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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: GLOBAL HEALTH MINISTRIES

Doing business as:

Number and street (or P O. box if mail is not delivered to street address): 7831 HICKORY ST. NE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: MINNEAPOLIS MN 55432-2500

D Employer identification number: 36-3532234

E Telephone number: (763) 586-9590

G Gross receipts $ 4,286,816.

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

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

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

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

J Website: ► 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

1 Briefly describe the organization's mission or most significant activities: GHM PROVIDES FOR HEALTHIER COMMUNITIES IN DEVELOPING COUNTRIES THROUGH COMMUNITY-BASED HEALTH INITIATIVES, AND BY IMPROVING CLINICAL CARE THROUGH PARTNER FACILITY CONSTRUCTION AND RENOVATION, PROFESSIONAL TRAINING, AND BY SHIPPING MEDICAL EQUIPMENT AND SUPPLIES

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

Activities & Governance	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 2014 (Part V, line 2a)	5	10
	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.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,671,429.	4,224,992.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,134.	61,824.
	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)	3,825,563.	4,286,816.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,010,537.	2,958,556.
	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)	409,554.	513,102.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,400.	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 147,462.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	171,083.	224,256.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,592,574.	3,695,914.
	19 Revenue less expenses. Subtract line 18 from line 12	232,989.	590,902.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,562,871.	4,162,907.
	21 Total liabilities (Part X, line 26)	138,391.	147,526.
	22 Net assets or fund balances Subtract line 21 from line 20	3,424,480.	4,015,381.

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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: Lynn Butler — Date:

LYNN BUTLER, CONTROLLER — 8/12/15

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KELLY LOOSE	KELLY LOOSE	07/23/15		P00314114

Firm's name ► BOYER & COMPANY

Firm's address ► 14500 Burnhaven Drive Ste 135 BURNSVILLE MN 55306

Firm's EIN ► 41-1383848

Phone no (952) 435-3437

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

622 14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

GHM continues the holistic ministry of Jesus by partnering with Lutheran efforts globally to enhance and sustain the health and well-being of the communities served.

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,091,548. including grants of $ 1,668,242.) (Revenue $ 3,864.)

Shipping: Ebola in West Africa greatly impacted GHM's shipping program in 2014. Two air freight shipments of personal protective equipment were sent to Liberia, in addition to two sea containers of medical equipment, supplies and additional PPE's. GHM facilitated two additional container shipments of food to Liberia in partnership with others. Two 40' containers sent needed equipment such as surgical tables and lights to equip new OR suites at Ngaoundere Protestant Hospital in Cameroon. Two containers were sent to Zimbabwe. Tanzania received four containers of supplies and medical equipment, including new beds for Gonja Hospital. A total of 11 containers were sent overseas, in addition to the two air freight shipments. GHM's suitcase ministry, relying on travelers

See Form 990, Page 2, Part III, Line 4a (continued)

4b (Code:) (Expenses $ 947,375. including grants of $ 763,361.) (Revenue $ 0.)

Clinical Care: GHM provides project grants to enhance partner health programs, with the ultimate goal of ensuring access to quality health care for the poor. Construction and renovation of health facilities improved access to care at dispensaries serving the Maasai in Northern Tanzania, and at Ngaoundere Protestant Hospital in Cameroon where the construction of new OR suites was completed. Additional grants assisted with operations expenses at Emmanuel Health Center in Central African Republic, rural clinics and a pharmacotherapy program in Madagascar, and multiple programs associated with Arusha Lutheran Medical Center in Tanzania. A new lab tech training program in Madagascar was funded, as was continuing education for medical

See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code:) (Expenses $ 278,643. including grants of $ 194,530.) (Revenue $ 0.)

Community Development: Empowering people to improve the health of their communities has been a focus of GHM in 2014. Training village health workers in basic first aid and disease prevention continues in EL Salvador, and the distribution of bednets addressed the outbreak of Dengue Fever in that country. Through the community-based primary health care program in Nigeria; teams, including village leaders, identified priorities to improve community health. Projects included malaria prevention and clean water initiatives. AVIA, a similar community-based program in Madagascar, conducted assessments with community leaders and assisted in creating village teams to address identified needs; projects included health education and

See Form 990, Page 2, Part III, Line 4c (continued)

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 3,317,566.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		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*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9		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*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes', complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

