Form **990**

CHANGE OF ACCOUNTING PERIOD

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

	tment of t	he Tressury e Service The organization may have to use a copy of this return to satisfy state	reporting requirements.	Open to Public Inspection
		2012 calendar year, or tax year beginning OCT 1, 2012 and ending		inopoduo.
Вс	heck if	C Name of organization	D Employer identifica	tion number
	Address	GLOBAL HEALTH COUNCIL	Ì	
_	Name change	Doing Business As	52-10	48393
\vdash	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
\vdash	Termin-	C/O GLOBAL IMPACT, 66 CANAL CENTER PL310		17-5200
	Amende		G Grass receipts \$	44,855.
	Applica-		H(a) Is this a group reti	
	pending	F Name and address of principal officer:JONATHAN QUICK	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inclu	
į T	ax-exer			st. (see instructions)
		:▶ WWW.GLOBALHEALTH.ORG	H(c) Group exemption	•
K F	orm of a	rganization. X Corporation Trust Association Other Lye	ar of formation: 1975 M	State of legal domicile: DE
Pa	rt I	Summary		
	1 8	riefly describe the organization's mission or most significant activities. SEE PART	III, LINE 1.	
띭	_			
Governance	2 0	theck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets
ò	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	13
		lumber of independent voting members of the governing body (Part VI, line 1b)	4	13
Activities &	5 T	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	12
.vit	Į.	otal number of volunteers (estimate if necessary)		13
Act	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		<u>0.</u>
	b V	let unrelated business taxable income from Form 990-T, line 34		<u>0.</u>
		ļ	Prior Year	Current Year
9	•	Contributions and grants (Part VIII, line 1h)	210,428.	44,830.
Revenue	ŀ	rogram service revenue (Part VIII, line 2g)	472,590.	0.
E é	l .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<181,536.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,141.	13.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	567,623.	44,855.
	ł	Grants and similar amounts paid (Part IX, column (A), lines 1 3) Identits paid to or for members (Part IX, column (A), line 4)	0.	0.
<i>τ</i> Δ	1	ialaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	712,015.	<u> </u>
šė	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)		
Ŵ.		Other expenses (Part IX, column (A), lines 11a-11d, 11124e)	1,274,144.	43,390.
		otal expenses. Add lines 13-17 (must equal Pert IX, control A) The Ast D	1,986,159.	43,390.
	19 F	Revenue less expenses Subtract line 18 from line 12	<1,418,536.	
t Assets or land Batances			Beginning of Current Year	End of Year
Sets	20 1	otal assets (Part X, line 16)	180,648.	130,811.
₹ 5	21 1	otal liabilities (Part X, line 26)	139,791.	88,489.
The True		et assets or fund balances. Subtract line 21 from linGGDEN, UT	40,857.	42,322.
	art II	Signature Block		
Und	er penali	ies of perjury. I declare that I have examined this return, including accompanying schedules and sta	ements, 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 prep	rer has any knowledge	
		Let I the	/\$	-NOV-13
Sig	n	Signature of officer	Date '	•
Her	e	JONATHAN QUICK, BOARD CHAIR		· _ · · · · _ · · · · · · · · · · · · ·
		Type or print name and title	(Date -	TI STIN
		PrintType preparer's name Preparer S poneture	Date Cneck	PTIN
Paid	-	Eric J. Lawrence Coss 2	11/14/13 sett emptoyer	
	parer	Firm's name GELMAN, ROSENBERG & FEEMAN	Firm's EIN	52-1392008
USE	Only	Firm's address 4550 MONTGOMERY AVE., SUITE 650 NOR	1	301 \051 0000
		BETHESDA, MD 20814	Phone no. (301)951-9090
		S discuss this return with the preparer shown above? (see instructions)		X Yes No
2320	001 12-10	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

