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Return of Organization Exempt From Income Tax

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

2012

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization GLOBAL HEALTH MINISTRIES		D Employer identification number 36-3532234
	Doing Business As		E Telephone number (763) 586-9590
	Number and street (or P O box if mail is not delivered to street addr) 7831 HICKORY ST. NE		
	City, town or country MINNEAPOLIS		State ZIP code + 4 MN 55432-2500
F Name and address of principal officer: TIMON IVERSON 7831 HICKORY ST MINNEAPOLIS MN 55432		G Gross receipts \$ 3,403,924.	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? If "No," attach a list (see instructions) ☐ Yes ☐ No	
J Website: www.ghm.org		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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities GHM ENHANCES HEALTH CARE IN DEVELOPING NATIONS BY RECEIVING AND SHIPPING DONATED MEDICAL SUPPLIES AND EQUIPMENT TO OVERSEAS PARTNERS AND COLLABORATING WITH OVERSEAS PARTNERS IN DISEASE PREVENTION AND INTERVENTION, CAPACITY BUILDING, COMMUNITY BASED PRIMARY HEALTH CARE AND OTHER HEALTH CARE PROGRAMS		
	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 2011 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	2,100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,104,726.	3,306,417.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,895.	97,507.
	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)	3,101,831.	3,403,924.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,555,350.	2,702,477.
	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)	348,625.	359,204.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	4,450.
	b Total fundraising expenses (Part IX, column (D), line 25) 60,804.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,608.	198,429.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,095,583.	3,264,560.
	19 Revenue less expenses Subtract line 18 from line 12	6,248.	139,364.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,162,136.	3,267,399.
22 Net assets or fund balances Subtract line 21 from line 20	125,508.	75,908.	
	3,036,628.	3,191,491.	

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 <i>Timon Iverson</i>	Date 5-13-13			
	Type or print name and title Timon C. Iverson, Executive Director				
Paid Preparer Use Only	Print/Type preparer's name KELLY LOOSE	Preparer's signature KELLY LOOSE	Date 05/13/13	Check ☐ if self-employed	PTIN P00314114
	Firm's name BOYER & COMPANY				
	Firm's address 14500 Burnhaven Drive Ste 135 BURNSVILLE MN 55306				
	Firm's EIN 41-1383846	Phone no (952) 435-3437			

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

☒ Yes ☐ No

g-17 JB

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission

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

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

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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 1,644,432. including grants of \$ 1,330,896.) (Revenue \$ 0.)

Shipping Program-Eleven sea containers of donated and purchased new and refurbished, medical and dental equipment and supplies were sent in 2012. Health Facilities in Arusha Lutheran Medical Center and Selian Lutheran Hospital, Dodoma Christian Medical Centre, Shighatini Health Center, Ilembula Hospital and Kidugala Health Center and Iambi Hospital received needed medical supplies and equipment such as birthing beds, surgical tables and x-ray machines. Two containers supplied three hospitals and clinics in the OSEELC Health Care System in Cameroon and a health center in the Central African Republic with medical supplies, computers, dental chairs, vital signs monitors, and an x-ray machine. In joint projects with other NGOs sea containers were sent to Zimbabwe, Liberia and Bolivia. Pallets of surplus medical equipment
See Form 990, Page 2, Part III, Line 4a (continued)

4b (Code _____) (Expenses \$ 1,084,124. including grants of \$ 734,805.) (Revenue \$ 0.)

Construction, renovation and operation of health facilities - In Tanzania, grants supported renovations of medical dispensaries in the Maasai region and the construction and operation of Arusha Lutheran Medical Center and Selian Hospital. Support continued for the multinational operation of Emmanuel Health Center in the Central African Republic. Construction of the Malagasy School of Nursing in Madagascar neared completion. Support for SALFA, the medical arm of the Malagasy Church, continued through grants and management consultations. In southeastern Madagascar, AVIA, a long term initiative integrating public healthcare, nutrition, education and economic development continued in collaboration with villagers and village leaders in Ebobake and Sarisambo. Global Health Administration Partners, which teaches and mentors overseas mission hospital
See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code _____) (Expenses \$ 166,114. including grants of \$ 128,148.) (Revenue \$ 0.)