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

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

Check if Schedule O contains a response or note to any line 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 DIRECTOR	0.00	X		X				0.	0.	0.
(2) KAREN PLAGER PRESIDENT	0.00	X		X				0.	0.	0.
(3) KENNETH BORLE TREASURER	0.00	X		X				0.	0.	0.
(4) SOLVEIG H CARLSON DIRECTOR	0.00	X						0.	0.	0.
(5) REV.TIMON IVERSON EXEC. DIRECTOR	40.00	X		X				47,979.	32,000.	47,979.
(6) GARY GRONERT SECRETARY	0.00	X		X				0.	0.	0.
(7) MAGDELINE AAGARD DIRECTOR	0.00	X						0.	0.	0.
(8) ANDRY RANAIVOSON DIRECTOR	4.00	X						0.	0.	0.
(9) DAVID THOMPSON MD DIRECTOR	4.00	X						14,000.	0.	0.
(10) AUDREY ERDMAN	0.00	X						0.	0.	0.
(11) JOHN KVASNICKA DIRECTOR	0.00	X						0.	0.	0.
(12) MICHELINE BAYIHA DIRECTOR	0.00	X						0.	0.	0.
(13) MELVIN DALE DIRECTOR	0.00	X						0.	0.	0.
(14) REV JACOB GILLARD DIRECTOR	0.00	X						0.	0.	0.

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

(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			
(15) JOSEPH NESA DIRECTOR	0.00	X						0.	0.	0.
(16) BEA HAAGENSON DIRECTOR	0.00	X						0.	0.	0.
(17) BRUCE MOILAN DIRECTOR	0.00	X						0.	0.	0.
(18) HEADLEY WILLIAMSON DIRECTOR	0.00	X						0.	0.	0.
(19) LEWIS BERGE DIRECTOR	0.00	X						0.	0.	0.
(20) REBECCA DUERST DIRECTOR	0.00	X						0.	0.	0.
(21) KOU FARNGALO DIRECTOR	0.00	X						0.	0.	0.
(22) RANDY HURLEY DIRECTOR	0.00	X						0.	0.	0.
(23) LON KIGHTLINGER DIRECTOR	0.00	X						0.	0.	0.
(24) MOLLY LAGERMEIER DIRECTOR	0.00	X						0.	0.	0.
(25) REV THOMAS OLSON DIRECTOR	0.00	X						0.	0.	0.
1 b Sub-total								61,979.	0.	32,000.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								61,979.	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 ►

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,224,992.			
	g Noncash contributions included in lines 1a-1f: $		1,810,594.			
	h Total. Add lines 1a-1f		4,224,992.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		61,824.	61,824.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		4,286,816.	61,824.	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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,958,556.	2,958,556.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,729.	62,804.	18,686.	10,239.
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	323,788.	147,553.	106,830.	69,405.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,918.	12,922.	7,646.	6,350.
9 Other employee benefits	46,014.	22,965.	10,757.	12,292.
10 Payroll taxes	24,653.	11,172.	8,181.	5,300.
11 Fees for services (non-employees)				
a Management	5,850.	0.	5,850.	0.
b Legal				
c Accounting	4,914.	0.	4,914.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	6,830.	1,889.	324.	4,617.
13 Office expenses	76,666.	31,101.	13,798.	31,767.
14 Information technology	17,086.	2,677.	14,409.	0.
15 Royalties				
16 Occupancy	34,982.	27,648.	7,334.	0.
17 Travel	13,611.	6,705.	0.	6,906.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,514.	4,027.	487.	0.
20 Interest	4,276.	0.	4,276.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,422.	27,548.	22,288.	586.
23 Insurance	1,951.	0.	1,951.	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 STAFF DEVELOPMENT	2,319.	0.	2,319.	0.
b MEMBERSHIPS	835.	0.	835.	0.
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	3,695,914.	3,317,567.	230,885.	147,462.
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 X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		204,256.	1	344,546.
	2	Savings and temporary cash investments		2,070,891.	2	2,295,276.
	3	Pledges and grants receivable, net		160,485.	3	391,176.
	4	Accounts receivable, net		0.	4	
	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		118,348.	9	25,409.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,294,009.			
	b	Less. accumulated depreciation	10b 360,317.	858,891.	10c	933,692.
	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		150,000.	15	172,808.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,562,871.	16	4,162,907.
Liabilities	17	Accounts payable and accrued expenses		57,918.	17	49,967.
	18	Grants payable			18	
	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		80,473.	23	97,559.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		138,391.	26	147,526.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,935,721.	27	2,374,771.
	28	Temporarily restricted net assets		1,407,318.	28	1,558,669.
	29	Permanently restricted net assets		81,441.	29	81,941.
		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		3,424,480.	33	4,015,381.
	34	Total liabilities and net assets/fund balances		3,562,871.	34	4,162,907.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,286,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,695,914.
3	Revenue less expenses. Subtract line 2 from line 1	3	590,902.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,424,480.
5	Net unrealized gains (losses) on investments	5	
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	4,015,382.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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?	2b	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2014

