Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

OMB No 1545-0047 Inspection

16596__1

A	For the 2	006 calendar year, or tax year beginning OCT 1, 2006	and endin	SEP 30, 2	007	
В	Check if	Please C Name of organization				dentification number
a	applicable	use IRS				
	Address change	print or GLOBAL HEALTH COUNCIL	2-1	048393		
	Nате change	type See Number and street (or P.O. box if mail is not delivered to street address)	ephone	number		
	Initial return	Specific 15 RAILROAD ROW		<u> 8</u>	02-	649-1340
	Final	Instructions City or town, state or country, and ZIP + 4		F Acc	ounting met	
	Amende return	WHITE RIVER DUNCTION, VI 05001			Other (specify)	<u> </u>
	Application pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trus	sts Ha	and I are not applicable	to sec	tion 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ)	H(:	a) Is this a group return t	or affilia	ites? Yes X No
		▶WWW.GLOBALHEALTH.ORG	H(I	b) If "Yes," enter number	of affilia	tes N/A
J (Organiza	tion type (check only one) \triangleright \bigcirc 501(c) (3) \triangleleft (insert no) \bigcirc 4947(a)(1) or	527 H(c) Are all affiliates include	ed?]	N/A Yes No
K	Check he	re $lacktriangle$ If the organization is not a 509(a)(3) supporting organization and its gros	ss H	(If "No," attach a list.) d) Is this a separate retur	n filed b	v an or-
	•	re normally not more than \$25,000. A return is not required, but if the organization		ganization covered by	a group	ruling? Yes X No
	chooses	to file a return, be sure to file a complete return.	1	Group Exemption Nun		N/A
			М			tion is not required to attach
	Gross red	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 3, 852, 87	2.	Sch. B (Form 990, 990)-EZ, or	990-PF)
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balanc	es		
	1	Contributions, gifts, grants, and similar amounts received:	1 1			
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,683,784.	- 1	
30	С	Indirect public support (not included on line 1a)	1c		-	
ennz	đ	Government contributions (grants) (not included on line 1a)	1d		-	4 600 504
2	е	Total (add lines 1a through 1d) (cash \$1,683,784. noncash \$)	1e	1,683,784.
>	2	Program service revenue including government fees and contracts (from Part VII, lin	ie 93)		2	858,366.
	3	Membership dues and assessments			3	927,770.
20	4	Interest on savings and temporary cash investments			4	119,315.
	5	Dividends and interest from securities	1 . 1	27 002	5	_
긥	6 a	Gross rents SEE STATEMENT 1	6a	37,093.	-	
2	b	Less: rental expenses	6b		1 .	27 002
2 9	_ c	Net rental income or (loss). Subtract line 6b from line 6a		,	6c 7	37,093.
SCANNEL!	7	Other investment income (describe		(B) Other		
n ě	8 a	Gross amount from sales of assets other than inventory (A) Securities 225,000.	8a	(B) Other 630 •	-	
	[than inventory 225,000. Less: cost or other basis and sales expenses 223,618.	8b	030.	1	
	b	Gain or (loss) (attach schedule) 1,382.	8c	630.	1	
	d	, ,,	STMT	2 STMT 3	84	2,012.
	9	Special events and activities (attach schedule). If any amount is from gaming, check	-			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	<u> </u>	Less; direct expenses other than fundraising expenses	9b		1	
	C	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a		I Da I	<u>/ED</u>		
	b	Less: cost of goods sold	EGEI/	VED		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fro			10c	
	11		PR 25	2008 0	11	914.
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	, I(~ 0	2008 2008	12	3,629,254.
	13	Drawn converse (from time 44 polymer (D))			13	4,972,729.
ses	14	Management and general (from line 44, column (C))	<u> </u>	i, U i	14	1,254,866.
Expenses	15	Fundraising (from line 44, column (D))			15	511,462.
Ä	16	Payments to affiliates (attach schedule)			16	
_	17	Total expenses. Add lines 16 and 44, column (A)			17	6,739,057.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	<3,109,803.>
et	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	9,257,246.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	EE ST	CATEMENT 4	20	78,261.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	6,225,704.
6230	001	LHA For Privacy Act and Panaguark Raduction Act Notice see the senarate inst				Form 990 (2006)

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Functional Expenses and (4) orga	anizations and section 4947	(a)(1) nonexempt charitab	le trusts but optional for oth	ers.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	1				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 7	STATEMENT 8
(cash \$ 1,018,500 noncash \$ 0.	1				
If this amount includes foreign grants, check here	22b	1,018,500.	1,018,500.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key				224 452	440.040
employees, etc. listed in Part V-A STMT 6	25a	747,127.	333,950.	294,158.	119,019.
b Compensation of former officers, directors, key			•		
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		1 020 220	1 260 042	414,524.	156,764.
included on lines 25a, b, and c	26	1,939,330.	1,368,042.	414,524.	150,704.
27 Pension plan contributions not included on	0.7	111,651.	76,041.	19,145.	16,465.
lines 25a, b, and c	27	111,051.	70,041.	19,140.	10,403.
28 Employee benefits not included on lines 25a - 27	28	299,127.	188,508.	77,440.	33 179
29 Payroll taxes	29	214,929.	136,466.	55,881.	33,179. 22,582.
30 Professional fundraising fees	30	214,727.	130,400.	33,001.	22,302.
31 Accounting fees	31	20,153.		20,153.	
32 Legal fees	32	3,388.		3,388.	
33 Supplies	33	100,024.	58,294.	28,732.	12,998.
34 Telephone	34	98,654.	66,223.	22,419.	10,012.
35 Postage and shipping	35	70,171.	61,651.	4,570.	3,950.
36 Occupancy	36	498,301.	357,499.	78,644.	62,158.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	169,342.	158,723.	4,886.	5,733.
39 Travel	39	291,009.	223,450.	58,958.	8,601.
40 Conferences, conventions, and meetings	40	383,775.	349,801.	29,429.	4,545.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	106,111.	71,636.	21,298.	13,177.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				<u></u>
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	667,465.	503,945.	121,241.	42,279.
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	6,739,057.	4,972,729.	1,254,866.	511,462.
Joint Costs. Check ▶ ☐ If you are following				-	
Are any joint costs from a combined educational campai					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		<u>N/A</u> ;
(iii) the amount allocated to Management and general \$		N/A ; and	(iv) the amount allocated to	o Fundraising \$	N/A
623011 01-23-07					Form 990 (2006)