Disease Intervention-Grants were given to AIDS/hospice programs in Cameroon and Tanzania and to a rape and sexual abuse counseling program at ALMC in Tanzania. In Nigeria, the malaria prevention initiative was promoted among village health workers in conjunction with the program in community based primary health care. Also in Nigeria, support was given for the clean water initiative of the Lutheran Church in Nigeria including the funding for wells and training in well repair and maintenance. Dental suites provided by Global Health Ministries were installed at Phebe Hospital and Ganta Methodist Hospital in Liberia during a sponsored mission trip by a Minnesota dentist and dental equipment technician. Another Minnesota physician was supported in her short term mission to provide medical care at Emmanuel Health Center in the Central African Republic.
See Form 990, Page 2, Part III, Line 4c (continued)

4d Other program services (Describe in Schedule O)(Expenses \$ 152,515. including grants of \$ 116,237.) (Revenue \$ 0.)**4e** Total program service expenses **▶** 3,047,185.

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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 and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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	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	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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IX 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	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 II		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		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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		X
25b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		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)		
28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, 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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2012)

Part I Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 11	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 7	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions).	2 b X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	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.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
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?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
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?	9 a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	X
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
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? Note. See the instructions for additional information the organization must report on Schedule O.	13 a	
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.	13 b	
c Enter the amount of reserves on hand.	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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 ☐ Other (explain in Schedule O)

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 during the tax year

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) DAVID PAGE PRESIDENT	0.00	X		X				0.	0.	0.
(2) KAREN PLAGER VICE PRESIDENT	0.00	X		X				0.	0.	0.
(3) JAMES BUHR DIRECTOR	0.00	X						0.	0.	0.
(4) KENNETH BORLE TREASURER	0.00	X		X				0.	0.	0.
(5) SOLVIEG H CARLSON DIRECTOR	0.00	X						0.	0.	0.
(6) REV. TIMON IVERSON EXEC. DIRECTOR	40.00	X		X				44,747.	0.	32,000.
(7) GARY GRONERT SECRETARY	0.00	X		X				0.	0.	0.
(8) MAGDELINE AAGARD DIRECTOR	0.00	X						0.	0.	0.
(9) ANDRY RANAIVOSON DIRECTOR	4.00	X						5,232.	0.	0.
(10) DAVID THOMPSON MD DIRECTOR	4.00	X						20,600.	0.	0.
(11) AUDREY ERMANN DIRECTOR	0.00	X						0.	0.	0.
(12) MOMO WOLAPAYE DIRECTOR	0.00	X						0.	0.	0.
(13) LUANN KIBIRA DIRECTOR	0.00	X						0.	0.	0.
(14) JOHN KVASNICKA DIRECTOR	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(15) MICHELINE BAYIHA DIRECTOR	0.00	X					0.	0.	0.
(16) REV JUDY BURGETT-WINZIG DIRECTOR	0.00	X					0.	0.	0.
(17) MELVIN DALE DIRECTOR	0.00	X					0.	0.	0.
(18) REV JACOB GILLARD DIRECTOR	0.00	X					0.	0.	0.
(19) JOSEPH NESA DIRECTOR	0.00	X					0.	0.	0.
(20) BEA HAAGENSEN DIRECTOR	0.00	X					0.	0.	0.
(21) BRUCE MOILAN DIRECTOR	0.00	X					0.	0.	0.
(22) HEADLEY WILLIAMSON DIRECTOR	0.00	X					0.	0.	0.
(23)									
(24)									
(25)									
1 b Sub-total							70,579.	0.	32,000.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							70,579.	0.	32,000.

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

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

	Yes	No
3		X
4		X
5		X

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(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 ►

Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS, AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns ..	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	3,306,417.			
	g Noncash contributions included in lns 1a-1f: \$		1,185,310.			
	h Total. Add lines 1a-1f		3,306,417.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		97,507.	97,507.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,403,924.	97,507.	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).