	t III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	AS THE SHARED VOICE OF THE GLOBAL HEALTH COMMUNITY, GHC PROVIDES
	CRITICAL INFORMATION ON GLOBAL HEALTH PRIORITIES, ADVOCATES FOR
	INCREASED INVESTMENT IN THE GLOBAL HEALTH AGENDA, AND SUPPORTS ITS
	MEMBERS TO WORK TOWARD EQUITABLE, INCLUSIVE AND SUSTAINABLE SOLUTIONS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No.
•	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	
	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 \$
	POLICY, COMMUNICATIONS AND ADVOCACY
	GHC IS THE SHARED VOICE OF THE GLOBAL HEALTH COMMUNITY, PROVIDING A
	DYNAMIC FORUM OF EXCHANGE TO THE US-BASED GLOBAL HEALTH COMMUNITY BY
	POSITIVELY INFLUENCING THE GLOBAL HEALTH AGENDA THROUGH POLICY,
	COMMUNICATIONS AND ADVOCACY. GHC DOES THIS BY:
	- ADVOCATING FOR EXPANDED FUNDING LEVELS TO ENSURE ROBUST DONOR
	INVESTMENT IN KEY GLOBAL HEALTH PRIORITIES
	- PROMOTING EVIDENCE-BASED POLICIES THAT MAXIMIZE THE POSITIVE OUTCOMES
	OF GLOBAL HEALTH RESEARCH AND PROGRAMS
	- FACILITATING AND ENCOURAGE MEMBER ENGAGEMENT IN GLOBAL POLICY
	DIALOGUES AT THE NATIONAL AND INTERNATIONAL LEVELS.
	- INCREASING VISIBILITY AND POLITICAL SUPPORT OF KEY GLOBAL HEALTH
45	
4b	(Code) (Expenses \$
	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.
	GHC SUPPORT ITS MEMBERSHIP THROUGH THREE PRIMARY FUNCTIONS:
	- CONVENING: INCLUDING FACILITATING NETWORKING, PARTNERSHIP AND
	COORDINATION AMONGST MEMBERS AND BETWEEN MEMBERS AND EXTERNAL
	CMAKEHOI DEDC.
40	(Code) (Expenses \$
10	(code / / Lexpenses 3 / / (nevenue 3 / / nevenue 3 / / nev
	Other program convices (Describe in Schedule O.)
40	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	
23200	Form 990 (201
12-10-	SEE SCHEDULE O FOR CONTINUATION(S)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	.63	.,,,
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		Γ==
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u></u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
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		х
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	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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
С	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
е	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	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(05:5
		Form	ເສສປ	(2012

