments	(2,898,035)	(2,478,052)
Restrictions Satisfied by Time	(4,204)	(2,465)
Balance December 31	$ 1,231,089	$ 1,147,069

Note 6 - Permanently Restricted Net Assets

Restricted for permanent endowments

	2010	2009
Balance January 1	$79,916	$79,916
Contributions	-	-
Investment Income	-	-
Unrealized Gain (Loss)	-	-
Reclassification – FAS 117-1		
Unrestricted Net Assets	-	-
Temporarily Restricted Net Assets	-	-
Balance December 31	$79,916	$79,916

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Board of Directors
Global Health Ministries
Minneapolis, MN

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole The Schedule of Functional Expenses for the years ended December 31, 2010 and 2009 is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Boyer & Company

April 14, 2011

GLOBAL HEALTH MINISTRIES

SCHEDULE OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2010

	2010			
		Supporting Services		Total Expenses
	Program Services	Management	Fund Raising	
Direct Program Expense				
Bangladesh	$ 3,350			$ 3,350
Cameroon	298,642			298,642
Central African Republic	233,676			233,676
El Salvador	4,911			4,911
Ethiopia	6,561			6,561
Guatemala	3,496			3,496
Haiti	69,396			69,396
India	93,405			93,405
Jamaica	14,231			14,231
Kenya	16,970			16,970
Liberia	120,827			120,827
Madagascar	161,315			161,315
Malawi	-			-
Nigeria	53,883			53,883
Papau New Guinea	-			-
Peru	2,488			2,488
Senegal	1,890			1,890
Tanzania	1,163,843			1,163,843
Uganda	11,270			11,270
Zimbabwe	323,525			323,525
Global Health Adm Partners	20,313			20,313
Other Projects	345,239			345,239
Total Direct Program Expense	2,949,231			2,949,231
Director's Compensation	57,659	16,772	8,200	82,631
Other Salaries & Wages	100,903	63,102	3,965	167,970
Staff Pension Plan	8,756	4,925	356	14,037
Pension & Health	27,059	8,558	1,673	37,290
Payroll Taxes	7,557	4,700	280	12,537
Fees for Services				-
Accounting Fees	-	3,500		3,500
Professional Fundraising Fees	-	-	8,333	8,333
Advertising & Promotion	341	330	70	741
Office Expenses	27,833	12,744	13,448	54,025
Information Technology	2,354	3,385	-	5,739
Occupancy Expenses	27,462	7,182	-	34,644
Travel	10,493	130	-	10,623
Coferences & Meetings	3,896	360	-	4,256
Depreciation	20,871	9,009	-	29,880
Insurance	-	2,309	-	2,309
Miscellaneous	155	1,886	1,654	3,695
Total Function Expenses	$ 3,244,570	$ 138,892	$ 37,979	$ 3,421,441

GLOBAL HEALTH MINISTRIES

SCHEDULE OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2009

	2009			
		Supporting Services		Total Expenses
	Program Services	Management	Fund Raising	
Direct Program Expense				
Bangladesh	$ 175			$ 175
Cameroon	334,023			334,023
Central African Republic	234,982			234,982
El Salvador	3,200			3,200
Ethiopia	187,948			187,948
Guatemala	2,400			2,400
India	15,831			15,831
Kenya	1,635			1,635
Liberia	125,166			125,166
Madagascar	133,311			133,311
Malawi	350			350
Nigeria	14,744			14,744
Papau New Guinea	-			-
Tanzania	948,049			948,049
Uganda	22,157			22,157
Zimbabwe	91,781			91,781
Global Health Adm Partners	12,059			12,059
Other Projects	366,272			366,272
Total Direct Program Expense	2,494,083			2,494,083
Direct Compensation	58,130	16,605	8,306	83,041
Other Salaries & Wages	95,533	62,098	3,886	161,517
Staff Pension Plan	8,599	4,836	350	13,785
Pension & Health	19,172	8,467	667	28,306
Payroll Taxes	6,887	4,723	275	11,885
Fees for Services	-	-	-	-
Accounting Fees	-	3,610	-	3,610
Professional Fundraising Fees	-	-	34,790	34,790
Advertising & Promotion	78	-	426	504
Office Expenses	24,586	13,442	19,304	57,332
Information Technology	1,268	1,516	-	2,784
Occupancy Expenses	25,976	7,060	-	33,036
Travel	8,976	-	52	9,028
Coferences & Meetings	6,808	426	-	7,234
Depreciation	20,830	9,616	-	30,446
Insurance	-	2,159	-	2,159
Miscellaneous	398	720	-	1,118
Total Function Expenses	$ 2,771,324	$ 135,278	$ 68,056	$ 2,974,658