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

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 United States. See Part IV, line 21 ..	56,461.	56,461.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16..	2,646,016.	2,646,016.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,363.	56,765.	15,628.	7,970.
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	204,850.	128,617.	72,026.	4,207.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	22,473.	14,390.	6,987.	1,096.
9 Other employee benefits	36,138.	24,638.	10,043.	1,457.
10 Payroll taxes	15,380.	9,677.	5,404.	299.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,000.	0.	4,000.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,450.			4,450.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	26,299.	1,680.	5,000.	19,619.
12 Advertising and promotion	587.	124.	113.	350.
13 Office expenses	61,837.	29,155.	11,575.	21,107.
14 Information technology	3,322.	838.	2,484.	0.
15 Royalties				
16 Occupancy	31,470.	23,867.	7,603.	0.
17 Travel	6,902.	6,507.	146.	249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,877.	26,478.	4,399.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,005.	21,347.	8,658.	0.
23 Insurance	1,844.	0.	1,844.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	1,286.	625.	661.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,264,560.	3,047,185.	156,571.	60,804.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part I Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	160,550.	1	154,653.
	2 Savings and temporary cash investments	2,042,847.	2	2,000,496.
	3 Pledges and grants receivable, net	37,889.	3	215,140.
	4 Accounts receivable, net	0.	4	1,437.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,616.	9	15,360.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,165,513.		
	b Less: accumulated depreciation	10b 285,200.	10c 904,234.	880,313.
	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)		3,162,136.	16	3,267,399.
LIABILITIES	17 Accounts payable and accrued expenses	89,030.	17	75,908.
	18 Grants payable	15,000.	18	0.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	21,478.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		125,508.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,768,495.	27	1,775,362.
	28 Temporarily restricted net assets	1,187,617.	28	1,335,088.
	29 Permanently restricted net assets	80,516.	29	81,041.
	Organizations that do not follow SFAS 117 (ASC 958), 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	3,036,628.	33	3,191,491.
	34 Total liabilities and net assets/fund balances		3,162,136.	34

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	3,403,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,264,560.
3	Revenue less expenses. Subtract line 2 from line 1	3	139,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,036,628.
5	Net unrealized gains (losses) on investments	5	15,499.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,191,491.

Part XII Financial Statements and ReportingCheck 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			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2012)

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

2012

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or 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 — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

h Provide the following information about the supported 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?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,423,685.	3,029,290.	3,632,364.	3,100,811.	3,203,976.	16,390,126.
2 Tax revenues levied for the organization's benefit and either paid to 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	3,423,685.	3,029,290.	3,632,364.	3,100,811.	3,203,976.	16,390,126.
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)						279,356.
6 Public support. Subtract line 5 from line 4						16,110,770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,423,685.	3,029,290.	3,632,364.	3,100,811.	3,203,976.	16,390,126.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,680.	120,569.	86,433.	-3,915.	97,507.	325,274.
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						16,715,400.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	96.38 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.68 %
16a 33-1/3% support test – 2012. 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 – 2011. 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 – 2012. 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 – 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2012. 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 – 2011. 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 ▶ ☐

Results

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).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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 XIII, 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.

1 a 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 XIII, 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 XIII

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

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

1 a 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 XIII and complete the following table:

	Amount
1 c	
1 d	
1 e	
1 f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	587,652.	506,963.	407,709.	277,309.	248,260.
b Contributions	32,537.	96,060.	52,885.	50,190.	35,853.
c Net investment earnings, gains, and losses	74,891.	2,194.	61,940.	89,262.	1,732.
d Grants or scholarships					
e Other expenditures for facilities and programs	22,663.	17,565.	15,571.	9,052.	8,536.
f Administrative expenses					
g End of year balance	672,417.	587,652.	506,963.	407,709.	277,309.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 80.71 %

b Permanent endowment ▶ 12.52 %

c Temporarily restricted endowment ▶ 6.77 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	93,200.			93,200.
b Buildings	1,035,346.		257,677.	777,669.
c Leasehold improvements				
d Equipment	36,967.		27,523.	9,444.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				880,313.

BAA

Schedule D (Form 990) 2012

Part VI 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 VII 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 VIII 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 IX Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements		1	3,306,417.
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,306,417.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,306,417.