Name of the Organization

GLOBAL HEALTH MINISTRIES

Employer Identification number

36-3532234

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26 DENISE PIGARELLI DIRECTOR	0.00	X						0.	0.	0.

Form 990 Cont 2014

TEEA4301 06/10/14

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	3,632,364.	3,100,811.	3,203,976.	3,671,429.	4,224,992.	17,833,572.
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	3,632,364.	3,100,811.	3,203,976.	3,671,429.	4,224,992.	17,833,572.
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)						475,999.
6 **Public support.** Subtract line 5 from line 4						17,357,573.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,632,364.	3,100,811.	3,203,976.	3,671,429.	4,224,992.	17,833,572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,433.	-3,915.	97,507.	154,134.	61,824.	395,983.
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 VI.)						
11 **Total support.** Add lines 7 through 10						18,229,555.

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 2014 (line 6, column (f) divided by line 11, column (f))	14	95.22 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.29 %

16a **33-1/3% support test — 2014.** 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 — 2013.** 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 — 2014.** 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 VI how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization . . . . . ► ☐

b **10%-facts-and-circumstances test — 2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2014.** 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 — 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in* ***Part VI***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in* ***Part VI***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in* ***Part VI***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer (b) below*	10a		
b	Did the organization, have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* **Part VI**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* **Part VI** *the role the organization's supported organizations played in this regard*	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions)*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* **Part VI** ***identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b	
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* **Part VI** *the role played by the organization in this regard*	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2014**	**(iii) Distributable Amount for 2014**
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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) Revenue 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 Revenue 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.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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 year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	818,366.	672,417.	587,652.	506,963.	407,709.
b Contributions	196,469.	31,702.	32,537.	96,060.	52,885.
c Net investment earnings, gains, and losses	51,458.	141,926.	74,891.	2,194.	61,940.
d Grants or scholarships					
e Other expenditures for facilities and programs	32,782.	27,679.	22,663.	17,565.	15,571.
f Administrative expenses					
g End of year balance	1,033,511.	818,366.	672,417.	587,652.	506,963.

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

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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
1a Land	93,200.			93,200.
b Buildings	1,035,346.		311,504.	723,842.
c Leasehold improvements				
d Equipment	165,463.		48,813.	116,650.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ►				933,692.

Part VII Investments — Other Securities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments — Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f 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. Liability for uncertain tax positions 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,286,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	4,286,816.
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	4,286,816.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,695,915.
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	3,695,915.
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	3,695,915.

Part XIII Supplemental Information.

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 ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPLEMENT SUPPORT FOR THE ORGANIZATION'S GENERAL OPERATIONS.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on 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? . . . . . [X] 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	GRANTS		25,000.
(2) Central America	0	0	PROGRAM SERVICES	HEALTH TRAINING	1,000.
(3) South America	0	0	GRANTS		7,000.
(4) South Asia	0	0	GRANTS		36,000.
(5) Sub-Saharan Africa	0	1	GRANTS		2,235,000.
(6) Sub-Saharan Africa	0	0	PROGRAM SERVICES	SHIPPING MEDICAL SUPPLIES	177,000.
(7) Sub-Saharan Africa	0	0	PROGRAM SERVICES	CAPACITY BUILDING	106,000.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	1			2,587,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) .	0	1			2,587,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' on 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)		see attached	SCHEDULE					
(2)		Central America	ATTACHED					
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 19

3 Enter total number of other organizations or entities. . . . . ▶ 0

Part II Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on 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	3	16,760.	WIRE TRANSFER			
(2)							
(3)							
(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; do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ Yes	☒ No