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service
		Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) canizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	POLICY, ADVOCACY, RESEARCH: SEE ATTACHED	
		1 050 216
_	(Grants and allocations \$) If this amount includes foreign grants, check here	1,952,316.
D	MEMBERSHIP RESOURCES: SEE ATTACHED	
_	(Grants and allocations \$ 1,018,500 ⋅) If this amount includes foreign grants, check here ► X	3,020,413.
C		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
	Grants and allocations	·
_		
_	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	4 070 700
<u>†</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,972,729. Form 990 (2006)
		FULLI 330 (2006)

Part IV Balance Sheets (See the instructions) Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year End of year should be for end-of-year amounts only 500. 600. 45 45 Cash · non-interest-bearing 3,683,705 1,705,234. 46 46 Savings and temporary cash investments 47a 38,610. 47 a Accounts receivable 9,689. 47c 38,610. 47b Less allowance for doubtful accounts 48 a Pledges receivable 48a h Less allowance for doubtful accounts 48b 48c 4,130,227 2,943,291. 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and 50a key employees b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51a 51 a Other notes and loans receivable b Less: allowance for doubtful accounts 51b 51c 52 52 Inventories for sale or use 101,293 93,422. 53 Prepaid expenses and deferred charges 53 1,469,118. 1,579,370. 54 a Investments - publicly-traded securities STMT 11▶ [Cost X FMV 54a b Investments - other securities 54b 55 a Investments - land, buildings, and equipment basis 55a b Less accumulated depreciation 55b 55c 56 56 Investments - other 57a <u>847,368.</u> 57 a Land, buildings, and equipment. basis 163,633. b Less accumulated depreciation STMT 10 627,208 57c 220,160. 57b Other assets, including program-related investments 58 45,712 48,422. (describe ► DEPOSITS 58 9,603,877. 6,629,109. 59 Total assets (must equal line 74) Add lines 45 through 58 59 346,631. 403,405 Accounts payable and accrued expenses 60 61 61 Grants payable 62 62 Deferred revenue -iabilities 63 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a 64b b Mortgages and other notes payable 65 Other liabilities (describe 65 346,631 403,405. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 **Net Assets or Fund Balances** 3,282,077. 67 2,459,797. 67 Unrestricted 5.975.169 3,765,907. 68 68 Temporarily restricted Permanently restricted 69 Organizations that do not follow SFAS 117, check here
and complete lines 70 through 74 70 70 Capital stock, trust principal, or current funds 71 71 Paid in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 257,246 73 6,225,704. (Column (A) must equal line 19 and column (B) must equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73 .603.877 6,629,109.

4 Other (specify) 141,760. Add lines b1 through b4 6,739,057. Subtract line b from line a Amounts included on Part I, line 17, but not on line a: d1 1 Investment expenses not included on Part I, line 6b d2 2 Other (specify) 0. Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d 739 е Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee,

or key employee at any time during the year even if they were not compensated) (See the instructions.) (D) Contributions to employee benefit plans & deferred (B) Title and average hours (C) Compensation (E) Expense (A) Name and address per week devoted to (If not paid, enter àccount and position other allowances 0-) compensation plans 110073. 637,054 0. STATEMENT

Form 990 (2006)