• Form 990 (2012) GLOBAL HEALTH COUN
Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. comment (A), line 17 of Yes, "complete Schedule I, Parts and II an				Yes	No
22 Link the organization report more than \$5,000 of grafts and other assistance to individuals in the United States on Part IX, column (A), link 27 if Yes, "complete Schedule L, Part 1 and iff and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule L, Part 1 and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule K, If You's, go to kee 25 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than 600 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24 and complete Schedule K, If You's, go to kee 25 25b Did the organization maintain an escrow account other than a refunding scrow at any time during the year 10 defease any tax exempt bonds? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule L, Part I is the organization avairable that the transaction with a disqualified person outstanding as of the end of the organization or you the organization's prior Forme 990 or 990-E27 If Yes,' complete Schedule L, Part I is be organization provide a grant or other assistance to an officer, director, fusitee, 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 II is an activation 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 IV is a family member of any of these persons? If Yes,' complete Schedule L, Part IV is a family member of any of these persons? If Yes,' complete Schedule L, Part IV is a famil	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 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 I, Part II and 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 I, "Tho", go to the ine 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization marks that a circumstance of the organization and any time during the year? Did the organization and at as an "on behalf of" issuer for bonds outstanding as any time during the year? Did the organization and at a sin on behalf of "issuer for bonds outstanding at any time during the year? Section 501((3)) and 501((3)) and 501((4)) organizations. Did the organization engage in an excess benefit the section of the time of the section of the time of the section of the time of the organization specific that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part II Was alloan to or by a current or former officer, director, fursities, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part IV Was alloant to or by a current or former officer, director, fursities, expenditive, incluse, the propose of the secondary of the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV A mentity of which a current or former officer, director, fursities, or key employee? If "Y		United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
23 Dut 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. 24a Dut the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Dut the organization maintain an escrow account other than a refunding escrow at any time during the year? Dut the organization and so no behalf of "issuer for bonds outstanding at any time during the year? Dut the organization area so no behalf of "issuer for bonds outstanding at any time during the year? Dut the organization area so no behalf of "issuer for bonds outstanding at any time during the year? Dut the organization area so no behalf of "issuer for bonds outstanding as of the year? If "Yes," complete Schedule L. Part I Dut the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II Dut the transaction has not been reported on any of the organizations prior Forms 990 or 996.EZ? If "Yes," complete Schedule L. Part II Dut the organization party to a business transaction with one of the organization 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 IV instructions for applicable linging thresholds, conditions, and exceptions) A current or former officer, director, insteed, or key employee; or key employee; or spanlies and the party of the party of the party of the organization receive more than \$25000 in non cash contributions? If "Yes," complete Sched	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
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 him or 25 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any are second as any tax exempt bonds? 24d Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b Is the organization waves that engaged in an excess benefit intersaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b X 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest completes Schedule L, Part IV 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d Arment of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27d Arment of officer, director, trustee, or key employee (or a family member officer) and one of the following parties (see Schedule L, Part IV 28d Arment of officer, director, trustee, or key employee (or a fam		column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		_X_
Schedule J. 24a Dd 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 \$1,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? D Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (t(x)) and 50 (t(x)4) organizations. Did the organization in engage in an excess bonefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II are to or the organization or or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee empler, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV assistance or employee thereof, a grant selection committee empler, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV assistance or the properties of the part IV assistance or the properties Schedule L, Part IV assistance or the properties Schedule L, Part IV assistance or the properties Schedule L, Part IV assistance or the part of the part of the part of the part of the organization receive more than \$25,000 in non cash contributions? If "Yes," com	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dut the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary peniod 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? 25a Section 50 (Ic(R) and 50 (Ic(R) 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a c Nas a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person out of year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part II 25b C Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person out officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity or transly member of any of these persons? If "Yes," complete Schedule L. Part IV 25c. "A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 25c. "A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 25c. "A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 25c. "A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 25c. "A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complet		Schedule J	23		<u>X</u>
Schedule K. If "Not", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I., Part I 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 I., Part II Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part III 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 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV instructions for applicable fling thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV A Animity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28a X 2b of the organization receive more than \$25,000 in on cash contributions? If "Yes," complete Schedule II, Part IV instructions? If "Yes," complete Schedule II, Part IV instructions?	24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 24d 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b 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-E2? If "Yes," complete Schedule L, Part II 25b X 25c X 25b X 25c		Schedule K. If "No", go to line 25	24a		_X_
any tax-exempt bonds? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I bis 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 synthetic forms 990 or 990 E2? If "Yes," complete Schedule L, Part II 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 II 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 II contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a unit or the selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV controlled entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV controlled entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV controlled entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV controlled entity of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV controlled entity entity the organization one o	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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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 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 Did 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)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	а				
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If "Yes," complete Schedule R, Part V, line 2 36	26		350		
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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	31		27		y
Note. All Form 990 filers are required to complete Schedule O	20		31		
	50		36	x	1
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Par	Check if Schedule O contains a response to any question in this Part V			$ \Box $
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ļ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		٠,,
е	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		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A	0-		
a	/-	9a		
_	·	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1	ļ	
a	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? N/A	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		1	
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 990 (2012) GLOBAL HEALTH COUNCIL 52-1048393 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					\mathbf{X}	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3			
	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						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	e dire	t 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 9	990 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	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, s	stockh	olders, 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	ar by th	e following [.]				
а	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 real	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			<u> </u>	
				_	Yes	No	
	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 c	hapter	s, affiliates,	10b			
and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a							
b							
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	_X_	 	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I	es," d	escribe		37		
40	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?		. al a a al a	14	Λ		
15	Did the process for determining compensation of the following persons include a review and approv	•	ideperident				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	Х		
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a		X	
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont s	wth a			ļ	
104	taxable entity during the year?	mont v	-i.i.i a	16a		x	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization to evaluate the policy or procedure requiring the organization of the policy or procedure requiring the policy or procedure required the policy or procedure requiring the policy	ate its i	narticination	100			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization that the organization the organization the organization that the orga		•				
	exempt status with respect to such arrangements?	ııızanc	11 3	16b			
Sec	tion C. Disclosure			1 100			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		ion 501(c)(3)s only	availat	le		
	for public inspection. Indicate how you made these available. Check all that apply	. ,500					
	X Own website X Another's website X Upon request Other (explain	n in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd finai	ncial		
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organiz	ation 🌬	•		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	ore than one		Reportable	Reportable	Estimated
	hours per week		box, unless person is both officer and a director/truste					compensation from	compensation from related	amount of other
	(list any	ě						the	organizations	compensation
	hours for	die				ted		organization	(W-2/1099-MISC)	from the
	related	Stee	ruste		۱	pensa		(W-2/1099-MISC)		organization
	organizations	ual tru	onalt		ploye	ee ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOEL LAMSTEIN	4.00			_						
CHAIR		X		Х				0.	0.	0
(2) REETA ROY	4.00									
VICE CHAIR		X		X				0.	0.	0
(3) ELIZABETH FURST FRANK	4.00							'		
TREASURER		X		X		<u> </u>	L	0.	0.	0
(4) ALVARO BERMEJO	4.00	-						_	_	_
SECRETARY		X		Х	-			0.	0.	0
(5) VALERIE NKAMGANG BEMO	4.00									
DIRECTOR	1 00	X			_		_	0.	0.	0
(6) GEORGE BROWN	4.00									
DIRECTOR	4 00	X			-	-		0.	0.	0
(7) JOAN BROWN CAMPBELL	4.00	X						0.	0.	_
DIRECTOR	4.00	^	-	<u> </u>	-	-		<u> </u>	U •	0
(8) CHRISTOPHER J. ELLIAS	4.00	X			ļ			0.	0.	0
DIRECTOR (A) THE TO EDENIE	4.00	^		_	┢	+-		0.	0.	
(9) JULIO FRENK DIRECTOR	4.00	X						0.	0.	0
(10) MICHELE GALEN	4.00	 ^ `			\vdash	<u> </u>		•	•	
DIRECTOR	1.00	X						0.	0.	0
(11) GRETCHEN HOWARD	4.00					—				
DIRECTOR		X						0.	0.	0
(12) JIM KOLBE	4.00									
DIRECTOR		X						0.	0.	0
(13) SMITA BARUAH	40.00									
INTERIM CO-CEO				Х				33,133.	0.	5,383
(14) SUSAN HIGMAN (LEFT 6/30/2012)	40.00									
INTERIM CO-CEO		-		X	<u> </u>	_	_	66,835.	0.	3,853
		1								
		_	-		-	-				
		-				1			i .	