Part V Supplemental Information

•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
Pt I Line 2	Lutheran church or Lutheran mission agency based in the
Pt I Line 2	United States, or have a defined relationship with one of these
Pt I Line 2	churches or agencies. The Lutheran group must endorse the
Pt I Line 2	application. The application, including a description of the
Pt I Line 2	project and a detailed budget, is screened by the Executive
Pt I Line 2	Director then submitted to the Executive Committee. The
Pt I Line 2	Executive Committee may approve,disapprove or request
Pt I Line 2	clarification or changes, or recommend the project be reviewed
Pt I Line 2	by the full Board of Directors for approval.
Pt I Line 2	Follow through begins with a "Declaration of Responsibilty"
Pt I Line 2	signed by the applicant which states that the applicant
Pt I Line 2	has an obligation to use the funds responsibly, to submit
Pt I Line 2	progress reports at six month or more frequent intervals
Pt I Line 2	and upon completion of the project and to make the project
Pt I Line 2	records available for inspection by Global Health Ministries.
Pt I Line 2	Grants are distributed on a quarterly basis to allow evaluation
Pt I Line 2	of progress reports. The Executive Director or designated
Pt I Line 2	project manager will receive the follow up reports
Pt I Line 2	and report on the status of the project to the Board of
Pt I Line 2	Directors.
Pt I Line 2	Cash grants and noncash assistance are reported by cash
Pt I Line 2	based disbursement. Multi-year grant requests are approved by year
Pt I Line 2	and reported annually
Part III	Cash grants and noncash assistance are reported by
Part III	cash based disbursement. Multi-year grant requests are
Part III	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	Method of valuation
	Sub-saharan Africa	surgical & hospital services	398,072	Wire transfer	118,103	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa	hospital construction,	19,800	Wire transfer			
	Sub-saharan Africa	medical scholarships	25,772	Wire transfer			
	Sub-saharan Africa	clinic operations & construction	20,000	Wire transfer			
	Sub-saharan Africa	education & entreprenural	10,000	Wire transfer			
	Sub-saharan Africa				117,266	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa				92,882	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa				166,206	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa	Surgical suite construction	109,496	Wire transfer	269,825	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa	clinic operations	10,000	Wire transfer	2,034	medical equipment	FMV/estimated
	Sub-saharan Africa	midwife nursing program	6,897	Wire transfer			
	Sub-saharan Africa	program operations	49,647	Wire transfer			
	Sub-saharan Africa	hospital & clinic operations	74,346	Wire transfer			
	Sub-saharan Africa	nurse & lab tech education	29,304	Wire transfer			
	Sub-saharan Africa	wells, malaria, health care	139,775	Wire transfer			
	Sub-saharan Africa				142,278	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa				147,406	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa				294,565	medical supplies & equipment	FMV/estimated
	Sub-saharan Africa				14,674	medical supplies & equipment	FMV/estimated
	Central America	health care instruction	17,055	Wire transfer			
	South Asia	secondary school construction	28,450	Wire transfer			

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) ABRAHAMS BLESSING ALBANY NY 12205	14-1790920	501(c)(3)		101,013.	FMV/Estimate	Medical Suppli	Medical Suppli
(2) CHRISTIAN FRIENDS OF KORE 129 Center Ave BLACK MOUNTAIN NC 28711	56-1923972	501(c)(3)		36,107.	FMV/Estimate	Medical Suppli	Medical Suppli
(3) CROSS MINISTRIES 1610 N Main St OSCEOLA IA 50213	72-1605243	501(c)(3)		49,490.	FMV/Estimate	Medical Suppli	Medical Suppli
(4) HOPE HAVEN INC 1800 19th St ROCK VALLEY IA 51247	42-0890017	501(c)(3)		24,316.	FMV/Estimate	Medical Suppli	Medical Suppli
(5) GLOBAL EYE MISSION 16526 W 78th St EDEN PRAIRIE MN 55346	26-3291294	501(c)(3)		12,140.	FMV/Estimate	Medical Suppli	Medical Suppli
(6) FRIENDS OF EDNA MATERNITY HOSPITAL BLAINE MN 55449	41-1964357	501(c)(3)		10,020.	FMV/Estimate	Medical Suppli	Medical Suppli
(7)							
(8)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

Part II **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization

GLOBAL HEALTH MINISTRIES

Employer identification number

36-3532234

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded		5	208,804.	
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		1,123	1,601,790.	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (_____)				
26	Other ► (_____)				
27	Other ► (_____)				
28	Other ► (_____)				

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

Part III **Supplemental Information.** 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.