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

1	Total expenses and losses per audited financial statements		1	3,264,560.
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,264,560.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	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	3,264,560.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

general operations

Part XIII Supplemental Information *(continued)*

**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

2012

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 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	6,000.
(2) Central America	0	0	GRANTS		17,000.
(3) South America	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES	14,000.
(4) South Asia	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES	4,000.
(5) South Asia	0	0	GRANTS		16,000.
(6) Sub-Saharan Africa	1	2	PROGRAM SERVICES	NEEDUCAL SVD & TRAINING	72,000.
(7) Sub-Saharan Africa	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES	1,467,000.
(8) Sub-Saharan Africa	0	0	PROGRAM SERVICES	HEALTH CARE TRAINING	199,000.
(9) Sub-Saharan Africa	0	0	GRANTS		821,000.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	2			2,616,000.

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

Schedule F (Form 990) 2012

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. 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)									
(17)									

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 17

3 Enter total number of other organizations or entities 1

Schedule F (Form 990) 2012

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	4	5,655.	WIRE TRANSFER			
(2) Medical Scholarships	Sub-Saharan Africa	1	894.	CHECK			
(3) MEDICAL SCHOLARSHIP	Sub-Saharan Africa	1	1,750.	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, Information 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 I 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; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (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 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.

Pt 1 Line 2 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
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.

PART II LINE 1 Cash grants and noncash assistance are reported by cash
based disbursement. Multi-year grant requests are approved by year
and reported annually

PART III Cash grants and noncash assistance are reported by
cash based disbursement. Multi-year grant requests are
approved by year and reported annually

Form 990, Schedule F Part II Grants to Organization Outside US, line 1						
Name of Organization	Region	Purpose of Grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance
ALMC	Sub-saharan Africa	hospice & hospital services	278,848	Wire transfer	172,956	medical supplies & equipment
ALMC	Sub-saharan Africa	hospital construction	63,200	Wire transfer		
ALMC	Sub-saharan Africa	medical scholarships	20,000	Wire transfer		
ELCT, Maasai disp	Sub-saharan Africa	clinic operations & construction	27,000	Wire transfer		
Central Diocese ELCT	Sub-saharan Africa				66,654	medical supplies & equipment
Dodoma Christian MC	Sub-saharan Africa				113,970	medical supplies & equipment
Pare Diocese-ELCT	Sub-saharan Africa				46,715	medical supplies & equipment
Southern Diocese ELCT	Sub-saharan Africa				124,314	medical supplies & equipment
OSEELC	Sub-saharan Africa	hospital information system	9,000	Wire transfer	320,178	medical supplies & equipment
EELRCA	Sub-saharan Africa	clinic operations	61,397	Wire transfer	8,898	medical equipment
EECMY-Aira Sch of Nursing	Sub-saharan Africa	midwife nursing program	6,262	Wire transfer		
TANA/GHM AVIA	Sub-saharan Africa	program operations	14,489	Wire transfer		
AVIA ONG	Sub-saharan Africa	health program operations	42,512	Wire transfer	8,363	medical supplies & equipment
SALFA	Sub-saharan Africa	hospital & clinic operations	59,814	Wire transfer	75,000	pharmaceuticals & medical supplies
SEFAM	Sub-saharan Africa	nursing education, school construction	88,084	Wire transfer		
LCCN	Sub-saharan Africa	wells, malaria, health care	139,497	Wire transfer	47,957	vehicle & equipment
ELCZMnene, Musume,Man	Sub-saharan Africa				127,539	medical supplies & equipment
LCLiberia	Sub-saharan Africa				208,425	medical supplies & equipment
Sinodo de las Iglesias de Cd	Central America	health care instruction	17,326	Wire transfer	1,644	medical supplies & equipment
WMPL Clinic, Bolivia	South America				12,754	medical supplies & equipment
Livingstone School Banglad	South Asia	wells, sanitation, construction	12,500	Wire transfer	500	medical supplies & equipment

Method of valuation: FMV/estimated

SCHEDULE I
(Form 990)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

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

Name of the organization

GLOBAL HEALTH MINISTRIES

Part I General Information on Grants and Assistance

Employer identification number

36-3532234

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?