Part VA Current Officers, Directors, Trustees, and Key Employees (continued) Yes No		990 (2006) GLOBAL HEALTH COUNCIL			52-1048	<u> 393</u>		age 6
Mere any officers, directors, trustees, or key employees lated in Form 990, Part VA, or highest compensated employees lated on Schoolube A, Part I, or highest compensated employees lated on Schoolube A, Part I, or highest compensated employees lated on Schoolube A, Part I, or highest compensated professional and other independent contractors lated in Schoolube A, Part I in Priese Compensated professional and other independent contractors lated in Schoolube A, Part I in Priese compensated professional and other independent contractors lated in Schoolube A, Part I in Priese compensated professional and other independent contractors lated in Schoolube A, Part I I in Priese in Priese and an other independent contractors lated in Schoolube A, Part I I in Priese I in Pr	Ь.		<u> </u>				Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other medipendent contractors listed or Schedule A, Part I, and II, enabled to lose high replace to the more distinguishing of the property of the more distinguishing the individuals and explains the relationship(s). 2 Do any officers, directors, surveises, or key employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part II and III are review of the definition of related organization. Whether tax exempt or traxable, that are related to the organization of the programation of the representation of the programation of the programat	75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bus	siness at board	4.0			
Instead of Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest expression of the statement that identifies the individuals and explains the relationship(s) Schedule A, Part I, or highest expressional and other independent contractors listed in Schedule A, Part I, or highest expressional and other independent contractors listed in Schedule A, Part I, or highest expression from 990. Part VA or highest expressionated mystopies (and the schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors listed in Schedule A, Part I, or highest expression and other independent contractors of the schedule A, Part I, or highest expression and other independent contractors of the schedule A, Part I, or highest expression and other independent contractors of the schedule A, Part I, or highest expression and schedule A, Part I, or highe		meetings			13			
Part U A or IIB, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships? e. Do any officent, direction, functions, mustes, or ley employees leaded in Form 990, Part VA, or highest companiated employees leaded in Form 990, Part VA, or highest companiated employees leaded in Form 990, Part VA, or highest companiated employees leaded in Form 990, Part VA, or highest companiated employees leaded in Form 990, Part VA, or highest companiated business or highest companiation or highest department of the part VA, and the part VA, or highest companiation or highest department of the part VA, and the par	b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest o	ompensated emp	loyees			
the individuals and explains the relationshipte) Do any officers, directors, thustees, or key employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or II B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organizations of See the individuous for the definition of related organizations. Whether tax exempt or taxable, that are related to the organizations of See the individuous of the organization of related organizations of See the individuous of the seed in the individuous of the seed in the individuous of the seed in the seed in the individuous of the seed in								
c Do any officers, directors, trustees, or key employees lated in Form 990, Part VA, or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I Ao II B.T. receive compensation from any other organization, whiteir tax exempt or taxable, that are related to the organization? See the instructions of the definition of 'related organization' If 'Yes,' attach a statement tall includes the information described in the instructions Obes the organization have a written conflict of interest policy? Part V-B Commer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address (B) Loans and Advances (C) Compensation			tionships? If "Yes," attach	a statement that i	dentifies	766		v
Isted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II Au Pills, receive compensation from any other organizations, wither tax exempt or traxable, that are related to the organization? See the instructions for the definition of "related organization" 1 T*Ves," attach a statement that includes the information described in the instructions 1 T*Ves," attach a statement of the information described in the instructions 1 T*Ves," attach a certain attachment of the changes 1 T*Ves," attach a certain or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year during the year during the year during the year described or the profession of the profession or other benefits (described below) during the year during the yea		the individuals and explains the relationship(s)				/50		
Part II.A or III.B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If Yes," attach a statement that includes the information described in the instructions. Part V-B Pa					-			
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If "Yes," attach a statement that includes the information described in the instructions Part V= Part V Described to the properties of the instructions Part V Other Information (See the instructions)				able, triat are relat	ed to the	75c		x
d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address NONE (B) Loans and Advances (C) Compensation (C) Compe		-				, 00		
Part VI Other Information (See the instructions.) Part VI Other Information make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Part VI Other Information (See the instructions.) Part VI Other Information make a change in its activities or methods of conducting activities? If "Yes," attach a detailed open data tax return on Form 990-Tior this year? Part VI Other Information (See the instructions.) Part VI P	d	·				75d	x	
the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (B) Compensation of the propriate specific (F) Compensation of the propriate specific (F) Compensation of the propriate (F) Compensation of the propriate specific (F) Compensation of the propriate columns of the propriate specific (F) Compensation of the propriate columns of		t V-B Former Officers, Directors, Trustees, and Ke	y Employees That R	eceived Com	pensation o	or Ot	her	_
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(A) Name and address NONE (B) Loans and Advances (fi not pad, enter -0-) (If not pad, enter -0		the year, list that person below and enter the amount of co	mpensation or other benef					
NONE enter '0-') conversation place of other allowances		(A) Name and address	(B) Loans and Advances		employee benefit	1 3		
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76								
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76	_			L		1		•
statement of each change 76	Par				:		Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement so a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization \(\bigcircle{N} \) \(\bigcircle{N}	76		onducting activities? If "Ye	s," attach a detaile	ed			4,5
If "Yes," attach a conformed copy of the changes 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 80 b If "Yes," has it filed a tax return on Form 990-T for this year? 80 a Is the organization, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 a If "Yes," enter the name of the organization \(\bigcircle{N} \) \(-					-	
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a Enter direct or indirect political expenditures (See line 81 instructions)	77	, , , , , , , , , , , , , , , , , , , ,	but not reported to the IRS	32				<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a Enter direct or indirect political expenditures (See line 81 instructions)								v
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a Tenter direct or indirect political expenditures (See line 81 instructions)			OU or more during the year	covered by this re				X.
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a Enter direct or indirect political expenditures (See line 81 instructions)				13.4 H	•			
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 80a X X		•				79		
b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a 0.	BO a	· · · · · · · · · · · · · · · · · · ·			UTI	90-		Y
and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81 a 0 .	L		exempt or nonexempt orga	amzauom		oua		
81 a Enter direct or indirect political expenditures (See line 81 instructions)	D	in res, enter the name of the organization	and check whether it is	avemot or	nonevernet			
	01 -	Enter direct or indirect political expanditures. (See line 91 metaletics	_		•			
B DIO THO OTGENIZATION NIC FORM FIZO-FOL IOI THIS YEST!					0.	81h		x
Form 990 (2006)		2.0 and organization mo rottin 1120-r or for this year.					990	

Form	orm 990 (2006) GLOBAL HEALTH COUNCIL	52-1048			<u>age 7</u>
Pa	Part VI Other Information (continued)			Yes	No
82 a	2 a Did the organization receive donated services or the use of materials, eq	uipment, or facilities at no charge or at substantially			
	less than fair rental value?		82a	X	
b	b If "Yes," you may indicate the value of these items here. Do not include t	his			
	amount as revenue in Part I or as an expense in Part II				1
	(See instructions in Part III.)	82b 141,760.			
83 a	3 a Did the organization comply with the public inspection requirements for i	returns and exemption applications?	83a	X	<u> </u>
b	b Did the organization comply with the disclosure requirements relating to		83b	X	
84 a	4 a Did the organization solicit any contributions or gifts that were not tax de	eductible? N/A	84a		<u> </u>
b	b If "Yes," did the organization include with every solicitation an express st	atement that such contributions or gifts were not			
	tax deductible?	N/A	84b		<u> </u>
85	5 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeduc		85a		<u> </u>
b	b Did the organization make only in-house lobbying expenditures of \$2,000	O or less? N/A	85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c throug	h 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.	1 1			
C	c Dues, assessments, and similar amounts from members	85c N/A	-		
d	d Section 162(e) lobbying and political expenditures	85d N/A	-		
е	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	ł		
f	f Taxable amount of lobbying and political expenditures (line 85d less 85e				
g	g Does the organization elect to pay the section 6033(e) tax on the amoun		85g		
h					
	to its reasonable estimate of dues allocable to nondeductible lobbying a				
	following tax year?	N/A	85h		
86	· · · · · · · · · · · · · · · · · · ·				
	line 12	86a N/A 86b N/A	-		
D	. ,		-		
87	· · · · · · ·		1		
b	•	87b N/A			l
00 -	against amounts due or received from them) 8 a At any time during the year, did the organization own a 50% or greater in		1		1
00 a	or an entity disregarded as separate from the organization under Regula				1
	If "Yes," complete Part IX	tions sections 301 7701-2 and 301 7701-37	88a		x
.	b At any time during the year, did the organization, directly or indirectly, or	wa a controlled entity within the meaning of	002		
U	section 512(b)(13)? If "Yes," complete Part XI	wit a controlled entity within the meaning of	88b		х
80 2	9 a 501(c)(3) organizations Enter Amount of tax imposed on the organization	•			
03 a	section 4911 \(\bigcup_{\text{\colored}} \) 307(5)59 (1947) 2410 311 (1947)				1
h	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any				ĺ
ŭ	transaction during the year or did it become aware of an excess benefit				
	If "Yes," attach a statement explaining each transaction	,	89b		Х
c	c Enter Amount of tax imposed on the organization managers or disqualifi	ed persons during the year under			
•	sections 4912, 4955, and 4958	▶ 0.			
d		> 0.			
е	All and the second seco	· · · · · · · · · · · · · · · · · · ·	89e		<u>X</u>
f	f All organizations. Did the organization acquire a direct or indirect interest		89f		X
g					
	or a fund maintained by a sponsoring organization, have excess busines	s holdings at any time during the year? N/A	89g		<u> </u>
90 a	0 a List the states with which a copy of this return is filed > SEE S	TATEMENT 13			
b	b Number of employees employed in the pay period that includes March 1	2, 2006 90b			46
91 a		Telephone no. ► 802-64			
	Located at ► 15 RAILROAD ROW, WHITE RIVER	JUNCTION, VT ZIP+4 ▶ ()50 <u>0</u>		
b	b At any time during the calendar year, did the organization have an intere			Yes	
	a financial account in a foreign country (such as a bank account, securit	es account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country ▶N/A	<u> </u>			
	See the instructions for exceptions and filing requirements for Form TD	F 90-22.1, Report of Foreign Bank			
	and Financial Accounts		<u> </u>		<u> </u>
			Form	990	(2006)