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.**
► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

Pt VI, Line 11b	The Board of Directors designates an Executive Committee
Pt VI, Line 11b	composed of at least five directors, including at least
Pt VI, Line 11b	two members at large, which has the authority of the Board
Pt VI, Line 11b	of Directors in the management of the business of the
Pt VI, Line 11b	corporation in the interval between meetings of the Board.
Pt VI, Line 11b	The Executive Committee is at all times subject to the
Pt VI, Line 11b	control and direction of the Board of Directors.
Pt VI, Line 11b	The audited financial report and the Form 990 are reviewed
Pt VI, Line 11b	and approved by the Board of Directors at a
Pt VI, Line 11b	board meeting prior to the IRS submission.
Pt VI, Line 12c	All officers, directors and key employees are required to fill out
Pt VI, Line 12c	a conflict of interest form annually. These are reviewed
Pt VI, Line 12c	by the Executive Director. Any conflicts are brought to the
Pt VI, Line 12c	Executive Committee.
Pt VI, Line 15a	All salaries are compared to non-profit averages in Minnesota.
Pt VI, Line 15a	The salary of the Executive Director is determined by the
Pt VI, Line 15a	Executive Committee. All other staff salaries are submitted
Pt VI, Line 15a	to the Executive Committee by the Executive Director. The
Pt VI, Line 15a	Executive Committee recommends all salaries to the Board
Pt VI, Line 15a	of Directors for final approval.
Pt VI, Line 19	Annual reports and the Form 990 are available on the web site.
Pt VI, Line 19	The annual report is included in a newsletter mailing.
Pt VI, Line 19	Both the newsletter and the web site contain reminder
Pt VI, Line 19	statements that the financial reports and policies are
Pt VI, Line 19	available on request.

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

to carry goods overseas, delivered requested items to 21 countries. Additional goods were donated to other NGO's, both international and domestic, for their ministries.

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

officers and scholarships for nursing and midwifery students in multiple countries. A GHM grant funded the reprinting of a Handbook for Health Personnel in Liberia, used in Liberian schools of Nursing.

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

training to improve agricultural practices, better stoves for respiratory health and construction of latrines. GHAP completed an assessment visit to the Same District in Tanzania and began training of Community Health Workers living in 21 rural Maasai villages.

GLOBAL HEALTH MINISTRIES

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

GLOBAL HEALTH MINISTRIES

INDEX

BOYER & COMPANY

A Professional Association

Certified Public Accountants

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

INDEPENDENT AUDITORS' REPORT

Board of Directors
Global Health Ministries
Minneapolis, MN

We have audited the accompanying statements of financial position of Global Health Ministries (a nonprofit organization), which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Global Health Ministries as of December 31, 2014 and 2013 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Boyer and Company

Burnsville, MN

July 7, 2015

GLOBAL HEALTH MINISTRIES

STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Current Assets		
Cash and Cash Equivalents	$ 1,703,276	$ 1,456,781
Pledges Receivable - Less Allowance for Doubtful Pledges, $9,034 in 2014 and $4,126 in 2013	197,417	160,485
Other Receivable	96,794	-
Prepaid Expenses	25,409	118,348
Investments	151,504	150,000
Total Current Assets	2,174,400	1,885,614
Endowment Assets		
Cash and Cash Equivalents	22,733	16,489
Other Receivable	96,965	-
Investments	913,813	801,877
Total Endowment Assets	1,033,511	818,366
Property and Equipment - Net	933,692	858,891
Deferred Finance Costs	1,275	-
Cash Surrender Value of Life Insurance	20,029	-
TOTAL ASSETS	$ 4,162,907	$ 3,562,871
LIABILITIES		
Current Liabilities		
Accounts Payable	$ 21,062	$ 15,879
Accrued Wages and Payroll Taxes	-	6,043
Accrued Contract Payment	-	3,072
Unearned Revenue	-	4,661
Current Portion of Note Payable	28,905	28,263
Total Current Liabilities	49,967	57,918
Note Payable - Less Current Portion	97,559	80,473
Net Assets		
Unrestricted Net Assets		
Operating Funds	1,492,598	1,264,453
Board Designated Endowment Funds	882,173	671,268
Total Unrestricted Net Assets	2,374,771	1,935,721
Temporarily Restricted	1,558,669	1,407,318
Permanently Restricted	81,941	81,441
Total Net Assets	4,015,381	3,424,480
TOTAL LIABILITIES AND NET ASSETS	$ 4,162,907	$ 3,562,871