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

☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. 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) Medical Teams, International 14150 Milton Ct Tigard OR 0	93-0878944	501(c)(3)		56,461	FMV Estimated	Medical Supplies	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

TEEA3901 11/30/12

Schedule I (Form 990) (2012)

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, Part III, column (b), and any other additional information.

Pt I Line 2 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 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.

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

BAA

Schedule I (Form 990) (2012)

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990.**

Name of the organization

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

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	4	7,036.	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	1,053	1,185,310.	Estimated
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

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

b If 'Yes,' describe in Part II

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

	Yes	No
30 a		X
31	X	
32 a	X	

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

brokerage accounts at Thrivent Investment Management, Minneapolis, MN.

Pt 1 Column 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

2012

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, Line 11a The audited financial 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, Line 12c All officers, directors and key employees are required to fill out
a conflict of interest form annually. These are reviewed
by the Executive Director. Any conflicts are brought to the
Executive Committee.

Pt VI, 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, 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.

Pt VI, Line 4 On October 19, 2012 the Bylaws of Global Health Ministries

Name of the organization

Employer identification number

GLOBAL HEALTH MINISTRIES

36-3532234

were changed to create the position of a President-Elect to serve a one year term that assumes the progression to a one year term as President followed by a one year term as Past President. The position of Vice President is eliminated. A Governance Committee of 3-5 members, elected by the Board was created.

GLOBAL HEALTH MINISTRIES

**FINANCIAL STATEMENTS
TOGETHER WITH
AUDITORS' REPORT**

DECEMBER 31, 2012 AND 2011

GLOBAL HEALTH MINISTRIES

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BOYER & COMPANY

A Professional Association

Certified Public Accountants

14500 Burnhaven Drive-Suite 135
Burnsville, MN 55306
(952) 435-3437

INDEPENDENT AUDITORS' REPORT ON THE FINANCIAL STATEMENTS

Board of Directors
Global Health Ministries
Minneapolis, MN

We have audited the accompanying statements of financial position of Global Health Ministries as of December 31, 2012 and 2011, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on the financial statements 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 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 present fairly, in all material respects, the financial position of Global Health Ministries as of December 31, 2012 and 2011, 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.

Our audit was conducted for the purposes of forming an opinion on the financial statements as a whole. The schedule of functional expenses on pages 8 & 9 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Boyer & Company

April 29, 2013

GLOBAL HEALTH MINISTRIES

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Cash and Cash Equivalents	\$ 1,485,231	\$ 1,631,487
Accounts Receivable - Net	1,437	-
Pledges Receivable-Net	215,140	37,889
Prepaid Expenses	15,360	16,616
Endowment Investments		
Cash and Cash Equivalents	22,381	22,225
Investments	<u>647,537</u>	<u>549,685</u>
Total Endowment Investments	<u>669,918</u>	<u>571,910</u>
Property and Equipment - Net	<u>880,313</u>	<u>904,234</u>
Total Assets	<u>\$ 3,267,399</u>	<u>\$ 3,162,136</u>
LIABILITIES		
Current Liabilities		
Accounts Payable	\$ 37,439	\$ 27,130
Accrued Wages and Payroll Taxes	5,327	4,695
Accrued Interest Payable	-	103
Current Portion of Distributions Payable	15,000	15,000
Current Portion of Notes Payable	<u>18,142</u>	<u>42,102</u>
Total Current Liabilities	<u>75,908</u>	<u>89,030</u>
Long Term Liabilities		
Distributions Payable-Net of Current Portion	-	15,000
Notes Payable-Net of Current Portion	<u>-</u>	<u>21,478</u>
Total Long Term Liabilities	<u>-</u>	<u>36,478</u>
NET ASSETS		
Unrestricted Net Assets		
Operating Funds	1,227,846	1,295,650
Board Designated Endowment Funds	<u>547,516</u>	<u>472,845</u>
Total Unrestricted Net Assets	1,775,362	1,768,495
Temporarily Restricted	1,335,088	1,187,617
Permanently Restricted	<u>81,041</u>	<u>80,516</u>
Total Restricted Net Assets	<u>1,416,129</u>	<u>1,268,133</u>
Total Net Assets	<u>3,191,491</u>	<u>3,036,628</u>
Total Liabilities and Net Assets	<u>\$ 3,267,399</u>	<u>\$ 3,162,136</u>