Form 990 (2006)		AL HEALTI	I COUN	CIL		52-	1048393 Page
Part VI Other	Information (co	ontinued)					Yes N
c At any time duri	ing the calendar yea	ar, did the organi	zation mair	tain an office outside o	of the Un	ited States?	91c X
	he name of the fore			N/A			
				in lieu of Form 1041- (Check he	re	▶ □
	• •	_		ed during the tax year		▶ 92	N/A
				See the instructions)		<u> </u>	
Note: Enter gross an				ed business income	Exclude	ed by section 512, 513, or 514	/E\
indicated	iodinis diness other	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	(A)	(B)	_(C)	(D)	(E) Related or exempt
	***********		Business code	Amount	Exclu- sion	Amount	function income
93 Program service		-	COUC		code		813,128
a <u>CONFEREN</u>		 			+-+		
b PUBLICAT					+		38,588
c <u>HONORARI</u>	UM						6,650
d					-		
e							
f Medicare/Medic	aid payments						
g Fees and contra	cts from governmer	nt agencies		·	<u> </u>		
94 Membership due	es and assessments	s					927,770
95 Interest on savings	and temporary cash	investments			14	119,315.	
<u>-</u>	iterest from securiti	ľ					
	e or (loss) from real			·			
a debt-financed pr	` ,				1		
b not debt-finance	• •				16	37,093.	
98 Net rental incom		sonal property			1 - 1	3,70331	
99 Other investmen		sonal property			 	-	
		-					
100 Gain or (loss) fro					18	2,012.	
other than inven	•	. }			1 -1 9	2,012.	
101 Net income or (lo							
102 Gross profit or (le	oss) from sales of in	ventory					
103 Other revenue							01.4
a MISCELLA					- -	······	914
b					_		
C							=11
d	,.						·
e							
104 Subtotal (add co	olumns (B), (D), and	(E))		0	<u>• </u>	158,420.	1,787,050
105 Total (add line 1						▶.	1,945,470
Note: Line 105 plus li							<u> </u>
Part VIII Relat	ionship of Activ	vities to the	Accomp	ishment of Exem	pt Pur	OOSES (See the instruction	ons)
Line No Explain ho	w each activity for whi	ch income is repor	ted in colum	n (E) of Part VII contribute	ed importa	intly to the accomplishment of	of the organization's
exempt pu	rposes (other than by	providing funds fo	r such purpo	ses).			
SEE	STATEMENT	14					
Part IX Inforr	nation Regardi	ng Taxable S	Subsidiar	ies and Disregar	ded En	tities (See the instruction	ns)
(A)	<u> </u>	(B)		(C)		(D)	(E)
Name, address, and E partnership, or dis	EIN of corporation,	Percentage of ownership interest	,	Nature of activities		Total income	End-of-year assets
partitoromp, or all	Sregarioe onticy		6				433013
	/ 3	9					
N/	A		+				···
							
Don't V Info	nation Donordi	na Transfora	- 1	tod with Poroses	1 Bons	fit Contracts 10 11	
						fit Contracts (See the	
				rectly, to pay premiums o		nal benefit contract?	Yes X N
				tly, on a personal benefit (contract?		Yes X N
Note: If "Yes" to (b)	, file Form 8870 and	d Form 4720 (see	instruction	ns)			
							Form 990 (200

623163 01-18-07

	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	e best of my knowledge and belief, it is true, correct,
lease		1 4,11.08
ign	Signatule of officer	Date
lere	VILS DAULAIRE, PRESIDENT &C	EO
_	Type or print name and title	
aid	Preparer's Date Check if self-	Preparer's SSN or PTIN (See Gen Inst X
	signature ////O/O/C/III/ C/A Y/10/0Y employed	▶ □
reparer's Ise Only	Firm's name (or GELMAN, ROSENBERG & FREEMAN /	EIN ►
ise Only	self-employed). 4550 MONTGOMERY AVE SUITE 650 NORTH	
	address, and ZIP+4 BETHESDA, MD 20814	Phone no. ► (301)951-9090

Form **990** (2006)