See notes to financial statements

GLOBAL HEALTH MINISTRIES

STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Unrestricted Net Assets		
Unrestricted Revenues and Gains		
Contributions	$ 868,296	$ 502,264
Contributions Endowment Fund	247,927	31,302
Investment Income	52,509	127,189
Strategic Development Fund	-	28,368
Total Unrestricted Revenues and Gains	1,168,732	689,123
Net Assets Released From Restrictions		
Restrictions Satisfied by Payments	2,966,233	3,043,162
Restrictions Satisfied by Time	-	5,148
Total Net Assets Released from Restrictions	2,966,233	3,048,310
Total Unrestricted Gains and Other Support	4,134,965	3,737,433
Expenses		
Project - Direct	2,958,556	3,010,537
Project - Support	359,011	313,647
Administration	230,885	186,545
Fund Raising	147,463	81,845
Total Expenses	3,695,915	3,592,574
Increase In Unrestricted Net Assets	439,050	144,859
Temporarily Restricted Net Assets		
Contributions	3,108,269	3,109,095
Investment Income	9,315	26,945
Restrictions Satisfied by Payments	(2,966,233)	(3,043,162)
Restrictions Satisfied by Time	-	(5,148)
Increase in Temporarily Restricted Net Assets	151,351	87,730
Permanently Restricted Net Assets		
Endowment Fund Contributions	500	400
Increase In Permanently Restricted Net Assets	500	400
Increase in Net Assets	590,901	232,989
Net Assets - Beginning of Year	3,424,480	3,191,491
Net Assets - End of Year	$ 4,015,381	$ 3,424,480

See notes to financial statements.

GLOBAL HEALTH MINISTRIES

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2014

	2014			
		Supporting Services		
	Program Services	Management	Fund Raising	Total Expenses
Direct Program Expense				
Bangladesh	$ 30,300	$ -	$ -	$ 30,300
Cameroon	430,704	-	-	430,704
Central African Republic	12,438	-	-	12,438
El Salvador	19,124	-	-	19,124
Ethiopia	7,398	-	-	7,398
Guatemala	3,054	-	-	3,054
Haiti	3,750	-	-	3,750
India	5,500	-	-	5,500
Liberia	341,401	-	-	341,401
Madagascar	170,344	-	-	170,344
Nigeria	195,485	-	-	195,485
Pakistan	540			540
Peru	7,073	-	-	7,073
South Sudan	250			250
Tanzania	1,087,923	-	-	1,087,923
Uganda	15,064	-	-	15,064
Zimbabwe	346,097	-	-	346,097
Global Health Adm. Partners	282,111	-	-	282,111
Total Direct Program Expense	2,958,556	-	-	2,958,556
Director's Compensation	62,804	18,686	10,239	91,729
Other Salaries & Wages	147,553	106,830	69,405	323,788
Staff Pension Plan	12,922	7,646	6,350	26,918
Other Employee Benefits	22,965	10,757	12,292	46,014
Payroll Taxes	11,172	8,181	5,300	24,653
Fees for Services				
Accounting Fees	-	4,914	-	4,914
Management Fees	-	5,850	-	5,850
Advertising & Promotion	1,889	324	4,617	6,830
Office Expenses	31,101	13,798	31,768	76,667
Information Technology	2,676	14,409	-	17,085
Occupancy Expenses	27,648	7,334	-	34,982
Travel	6,706	-	6,906	13,612
Conferences & Meetings	4,027	487	-	4,514
Interest Expense	-	4,276	-	4,276
Depreciation	27,548	22,288	586	50,422
Insurance	-	1,951	-	1,951
Miscellaneous	-	3,154	-	3,154
Total Functional Expenses	$ 3,317,567	$ 230,885	$ 147,463	$ 3,695,915

See notes to financial statements.