See notes to financial statements

GLOBAL HEALTH MINISTRIES

STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Net Assets		
Unrestricted Revenues and Gains		
Contributions	\$ 506,573	\$ 563,376
Contributions Endowment Fund	32,012	95,460
Investment Income	82,952	2,458
Strategic Development Fund	15,500	-
Other Income	-	-
Total Unrestricted Revenues and Gains	<u>637,037</u>	<u>661,294</u>
 Net Assets Released From Restrictions		
Restrictions Satisfied by Payments	2,644,905	2,479,546
Restrictions Satisfied by Time	<u>4,986</u>	<u>3,864</u>
Total Net Assets Released from Restrictions	<u>2,649,891</u>	<u>2,483,410</u>
 Total Unrestricted Gains and Other Support	<u>3,286,928</u>	<u>3,144,704</u>
 Expenses		
Project-Direct	2,702,477	2,555,351
Project-Support	344,708	323,645
Administration	156,572	151,204
Fund Raising	<u>60,804</u>	<u>65,384</u>
Total Expenses	<u>3,264,561</u>	<u>3,095,584</u>
 Increase In Unrestricted Net Assets	<u>22,367</u>	<u>49,120</u>
 Temporarily Restricted Net Assets		
Contributions	2,767,307	2,445,290
Investment Income	14,555	(5,352)
Restrictions Satisfied by Payments	(2,644,905)	(2,479,546)
Restrictions Satisfied by Time	<u>(4,986)</u>	<u>(3,864)</u>
Increase (Decrease) In Temporarily Restricted Net Assets	<u>131,971</u>	<u>(43,472)</u>
 Permanently Restricted Net Assets		
Endowment Fund Contributions	525	600
Investment Income	<u>-</u>	<u>-</u>
Increase In Permanently Restricted Net Assets	<u>525</u>	<u>600</u>
 Increase in Net Assets	154,863	6,248
 Net Assets Beginning of Year	<u>3,036,628</u>	<u>3,030,380</u>
 Net Assets End of Year	<u>\$ 3,191,491</u>	<u>\$ 3,036,628</u>

See notes to financial statements.

GLOBAL HEALTH MINISTRIES

STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Cash Flows From Operating Activities		
Increase (Decrease) In Net Assets	\$ 154,863	\$ 6,249
Adjustments to Reconcile Increases	-	-
In Net Assets to Net Cash Provided	-	-
By Operating Activities:		
Depreciation	30,699	30,236
(Increase) Decrease In Operating Assets		
Accounts Receivable	(1,437)	13,519
Pledges Receivable	(177,251)	7,454
Prepaid Expenses	1,257	2,081
Increase (Decrease) In Operating Liabilities		
Accounts Payable And Accrued Expenses	(13,123)	3,491
Distribution Payable	-	-
Cash Provided (Used) by Operating Activities	<u>(4,992)</u>	<u>63,030</u>
Cash Flows From Investing Activities		
Purchase of Certificates of Deposit	-	-
Payments for Building And Equipment	<u>(6,778)</u>	<u>(2,250)</u>
Cash (Used) by Investing Activities	<u>(6,778)</u>	<u>(2,250)</u>
Cash Flows From Financing Activities		
Distribution Payable - Long Term	(15,000)	(15,000)
Principal Payments on Long Term Debt	<u>(21,478)</u>	<u>(42,058)</u>
Cash Provided (Used) by Financing Activities	<u>(36,478)</u>	<u>(57,058)</u>
Net Increase (Decrease) In Cash	(48,248)	3,722
Cash and Equivalents, Beginning of Year	<u>2,203,397</u>	<u>2,199,675</u>
Cash and Equivalents, End of Year	<u>\$ 2,155,149</u>	<u>\$ 2,203,397</u>

See notes to financial statements.

GLOBAL HEALTH MINISTRIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

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.

Contributed Services

During the years ended December 31, 2012 and 2011, 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.