10060404 745960 16596

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

name of the organization			Employer laenti	lication number
GLOBAL HEALTH COUNCIL			52 1048	393
Part I Compensation of the Five Highest Paid Emp	oloyees Other Than	Officers, Dire	ctors, and T	rustees
(See page 2 of the instructions. List each one. If there are none, er		•	-	
(a) Name and address of each employee paid	(b) Title and average hours	(-) ((d) Contributions to	(e) Expense
more than \$50,000	per week devoted to	(c) Compensation	employee benefit plans & deferred compensation	account and other
ANNMARIE CHRISTENSEN	DIR PUBLICAT	TONS		
15 RAILROAD ROW, WHITE RIVER JUNCTION		70,190.	30,438	. 0.
	DIR FINANCE	1,0,1,000	30,130	•
15 RAILROAD ROW, WHITE RIVER JUNCTION	· · · · · · · · · · · · · · · · · · ·	71,516.	25,401	. 0.
	DIR RESEARCH	71,310.	23,401	•
15 RAILROAD ROW, WHITE RIVER JUNCTION		67,488.	27,091	. o.
		ATIONS	21,001	•
15 RAILROAD ROW, WHITE RIVER JUNCTION		71,252.	15,837	. o.
	DIR POLICY CO		13,637	•
			0 270	
15 RAILROAD ROW, WHITE RIVER JUNCTION	40.00	71,710.	9,370	. 0.
Total number of other employees paid	10			
over \$50,000	12			
Part II-A Compensation of the Five Highest Paid Inde	•		ional Servic	es
(See page 2 of the instructions. List each one (whether individuals	or firms). If there are none,	enter "None.")	·	
(a) Name and address of each independent contractor paid more the	an \$50,000	(b) Type of s	service	(c) Compensation
WILLIAM ALLEN MOORE				
1915 VALLEYWOOD RD., MCLEAN, VA 22101		CONSULTING	;	75,750.
			•	
	 _			
	·			
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde	ependent Contracto	ors for Other S	ervices	
(List each contractor who performed services other than profession	onal services, whether individ	luals or		
firms. If there are none, enter "None." See page 2 of the instruction	is.)			
(-) Name and address of each independent contractor and more th	an #50 000	(h) Tugo of	207,400	(c) Compensation
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
OMNI SHOREHAM		OTHER CONT	RACT	,
2500 CALVERT ST., NW, WASHINGTON, DC	· 	SERVICES		300,619.
SHOW CALL		CONFERENCE	!	
10 AZAR COURT, HALETHORPE, MD 21227		SERVICES		101,416.
ENCORE DECOR		CONFERENCE	,	101,410.
		DECORATION	1	67,899.
2321 STEWART AVE., SILVER SPRING, MD	20310	DECOVALION	DEKATO	01,033.
			l	
Total number of other contractors receiving over				
\$50,000 for other services	0			

10

Schedule A (Form 990 or 990-EZ) 2006

4a

4b

4¢

N/A

N/A

N/A

and 4g

b Did the organization make any taxable distributions under section 4966?

c Did the organization make a distribution to a donor, donor advisor, or related person?

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

d Enter the total number of donor advised funds owned at the end of the tax year

Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz governing o	n listed in porting ation's	Amount of support
			Yes	No	
					-
		<u> </u>			
		 	1		
Total				•	
10(4)					

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

-	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to th	e cash method o	of acco	ounting.
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5.344.422.	5,192,500.	3,968,035.	7.009.3	33.	21,514,290.
16	Membership fees received	639,240.	464,555.	512,985.	467,0		2,083,832.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	672,236.	952,411.	474,498.	398,7		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	172,341.	115,449.	59,711.	69,5		417,052.
19	Net income from unrelated business				,		
20	activities not included in line 18 Tax revenues levied for the						
	organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	405.		SEE STATEME	NT 15		405.
23	Total of lines 15 through 22	6,828,644.	6,724,915.	5,015,229.	7,944,6	87.	
24	Line 23 minus line 17	6,156,408.	5,772,504.	4,540,731.	7,545,9		
25	Enter 1% of line 23	68,286.	67,249.	50,152.	79,4		
26	Organizations described on lines 1			e 24		26a	480,312.
t		ow the name of and amou	nt contributed by each pe	erson (other than a gover			
	Do not file this list with your return	Enter the total of all thes	e excess amounts		▶	26b	14350738.
(: Total support for section 509(a)(1) t	est: Enter line 24, column	(e)		▶	26c	24,015,579.
(f Add: Amounts from column (e) for l	ines: 18 <u>4</u>	17,052. 19				
		22	<u>405.</u> 26b	14,350,73	<u>8.</u> ►	26d	14,768,195.
•	Public support (line 26c minus line 2	26d total)			▶	26e	9,247,384.
	Public support percentage (line 26				>	26f	38.5058%
27	Organizations described on line 12 records to show the name of, and to such amounts for each year:						
	(2005)	(2004)	(2	003)	(200	2)	
1	 For any amount included in line 17 th and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) or (2005) Add: Amounts from column (e) for line and amount described in (e) for line and amounts from column (e) for line and amount from c	that was more than the Ia well as individuals.) Do n ir (2), enter the sum of the (2004)	rger of (1) the amount o ot file this list with your ese differences (the exces	on line 25 for the year or (; return After computing the ss amounts) for each year 003)	2) \$5,000. (Include the difference between: N/A (200)	e in the een the	list organizations
Ì		20		21		27c	N/A
	Add: Line 27a total		d line 27b total			27d	N/A
Ì	Public support (line 27c total minus					27e	N/A
1	Total support for section 509(a)(2) t	•	23, column (e)	► 27f	N/A		
	Public support percentage (lin					27g	N/A %
i	n Investment income percentag		-	==	tor))	27h	N/A %
	Unusual Grants: For an organization show, for each year, the name of the creturn. Do not include these grants in	n described in line 10, 11, ontributor, the date and a	or 12 that received any i	inusual grants during 200	02 through 2005, p	repare Do not	a list for your records to file this list with your

NONE

Schedule A (Form 990 or 990-EZ) 2008

623131 01-18-07

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
32	Does the organization maintain the following:	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	200		
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
d	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	320	 	-
	Tryou answered the to any of the above, please explain. (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to:	_		i
а	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		-
е	Educational policies?	33e		
f	Use of facilities?	33f	 	
g	Athletic programs?	33g	ļ <u>-</u>	-
h	Other extracurricular activities?	33h	 	-
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
b		34b		
05	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	000 57	<u> </u>

Schedule A (Form 990 or 990-EZ) 2006

52-1048393 Schedule A (Form 990 or 990-EZ) 2006 GLOBAL HEALTH COUNCIL Page 6 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) If the organization belongs to an affiliated group. Check ► b if you checked "a" and "limited control" provisions apply. (a) **Limits on Lobbying Expenditures** Affiliated group To be completed for all electing organizations totals (The term "expenditures" means amounts paid or incurred.) N/A Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 92,822. 37 135,067. Total lobbying expenditures to influence a legislative body (direct lobbying) 227,889. Total lobbying expenditures (add lines 36 and 37) 38 38 6,511,168. 39 Other exempt purpose expenditures 6.739.057. Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 486,953. \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 121.738. 42 42 Grassroots nontaxable amount (enter 25% of line 41) 0. 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h)

> (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expend	itures During 4-Year Avera	iging Period	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	486,953.	467,803.	442,040.	509,320.	1,906,116
46 Lobbying ceiling amount (150% of line 45(e))					2,859,174
47 Total lobbying expenditures	227,889.	61,142.	66,360.	43,836.	399,227
48 Grassroots nontaxable amount	121,738.	116,951.	110,510.	127,330.	476,529
49 Grassroots ceiling amount (150% of line 48(e))					714,794
50 Grassroots lobbying expenditures	92,822.	33,517.	22,742.	8,316.	157,397

| Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	3 1	ło	Amount
-			
	_		
	_		
-	+	_	
			0.