Form 990 (2012)

d Total (add lines 1b and 1c) 99,968. 0. 9,236. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	Par	t VII Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C	ompensated Employe	es (continued)				
Compensation Comp		(A)	(B)			-	-			(D)	(E)			(F)	
Sub-total Sub-total		Name and title	1					one	Reportable	Reportable					
the Sub-total 1b Sub-total 1c Total from continuation sheets to Part VII. Section A 1d Total (and lines to and to) 2 Total number of indevication from the organization and other compensation from the organization of services 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 of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$200.000 of compensation from the organization and other compensation from the organization of services 2 Total number of independent contractors (including but not limited to			1	box	, unle	ss pe	rson	is bot	n an	'	•	i			of
1b Sub-total c Total from continuation sheets to Part VII, Section A D 99,968. 0.9,236. 2 Total additines it is and tic) 99,968. 0.9,236. 2 Total ambier of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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 and related organizations greater than \$150,000 *If "Yes," complete Schedule J for such individual for services representations of the organization			1	—	10. 0.		1					- 1			tion
1b Sub-total c Total from continuation sheets to Part VII, Section A D 99,968. 0.9,236. 2 Total additines it is and tic) 99,968. 0.9,236. 2 Total ambier of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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 and related organizations greater than \$150,000 *If "Yes," complete Schedule J for such individual for services representations of the organization			1 '	direct								4			
1b Sub-total c Total from continuation sheets to Part VII, Section A D 99,968. 0.9,236. 2 Total additines it is and tic) 99,968. 0.9,236. 2 Total ambier of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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 and related organizations greater than \$150,000 *If "Yes," complete Schedule J for such individual for services representations of the organization			related	ie o	stee			nsate		1	(11 2) 1000 11110	,			
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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				┨											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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				1											
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d Total (add lines 1b and 1c) 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 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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 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 for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than			II, Section A					•						·	0.
Yes No Yes Y	d	Total (add lines 1b and 1c)						>		99,968.		0.	9,236.		
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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services 7 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportabl	e			
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		• •					_ 4		الم ال	h	Al		3	ļ	
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rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	5										idual for services		-		
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) (B) (C) Compensation NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•								0.0.	.oo organization of mail			5		x
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(A) Name and business address NONE Description of services Compensation . Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
Name and business address NONE Description of services Compensation		the organization Report compensation for	the calendar y	<u>rear</u>	endı	ng v	with	or w	ithir	n the organization's tax	year				
2 Total number of independent contractors (including but not limited to those listed above) who received more than												-			
		Name and business	address	_N(ONI	<u>E</u>				Description of s	services		ompe	nsatio	n
											}				
						<u> </u>									
										· · · · · · · · · · · · · · · · · · ·			•		
			··· — ··· · · · · · · · · · · · · · · ·												
	2			not li	ımıte	d to	tho	se li	stec	d above) who received n	nore than				