The Organization receives a significant amount of donated services from volunteers who assist in the warehouse, fund raising and special projects. The organization received over 24,724 and over 19,647 volunteer hours for the year ended December 31, 2012 and 2011, in general warehouse and office activities which do not meet the criteria for recognition under SFAS No. 116.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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.

GLOBAL HEALTH MINISTRIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

Cash Equivalents

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

Contributions

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:

	<u>2012</u>	<u>2011</u>
Property and Equipment		
Land	\$ 93,200	\$ 93,200
Building	1,035,346	1,035,346
Warehouse Equipment	12,317	11,755
Office Furniture and Equipment	<u>24,650</u>	<u>22,084</u>
Total	1,165,513	1,162,385
Accumulated Depreciation	<u>285,200</u>	<u>258,151</u>
Net Property and Equipment	<u>\$ 880,313</u>	<u>\$ 904,234</u>

Depreciation is computed using the straight line method

Employee Benefit Plan

The Organization has a 403(b) retirement plan for its employees through Portico Benefit Services. It may contribute up to 9% of compensation annually for eligible employees. The retirement plan expenses were \$22,473 in 2012 and \$21,786 in 2011.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

Income Tax

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. The Organization's Form 990, Return of Organization Exempt from Income Tax, for years ending 2010, 2011, and 2012 are subject to examination by the IRS, generally three years after they were filed.

NOTE 2 - CASH AND INVESTMENTS

Cash and investments include:

		<u>2012</u>	<u>2011</u>
Cash in Bank Checking	Highland Bank	\$ 154,653	\$ 160,550
	Bremer Bank	4,134	6,197
Network For Good	Online Contributions	17,331	14,181
Investments	Highland Bank M/M	633,979	701,648
	Bremer Bank	132,066	211,443
	Bremer C/D	100,920	100,559
	Thrivent	648,092	549,688
	ELCA – Mission Fund	<u>463,974</u>	<u>459,131</u>
Total Cash and Investments		<u>\$2,155,149</u>	<u>\$2,203,397</u>

NOTE 3 – LONG TERM DEBT

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.

	<u>2012</u>	<u>2011</u>
	\$ 18,142	\$ 63,850
Less: Current Portion	<u>18,142</u>	<u>42,102</u>
Net Long Term Debt	<u>\$ -</u>	<u>\$ 21,478</u>

Maturities of long term debt are as follows:

2012	\$18,142
2013	-
2014	-
2015	-
2016	-

GLOBAL HEALTH MINISTRIES
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

NOTE 4 – TEMPORARILY RESTRICTED NET ASSETS

	<u>2012</u>	<u>2011</u>
Restricted for subsequent years program expense		
Balance January 1	\$ 1,187,617	\$ 1,231,089
Contributions	2,767,307	2,445,290
Strategic Development Fund	15,500	-
Investment Income	11,335	(7,325)
Reclassification of Endowment Funds	3,220	1,973
Restrictions Satisfied by Payments	(2,644,905)	(2,479,546)
Restrictions Satisfied by Time	<u>(4,986)</u>	<u>(3,864)</u>
Balance December 31	<u>\$ 1,335,088</u>	<u>\$ 1,187,617</u>

NOTE 5 - PERMANENTLY RESTRICTED NET ASSETS

	<u>2012</u>	<u>2011</u>
Restricted for permanent endowments		
Balance January 1	\$80,516	\$79,916
Contributions	525	600
Investment Income	-	-
Unrealized Gain (Loss)	-	-
Reclassification – FAS 117-1	-	-
Unrestricted Net Assets	-	-
Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Balance December 31	<u>\$81,041</u>	<u>\$80,516</u>

NOTE 6 – EVALUATION OF SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through the date of the financial statements

GLOBAL HEALTH MINISTRIES
SCHEDULE OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2012