623151 01-18-07

Schedule A (Form 990 or 990-EZ) 2006

		GLOBAL HEALTH C		52-10 Relationships With Nonchari	048393 Page : table
	_	ations (See page 13 of the instru		i neiationships with Nonchan	lable
		rectly or indirectly engage in any of t		organization described in section	
• •	•	ection 501(c)(3) organizations) or in		litical organizations?	[12] A
	the reporting org	anization to a noncharitable exempt	organization of:		Yes No
(i) Cash					51a(i) X a(ii) X
(ii) Other asse b Other transaction					a(11) A
		s with a noncharitable exempt organ	uzation		b(i) X
• •	=	noncharitable exempt organization			b(ii) X
		nt, or other assets			b(iii) X
(iv) Reimburse	ement arrangeme	nts			b(iv) X
• •					b(v) X b(vi) X
	 (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees 				
				always show the fair market value of the	c X
	-	given by the reporting organization.			
- ·	•	ent, show in column (d) the value of	-		N/A
	(b)	(c)		(d)	
Line no. Amous	nt involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	snaring arrangements
		<u>-</u>			
					. ,
					· · -
			···		
~	' -	directly affiliated with, or related to, o (3)) or in section 527?	ne or more tax-exempt org	anizations described in section 501(c) of the	☐ Yes X No
b If "Yes," comple	ete the following s	chedule: N/A	(h)		
	(a) Name of org	panization	(b) Type of organization	(c) Description of relations	hip
		<u></u>			

		··			

Schedule A (Form 990 or 990-EZ) 2006

623152 01-18-07

	• •		 	 			
Current Year Deduction	106,111						
Current Sec 179	0						
Accumulated Depreciation	521,097.						
Basis For Depreciation	847,368.						
Reduction In Basis	0						
Bus % Excl							
Unadjusted Cost Or Basis	847,368.						
Line	16	- · · ·	 		·		
Life	000						
Method	<u> </u>						
Date Acquired	ARIES		 				
Description	1FURNITURE AND FIXTURESVARIESSL * TOTAL 990 PAGE 2 DEPR						
Asset No	1						
L	L	 	 	 			

(D) - Asset disposed

628102 07-28-06

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME		STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOM	Œ
OFFICE SPACE		1	37,093	•
TOTAL TO FORM 990, PART I, LINE	6A		37,093	•

FORM 990 GAIN (LOSS) FROM N	ON-PUBLICLY	TRADED SECURIT	IES S	TATEMENT 2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	MET ACQU	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURC	HASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	225,000.	223,618.	0.	1,382.
TOTAL TO FM 990, PART I, LN 8	225,000.	223,618.	0.	1,382.

FORM 990 GAI						· · · · · · · · · · · · · · · · · · ·	
	N (LOSS) FROM	SALE OF OT	HER A	SSETS	\$	STATEMENT	3
DESCRIPTION		DAT: ACQUI		DATE SOLD		ETHOD QUIRED	
		ACQUI.	<u> </u>		— AC		
DISPOSAL OF FIXED ASSE	TS	VARIO	US	VARIOUS	S PUI	RCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS		ENSE SALE	DEPREC	NET GA	
	630.	33,455.		0.	33,45	<u> </u>	30
TO FM 990, PART I, LN	8 630.	33,455.		0.	33,45	5. 6	30
FORM 990 OTHER	CHANGES IN NE	ET ASSETS OR	FUND	BALANCE	SS S	STATEMENT	
DESCRIPTION						AMOUNT	
UNREALIZED GAINS ON IN	VESTMENTS					78,2	261
TOTAL TO FORM 990, PAR	T I. LINE 20				_	78,2	261
·					_		
FORM 990	ro	THER EXPENSE	S			STATEMENT	
FORM 990	(A)	(B)		(C)		STATEMENT	Į.
FORM 990 DESCRIPTION			M	(C) MANAGEN AND GEN	1ENT		
DESCRIPTION BANK FEES &	(A)	(B) PROGRAI	M	MANAGEN	1ENT	(D)	
DESCRIPTION BANK FEES & MISCELLANEOUS	(A)	(B) PROGRAI SERVIC	M	MANAGEN AND GEN	1ENT	(D)	ING
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE	(A) TOTAL	(B) PROGRAI SERVICE	M ES -	MANAGEN AND GEN	MENT NERAL	(D) FUNDRAISI	:NG
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE PROFESSIONAL	(A) TOTAL 38,906	(B) PROGRAI SERVICE 18,	M ES 	MANAGEN AND GEN	MENT NERAL	(D) FUNDRAISI	590 780
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE PROFESSIONAL EXPENSES PROMOTIONAL ITEMS &	(A) TOTAL 38,906 22,419	(B) PROGRAL SERVICE 18, 15, 2. 354,	M ES 	MANAGEN AND GEN	MENT NERAL 5,663.	(D) FUNDRAISI 4,6 2,7	590 780
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE PROFESSIONAL EXPENSES PROMOTIONAL ITEMS & RECRUITMENT TRAINING &	(A) TOTAL 38,906 22,419 437,542	(B) PROGRAI SERVICE 18, 15, 2. 354, 3. 29,	M ES 553. 099.	MANAGEN AND GEN	MENT NERAL 5,663. 1,540.	(D) FUNDRAISI 4,6 2,7 10,6 14,1	590 780 38
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE PROFESSIONAL EXPENSES PROMOTIONAL ITEMS & RECRUITMENT TRAINING & DEVELOPMENT WEB INTERNET & NETWORK EXPENSE	(A) TOTAL 38,906 22,419 437,542 47,638	(B) PROGRAI SERVICE 18, 15, 2. 354, 3. 29, 5. 9,	M ES 553. 099. 984.	MANAGEN AND GEN	MENT NERAL 5,663. 1,540. 1,868.	(D) FUNDRAISI 4,6 2,7 10,6 14,1	590 780 590 590
DESCRIPTION BANK FEES & MISCELLANEOUS EXPENSES INSURANCE PROFESSIONAL EXPENSES PROMOTIONAL ITEMS & RECRUITMENT TRAINING & DEVELOPMENT WEB INTERNET & NETWORK EXPENSE ALLOCATION OF LOBBYING EXPENSES	(A) TOTAL 38,906 22,419 437,542 47,638 15,585 97,209	(B) PROGRAM SERVICE 18, 15, 2. 354, 3. 29, 3. 9, 61, 9,	M ES 553. 099. 984. 272. 651. 220.	MANAGEM AND GEN	MENT NERAL 5,663. 1,540. 1,868. 1,228. 5,734. 7,066.	(D) FUNDRAISI 4,6 2,7 10,6 14,1 2 8,9	590 . 780 . 38 .
DESCRIPTION	(A) TOTAL 38,906 22,419 437,542 47,638 15,585 97,209	(B) PROGRAM SERVICE 18, 15, 2. 354, 3. 29, 3. 9, 61, 9,	M ES 553. 099. 984. 272. 651. 220. 981.	MANAGEM AND GEN	MENT NERAL 5,663. 1,540. 1,868. 1,228. 5,734.	(D) FUNDRAISI 4,6 2,7 10,6 14,1 2 8,9	590. 590. 590. 38. 200.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6 PART II, LINE 25A							
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS			
NILS DAULAIRE	198,656.	41,843.		240,499.			
A. PROGRAM SERVICES							
B. MANAGEMENT AND GENERAL	198,656.	41,843.		240,499.			
C. FUNDRAISING							
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS			
MAURICE MIDDLEBERG	178,098.	29,144.		207,242.			
A. PROGRAM SERVICES	178,098.	29,144.		207,242.			
B. MANAGEMENT AND GENERAL							
C. FUNDRAISING							
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS			
KAE DAKIN	131,255.	989.		132,244.			
A. PROGRAM SERVICES	13,126.	99.		13,225.			
B. MANAGEMENT AND GENERAL							
C. FUNDRAISING	118,129.	890.		119,019.			