232008 12-10-12

Form **990** (2012)

Form 990 (2012) GLOBAL
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts Its	1 a	Federated campaigns	1a	7-		_		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
E,	е	Government grants (contribut	ions) 1e					
tron S r	f	All other contributions, gifts, gran	its, and					
ig #		similar amounts not included abo	ve 1f	44,830.				
da	9	Noncash contributions included in lines	3 1a-1f \$					
<u>8</u>	h	Total. Add lines 1a-1f		>	44,830.			
-				Business Code				
9	2 a							
E G	b							
Program Service Revenue	С							
Je J	d							
5 <u>_</u>	е							
۱ ۵	f	All other program service reve	enue					<u> </u>
\rightarrow	g	Total, Add lines 2a-2f	<u> </u>	<u> </u>				
i	3	Investment income (including	dividends, intere	est, and	10			1.0
		other similar amounts)		•	12.			12.
ļ	4	Income from investment of ta	x exempt bond p	roceeds				
	5	Royalties		•				
			(ı) Real	(ii) Personal	п			
		Gross rents						
		Less rental expenses						
		Rental income or (loss)		<u> </u>				
İ		Net rental income or (loss)		•			<u> </u>	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	a	Less cost or other basis						
	_	and sales expenses				:		
		Gain or (loss)		•				
İ		Net gain or (loss) Gross income from fundraisin	a avanta (not					-
nue	ба	including \$	-					
Ver		contributions reported on line	 •,					
å		Part IV, line 18	•					
Other Reve	h	Less direct expenses	a b					
5		Net income or (loss) from fund						
j		Gross income from gaming a	-					
	o u	Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gan						
		Gross sales of inventory, less			-			
		and allowances	а					1
	b	Less cost of goods sold	b					
		Net income or (loss) from sale		>				
Ì		Miscellaneous Revenu		Business Code	-			
ŀ	11 a	MISCELLANEOUS F		900099	13.			13.
	b							
	c							
l	d					 		
	-	Total. Add lines 11a-11d			13.	·····		
	12	Total revenue See instructions			44,855.		0	. 25.
23200 12-10-	9				,			Form 990 (2012)

Form 990 (2012) GLOBAL HEALTH COUNCIL Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	X
	Check if Schedule O contains a response not include amounts reported on lines 6b.	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		,		
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes		<u> </u>		
10	_				
11	Fees for services (non employees) Management				
a b	Legal		 		
C	Accounting	1,181.		1,181.	
d	Lobbying	1,101.			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25,	-			
J	column (A) amount, list line 11g expenses on Sch 0)	9,875.		9,875.	
12	Advertising and promotion				
13	Office expenses	2,230.		2,230.	
14	Information technology				
15	Royalties				
16	Occupancy	26,430.		26,430.	
17	Travel	793.		793.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 550	 		
23	Insurance	2,559.	 	2,559.	
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 0)				
а	CATEG MAN ENDENIGES	248.		248.	
b	MISCELLANEOUS	74.		74.	
c		,			
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	43,390.	0 .	43,390.	0.
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)				·

12251114 745960 16596

Form 990 (2012)
Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year	_	(B) End of year
	1	Cash · non-interest-bearing	<4,310.	> 1	<11,512.
1	2	Savings and temporary cash investments	150,519.	2	136,352.
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	833.	4	
	5	Loans and other receivables from current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
ĺ		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
- 1	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		İ	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	7,176.	9	5,971.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	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	
l	15	Other assets See Part IV, line 11	26,430.	15	0 .
	16	Total assets. Add lines 1 through 15 (must equal line 34)	180,648.	16	130,811.
İ	17	Accounts payable and accrued expenses	139,791.	17	88,489.
	18	Grants payable		18	
	19	Deferred revenue		19	
]	20	Tax exempt bond liabilities		20	
Sa	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ge		key employees, highest compensated employees, and disqualified persons			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	139,791.	26	88,489.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\textstyle \te			
se		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	40,857.	27	42,322.
Bal	28	Temporarily restricted net assets	0.	28	
힡	29	Permanently restricted net assets		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
< ∣			1	32	
et A	32	Retained earnings, endowment, accumulated income, or other funds		- 32	
Net Assets or Fund Balances	32 33	Total net assets or fund balances	40,857. 180,648.	33_	42,322. 130,811.