GLOBAL HEALTH MINISTRIES

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2013

	2013			
		Supporting Services		
	Program Services	Management	Fund Raising	Total Expenses
Direct Program Expense				
Bangladesh	$ 5,100	$ -	$ -	$ 5,100
Cameroon	154,320	-	-	154,320
Central African Republic	51,259	-	-	51,259
El Salvador	18,607	-	-	18,607
Ethiopia	6,262	-	-	6,262
Guatemala	250	-	-	250
Haiti	1,500	-	-	1,500
India	8,352	-	-	8,352
Kenya	92,745	-	-	92,745
Liberia	283,958	-	-	283,958
Madagascar	211,474	-	-	211,474
Nigeria	424,669	-	-	424,669
Peru	1,000	-	-	1,000
Tanzania	1,077,489	-	-	1,077,489
Uganda	1,250	-	-	1,250
Zambia	1,286	-	-	1,286
Zimbabwe	453,668	-	-	453,668
Global Health Adm. Partners	49,594	-	-	49,594
General Shipping	165,774	-	-	165,774
Dental Program	30	-	-	30
Other Projects	1,950	-	-	1,950
Total Direct Program Expense	3,010,537	-	-	3,010,537
Director's Compensation	57,012	16,423	8,988	82,423
Other Salaries & Wages	122,769	103,709	22,120	248,598
Staff Pension Plan	14,143	8,549	2,660	25,352
Other Employee Benefits	20,274	10,248	3,921	34,443
Payroll Taxes	9,244	7,850	1,645	18,739
Fees for Services				
Accounting Fees	-	4,300		4,300
Other Fees for Service	-	111	-	111
Professional Fundraising Fees	-	-	1,400	1,400
Fundraising Expense	-	-	19,829	19,829
Advertising & Promotion	-	310	54	364
Office Expenses	32,882	11,304	20,376	64,562
Information Technology	669	3,292	-	3,961
Occupancy Expenses	21,698	6,537	-	28,235
Travel	4,401	59	676	5,136
Conferences & Meetings	7,602	2,221	29	9,852
Depreciation	22,953	8,785	147	31,885
Insurance	-	1,924	-	1,924
Miscellaneous	-	923	-	923
Total Functional Expenses	$ 3,324,184	$ 186,545	$ 81,845	$ 3,592,574

See notes to financial statements

GLOBAL HEALTH MINISTRIES

STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities:		
Increase in Net Assets	$ 590,901	$ 232,989
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities		
Depreciation	50,422	31,884
Allowance for Doubtful Pledges	4,908	(1,164)
Unrealized Gain on Investments	(51,436)	(104,668)
Non Cash Contributions	(213,788)	-
(Increase) Decrease in Assets:		
Accounts Receivable	-	1,437
Pledges Receivable	(41,840)	55,819
Prepaid Expenses	92,939	(102,988)
Increase (Decrease) in Liabilities:		
Accounts Payable	5,183	(21,560)
Accrued Expenses	(9,115)	3,788
Unearned Revenue	(4,661)	4,661
Distributions Payable	-	(15,000)
Net Cash Provided by Operating Activities	423,513	85,198
Cash Flows From Investing Activities:		
Purchase of Investments	(62,004)	(199,672)
Payments for Property And Equipment	(125,223)	(10,463)
Net Cash Used by Investing Activities	(187,227)	(210,135)
Cash Flows From Financing Activities:		
Finance Costs Paid	(1,275)	-
Proceeds on Note Payable	17,728	90,595
Net Cash Provided by Financing Activities	16,453	90,595
Net Increase (Decrease) In Cash	252,739	(34,342)
Cash and Cash Equivalents, Beginning of Year	1,473,270	1,507,612
Cash and Cash Equivalents, End of Year	$ 1,726,009	$ 1,473,270
Non Cash Investing Activities:		
Receipt of Cash Surrender Value through Contributions	$ 20,029	$ -
Receipt of IRA through Contributions	$ 193,759	$ -

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

NOTE 1 – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

A. Nature of Activities – Global Health Ministries was established in May 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.

B. Contributed Services – During the years ended December 31, 2014 and 2013, 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 21,867 and over 15,853 volunteer hours for the years ended December 31, 2014 and 2013, in general warehouse and office activities, which do not meet the criteria for recognition under SFAS No. 116.2.

C Use of 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.

D. 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 over the following estimated lives

Building	10-40 years
Warehouse Equipment	5-7 years
Office Furniture and Equipment	3-5 years

Depreciation expense was $50,422 and $31,884 for the years ended December 31, 2014 and 2013, respectively.