GLOBAL HEALTH COUNCIL				52-1048393
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHRYN GUARE	81,127.	32,356.		113,483.
A. PROGRAM SERVICES	81,127.	32,356.		113,483.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DOMAID DEPOSIT				
DONALD REDDIE	47,918.	5,741.		53,659.
	47,918.	5,741.		53,659.
A. PROGRAM SERVICES	·	5,7 41. 5,7 41.		53,659. 53,659.
DONALD BEDDIE A. PROGRAM SERVICES B. MANAGEMENT AND GENERAL C. FUNDRAISING	·	·		
A. PROGRAM SERVICES B. MANAGEMENT AND GENERAL	·	·		
A. PROGRAM SERVICES B. MANAGEMENT AND GENERAL	·	·		

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A

119,019.

747,127.

TOTAL FUNDRAISING

•		-	
FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	7
CLASS OF ACTIVITY/	DONEE'S NAME AND ADDRESS	AMOUNT	
BEST PRACTICES AWA THE MARIA LUISA OR APARTADO 5637 MANAGUA, NICARAGUA	TIZ COOPERATIVE	1,00	0.
	NITY DEVELOPMENT ASSOCIATION EVELOP. INTERNATIONAL, 179 SANDY POND ROAD	1,000,00	0.
TOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	1,001,00	0.

FORM 990		ANTS AND AL			STATEMENT	8
CLASS OF ACTIVITY/	DONEE'S NAME A	AND ADDRESS		EE'S ONSHIP	AMOUN	r
JONATHAN MANN AWAR DR. BOGALETCH GENR P.O. BOX 13438 ADDIS ABABA, ETHIO	E		NONE		17,5	00.
TOTAL INCLUDED ON	FORM 990, PAR	r II, LINE	22B		17,5	00.
FORM 990 STATEM	ENT OF ORGANIZ	ZATION'S PR PART III	IMARY EXEMP	T PURPOSE	STATEMENT	9
EXPLANATION						
					TIOTIM MITT	
WORLD.	ECIATION OF AS				STATEMENT	10
ORGANIZATION DEDIC WORLD. FORM 990 DEPR DESCRIPTION			ELD FOR INV			
FORM 990 DEPR	ECIATION OF AS	COST OTHER B	ELD FOR INV	ESTMENT UMULATED	STATEMENT	E
WORLD. FORM 990 DEPR DESCRIPTION	ECIATION OF AS	COST OTHER B	ELD FOR INV OR ACC ASIS DEP	ESTMENT UMULATED RECIATION	STATEMENT BOOK VALUE	E 60.
WORLD. FORM 990 DEPR DESCRIPTION FURNITURE AND FIXT TOTAL TO FORM 990,	ECIATION OF ASTURES PART IV, LN	COST OTHER B	OR ACCASIS DEP	ESTMENT UMULATED RECIATION 627,208.	STATEMENT BOOK VALUE 220,1	E 60.
FORM 990 DEPR DESCRIPTION FURNITURE AND FIXT TOTAL TO FORM 990,	URES PART IV, LN S	COST OTHER B	OR ACCASIS DEP	ESTMENT UMULATED RECIATION 627,208.	BOOK VALUE 220,10	60. 60.
WORLD. FORM 990 DEPR DESCRIPTION FURNITURE AND FIXT	URES PART IV, LN S	COST OTHER B 84 57 84 VERNMENT SE	OR ACCASIS DEP 7,368. 7,368. CURITIES	OTHER PUBLICLY TRADED	STATEMENT BOOK VALUE 220,10 220,10 STATEMENT TOTAL NON-GOV	E 60.

FORM 990 PART V-A - LIST OF CONTRUSTEES A	URRENT OFFICERS, AND KEY EMPLOYEES		STATI	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
NILS DAULAIRE 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	PRESIDENT/CEO 40.00		41,843.	0.
MAURICE MIDDLEBERG 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	VP PUBLIC POLIC		29,144.	0.
KAE DAKIN 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	VP INST DEVELOR		989.	0.
KATHRYN GUARE 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	VP MEMBER RES. 40.00	81,127.	32,356.	0.
DONALD BEDDIE 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	VP OPERATIONS 40.00	47,918.	5,741.	0.
WILLIAM FOEGE 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	CHAIR 5.00	0.	0.	0.
JOEL LAMSTEIN 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	VICE CHAIR 5.00	0.	0.	0.
REETA ROY 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	TREASURER 5.00	0.	0.	0.
SUSAN DENTZER 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	SECRETARY 5.00	0.	0.	0.
JOE PETERSON 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	FORMER TREASURE	ER	0.	0.
ROGAIA MUSTAFA ABUSHARAF 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.