	2012			
	Program Services	Supporting Services		Total Expenses
		Management	Fund Raising	
Direct Program Expense				
Bangladesh	\$ 15,730	\$ -	\$ -	\$ 15,730
Bolivia	12,775	-	-	12,775
Cameroon	364,058	-	-	364,058
Central African Republic	80,132	-	-	80,132
El Salvador	20,006	-	-	20,006
Ethiopia	6,942	-	-	6,942
Guatemala	4,770	-	-	4,770
Haiti	1,250	-	-	1,250
India	3,473	-	-	3,473
Kenya	4,016	-	-	4,016
Liberia	233,004	-	-	233,004
Madagascar	329,345	-	-	329,345
Nigeria	315,848	-	-	315,848
Peru	896	-	-	896
Tanzania	1,004,290	-	-	1,004,290
Uganda	250	-	-	250
Zimbabwe	130,773	-	-	130,773
Global Health Adm Partners	78,324	-	-	78,324
General Shipping	93,420	-	-	93,420
Dental Program	1,010	-	-	1,010
Other Projects	2,165	-	-	2,165
Total Direct Program Expense	2,702,477	-	-	2,702,477
 Director's Compensation	56,765	15,628	7,970	80,363
Other Salaries & Wages	128,617	72,026	4,207	204,850
Staff Pension Plan	14,390	6,987	1,096	22,473
Pension & Health	24,638	10,043	1,457	36,138
Payroll Taxes	9,677	5,404	299	15,380
Fees for Services				
Accounting Fees	-	4,000	-	4,000
Professional Fundraising Fees	-	-	4,450	4,450
Other Fees for Services	1,680	5,000	-	6,680
Fundraising Expense	-	-	19,619	19,619
Advertising & Promotion	124	113	350	587
Office Expenses	29,155	11,575	21,107	61,837
Information Technology	838	2,484	-	3,322
Occupancy Expenses	23,867	7,603	-	31,470
Travel	6,507	146	249	6,902
Conferences & Meetings	26,478	4,399	-	30,877
Depreciation	21,347	8,658	-	30,005
Insurance	-	1,844	-	1,844
Miscellaneous	625	661	-	1,286
Total Function Expenses	\$ 3,047,185	\$ 156,571	\$ 60,804	\$ 3,264,560

See auditors' report

GLOBAL HEALTH MINISTRIES

SCHEDULE OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2011

	2011			
	Supporting Services			Total Expenses
	Program Services	Management	Fund Raising	
Direct Program Expense				
Bangladesh	\$ 13,500	\$ -	\$ -	\$ 13,500
Cameroon	304,006	-	-	304,006
Central African Republic	77,144	-	-	77,144
El Salvador	12,690	-	-	12,690
Ethiopia	3,782	-	-	3,782
Guatemala	500	-	-	500
Haiti	1,250	-	-	1,250
India	-	-	-	-
Kenya	59,355	-	-	59,355
Liberia	55,582	-	-	55,582
Madagascar	365,266	-	-	365,266
Nigeria	267,530	-	-	267,530
Peru	1,245	-	-	1,245
Tanzania	890,184	-	-	890,184
Uganda	250	-	-	250
Zimbabwe	155,715	-	-	155,715
Global Health Adm Partners	17,935	-	-	17,935
General Shipping	309,114	-	-	309,114
Dental Program	1,446	-	-	1,446
Other Projects	18,856	-	-	18,856
Total Direct Program Expense	2,555,350	-	-	2,555,350
Director's Compensation	59,563	16,976	8,469	85,008
Other Salaries & Wages	120,019	70,006	4,102	194,127
Staff Pension Plan	9,082	5,362	367	14,811
Pension & Health	27,299	10,891	1,865	40,055
Payroll Taxes	9,085	5,248	291	14,624
Fees for Services				
Accounting Fees	-	3,800	-	3,800
Professional Fundraising Fees	-	-	10,000	10,000
Fundraising Expense	-	-	10,208	10,208
Office Expenses	32,092	11,203	30,082	73,377
Information Technology	1,021	4,168	-	5,189
Occupancy Expenses	30,199	9,904	-	40,103
Travel	8,218	309	-	8,527
Conferences & Meetings	5,584	1,080	-	6,664
Depreciation	20,953	9,283	-	30,236
Insurance	-	1,953	-	1,953
Miscellaneous	530	1,021	-	1,551
Total Function Expenses	\$ 2,878,995	\$ 151,204	\$ 65,384	\$ 3,095,583

See auditors' report