Maintenance and repairs of property and equipment are expensed as incurred and major improvements are capitalized Upon retirement, sale or other disposition of property and equipment, the cost and accumulated depreciation are eliminated from the accounts and gain or loss is included in operations

E. Concentrations of Risk – Financial instruments that potentially subject the Organization to concentrations of risk consist principally of cash and investments and pledge receivables The Organization maintains its cash and investments in federally insured banks and institutions The balances in some of these accounts are in excess of the federally insured limit The Organization believes that there is no significant risk with respect to these deposits. Concentrations of risk with respect to pledges receivable are limited due to the large number of contributions

F. 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.

NOTE 1 – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. Receivables – Pledge receivables are booked at the time of the pledge. If a pledge were to become uncollectible, the pledge receivable would be removed from the statement of financial position.

The Organization provides a reserve for uncollectibles. The reserve is calculated on an ongoing basis and is calculated using prior year's data.

During 2014, an IRA was contributed to the Organization. The IRA distribution paperwork was completed and submitted prior to December 31, 2014.The distribution check was cut and the 1099R prepared for 2014. However, the check was not received by the Organization by December 31, 2014 Therefore, the amount is listed as an Other Receivables at December 31, 2014.

H. Contributions – Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted net assets depending on the existence or nature of any donor restrictions.

I. 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 statements 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.

J. Employee Benefit Plan – The Organization has a 403(b) retirement plan for its employees. It may contribute up to 9% of compensation annually for eligible employees. The retirement plan expenses were $26,918 and $25,352 for the years ended December 31, 2014 and 2013, respectively.

K. 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for the years prior to 2011.

L. Subsequent Events – Subsequent events have been evaluated through July 7, 2015, the date the financial statements were available to be issued. No significant events were identified that would require adjustment of or disclosure in the financial statements.

M. Reclassification – Certain reclassifications have been made to the 2013 financial statements to correspond to the current year's format. Total net assets and increase in net assets are unchanged due to these reclassifications.

NOTE 2 – CASH AND CASH EQUIVALENTS

Cash and cash equivalents include.		2014	2013
Cash in Bank Checking	Highland Bank	$ 324,743	$ 204,256
and Savings	Bremer Bank	6,196	5,386
	Mission Investment Fund	466,294	462,183
Network For Good	Online Contributions	-	10,347
Cash Equivalents	Highland Bank Money Market	683,692	554,633
	Bremer Bank Money Market	239,908	236,460
	Thrivent Money Market	5,176	5
Total Cash and Cash Equivalents		$1,726,009	$1,473,270

NOTE 3 – INVESTMENTS

Investments include:	2014	2013
Certificate of Deposit, 60 months, interest at 1%	$151,504	$150,000
Thrivent Moderate, Aggressive Allocation Fund	913,813	801,877

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following:	2014	2013
Land	$ 93,200	$ 93,200
Building	1,035,346	1,035,346
Warehouse Equipment	17,317	17,317
Office Furniture and Equipment	148,146	28,367
Total Property and Equipment	1,294,009	1,174,230
Accumulated Depreciation	360,317	315,339
Net Property and Equipment	$ 933,692	$ 858,891

NOTE 5 – NOTE PAYABLE

	2014	2013
Note payable, Highland Bank, payable in monthly installments of $2,698 including interest at 3%, due November 2018, secured by certificate of deposit.	$126,464	$108,736
Less: Current Portion	(28,905)	(28,263)
Net Note Payable	$ 97,559	$ 80,473

Maturities of note payable are as follows

Year Ending December 31,	Amount
2015	$ 28,905
2016	29,795
2017	30,701
2018	37,063
2019	-
	$126,464

NOTE 6 – TEMPORARILY RESTRICTED NET ASSETS

Restricted for subsequent years' program expenses:	2014	2013
Balance January 1	$1,407,318	$ 1,319,588
Contributions	3,108,269	3,109,095
Investment Income	9,315	19,887
Reclassification of Endowment Funds	-	7,058
Restrictions Satisfied by Payments	(2,966,233)	(3,043,162)
Restrictions Satisfied by Time	-	(5,148)
Balance December 31	$1,558,669	$ 1,407,318

NOTE 7 – PERMANENTLY RESTRICTED NET ASSETS

Restricted for permanent endowments:	2014	2013
Balance January 1	$81,441	$81,401
Contributions	500	40
Balance December 31	$81,941	$81,441