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GLOBAL HEALTH COUNCIL			52-104	8393
VALERIE NKAMGANG BEMO 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
GEORGE BROWN 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
JOAN BROWN CAMPBELL 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
HAILE DEBAS 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
AFAF MELEIS 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
PAUL ROGERS 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
ALAN ROSENFIELD 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
ALVARADO BERMEJO 15 RAILROAD ROW WHITE RIVER JUNCTION, VT 05001	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	T V-A	637,054.	110073.	0.
FORM 990 LIST OF STAT	ES RECEIVING CO	OPY OF RETURN	STATEMENT	13

STATES

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

PART VI, LINE 90

16596__1

ORGANIZATION'S EXEMPT PURPOSE.

•	
FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14 ACCOMPLISHMENT OF EXEMPT PURPOSES
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ANNUAL FORUM FOR EXPLORING PRESSING ISSUES IN INTERNATIONAL HEALTH, ALLOWING MEMBERS TO NETWORK, EXCHANGE IDEAS AND BEST PRACTICES, AND TO GATHER AND DISSEMINATE INFORMATION ABOUT ORGANIZATIONS AND OTHER RESOURCES OF INTEREST TO MEMBERS AND OTHERS CONCERNED WITH INTERNATIONAL HEALTH ISSUES.
93B	VARIETY OF PUBLICATIONS RELATING TO THE ORGANIZATION'S EXEMPT PROGRAMS PROVIDED FREE OF CHARGE OR AT SUBSTANTIAL DISCOUNTS TO MEMBERS AND ARE ALSO AVAILABLE TO THE GENERAL PUBLIC.
93C	HONORARIUM RECEIVED FROM SPEAKING ENGAGEMENTS.
94	MEMBERSHIP DUES IN EXCHANGE FOR MEMBERSHIP BENEFITS.
103A	MISCELLANEOUS REVENUE EARNED FROM ACTIVITIES RELATED TO THE

SCHEDULE A	OTHER INCOME		STATEMENT 15	
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	405.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	405.	0.	0.	0.

GLOBAL HEALTH COUNCIL DESCRIPTION OF PROGRAMS FY 2007

The Global Health Council is the world's largest membership alliance dedicated to saving lives by improving health throughout the world. The Council works to ensure that all who strive for improvement and equity in global health have the information and resources they need to succeed. To achieve this goal, the Council serves as the voice for *action* on global health issues and the voice for *progress* in the global health field.

Policy, Research and Advocacy

The Global Health Council serves as a voice for hundreds of organizations and thousands of individuals. The Council informs and educates opinion leaders, policy-makers, the media and concerned citizens about critical issues in global health in order to spur more effective investment, programs and policies. We do this in local communities, in the halls of Congress, and across the globe.

Through the work of the Policy, Research and Advocacy Division, the Council pursues four basic goals:

- Increasing global investment in the health care of the under-served in low and middle income countries.
- Ensuring equitable access to essential health care both across and within countries.
- Advancing evidence based health policies and programs that target limited resources on the interventions that will achieve the greatest impact on alleviating death and disease.
- Ensuring that the legislative and regulatory framework facilitates effective health program management and implementation.

The advocacy work of the Council focuses on the critical global health issues of our day, including the following:

- Articulating the case of investing in health for the poor, including the record of highly successful policies and programs, the high economic returns of investing in health, the benefits of foreign assistance for health for US standing in the world, and the moral imperative of providing essential care for all.
- Strengthening the capacity of low and middle income countries to provide essential care, including the key issues of health care workers, health systems and

infrastructure and health financing.

- Alleviating the diseases that cause the cause the greatest burden in low and middle income countries, with special focus on child health, reproductive health, HIV/AIDS, and other infectious disease, especially neglected tropical diseases.
- Addressing the evolving epidemiology of low and middle income countries as non-communicable disease and injuries become an increasingly important part of the burden of disease.
- Redressing the inequities in access to health services attributable to gender, social class, rural-urban residence and marginalization of vulnerable groups.
- Monitoring the impact of public investments in health to be sure available funds have been put to good use.

In pursuit of its goals, the Council employs the following strategies:

- Synthesizing and disseminating the evidence on critical health issues in a professional and unbiased manner, with a special focus on reaching policy makers.
- Informing and advising policy makers and being responsive to their questions and concerns about global health issues.
- Communicating with other salient audiences, including the media, professional colleagues, advocates, GHC members, and other concerned audiences.
- Educating and mobilizing concerned constituencies so they can maintain an informed and persuasive dialogue with policy makers.

Membership Resources

Our membership is comprised of some of the world's most effective organizations dedicated to advancing the most critical health issues. We work to channel their varied methodologies and objectives in pursuit of one overarching goal: better health for the world's poor and underserved.

While many serious health problems can be addressed inexpensively and effectively with the right knowledge, too often practical advances in public health are not widely shared. The Council seeks to gather such knowledge and make it accessible for those who can use it to save lives, most notably our members across the globe.

- The Council's electronic and print publications highlight important trends and innovative, effective and efficient health programs. These reference tools are vital resources for health professionals and program managers alike. The Council's regular publications, AIDSLink and HealthLink, along with its technical and research reports, reach thousands of health-care practitioners and managers. The Council's electronic publications, including its website, reach hundreds of thousands. These distribution channels ensure that vital information makes its way from universities and government offices to the most remote clinics and the other way around with great speed.
- Since 1973, the Council has been bringing together leaders in the field of global health with practitioners and advocates at its annual international conference. The conference is the premier event of the year in the field of global health, convening thousands of public health professionals from more than 100 countries around the world to network, learn and share best practices. We build on this work throughout the year, extending the information shared to all corners of the globe. The 2007 conference, Global Health Partnerships: Working Together, featured more than 2,500 participants, bringing some of the world's leading experts together with those working on the front lines of global health, to think about and share experiences in health care, disease prevention, and health promotion from a systems perspective.