Form	990 (2012) GLOBAL HEALTH COUNCIL	52-104	8393	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4.4	1,8	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	3,3	90.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4() <u>,8</u>	<u>57.</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	42	<u>2,3</u>	<u> 22.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1		
	separate basis, consolidated basis, or both				
	X 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 separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle 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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		I

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

			HEALTH COUNC						5	2-1048393	
Part I	Reason	for Public Char	ity Status (All organiza	ations mus	st complete	e this part) See inst	ructions			
The organ	ization is not a	private foundation	because it is (For lines 1	through 1	11, check o	only one b	ox)				
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(ı)			-3:	
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E)							
з 🔲	A hospital or	a cooperative hospi	tal service organization d	described i	n section	170(b)(1)(A)(III).				
4 🔲	A medical res	search organization o	operated in conjunction v	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(in) Enter t	he hospital's name,	
	city, and state	e									
5 🗀	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	describ	ed in	
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)								
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	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). (Comple	te Part II)						•		
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)						
9 🔲	An organizati	on that normally rec	eives (1) more than 33 1	/3% of its	support fr	rom contri	butions, m	nembership	o fees, ar	nd gross receipts from	
		· ·	nctions - subject to certa	'-	· ·	•					
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 30, 1975	
		509(a)(2). (Complete	•								
10	=	= :	perated exclusively to tes		-			-		,	
11	o o		perated exclusively for th		•						
	-	•	ations described in section		-) See sec	tion 509(a	a)(3). Ch	eck the box that	
	a Type I	, , , , ,	organization and comple organization and completon		re inrougn nctionally i		_	T	a III. No.	n functionally integrated	
<u>_</u>			at the organization is not	•	,	•		• •			
e			han one or more publicly			•	•		-		
f		=	ten determination from t		-				λ(α)(1) Οι	Section 505(a)(2)	
'	-	rganization, check th		116 1110 1116	at it is a Ty	pe i, Type	ii, or Type				
g		_	organization accepted an	v aift or ci	ontribution	from any	of the follo	owing pers	sons?		
9	_		irectly controls, either ale			-				Yes No	
			upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() (,	11g(i)	
	-		n described in (i) above?							11g(II)	
		•	person described in (i) c		e?					11g(III)	
h	Provide the fo	ollowing information	about the supported org	ganization	(s)						
		-		-							
	of supported	(iı) EIN		(iv) is the organization (v) Did you notify the in col (i) listed in your organization in col. (ii)		(vi) is organization	on in col l	(vii) Amount of monetary support			
0.90			above or IRC section	governing	document?	(i) of your	support?	(i) organized in the U.S?		оброн	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				ļ				ļ			
						[i					
					-						
										•	
								-			
		1									
				<u> </u>	-		-	 			
T-4-1						1					
Total	lanamur-ut- D	 			L	1	L	Cabadet	0 A /Fa::		
LUMPOLE	-aperwork Ke	SUUCTION ACT NOTICE	, see the Instructions for	Uľ				ocneau	CA (FOR	m 990 or 990-EZ) 2012	

232021 12-04-12

Form 990 or 990-EZ.

(Form 990 or 990-EZ) 2012 GLOBAL HEALTH COUNCIL 52-1048393 Page 2
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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	2,431,077.	780,058.	446,870.	210,428.	44,830.	3,913,263.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,431,077.	780,058.	446,870.	210,428.	44,830.	3,913,263.
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)						1,967,619.
	Public support. Subtract line 5 from line 4						1,945,644.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,431,077.	780,058.	446,870.	210,428.	44,830.	3,913,263.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	59,042.	60,055.	54,605.	65,782.	12.	239,496 <u>.</u>
9	Net income from unrelated business	,					
	activities, whether or not the			•			
	business is regularly carried on						
10	Other income Do not include gain		:				
	or loss from the sale of capital						
	assets (Explain in Part IV)			43,405.	10,687.	13.	54,105.
11	Total support. Add lines 7 through 10						4,206,864.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 6	<u>,985,072.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here	· · · · · · · · · · · · · · · · · · ·			•	<u>. ▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage	·· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2012 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	46.25 %
	Public support percentage from 2011					15	31.48 %
16a	33 1/3% support test - 2012. If the	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				_ ►LXJ
t	33 1/3% support test - 2011. If the				I line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orgar	nization
	meets the "facts and-circumstances"						▶∟_
Ł	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		. —
	organization meets the "facts-and-cire		-				>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2012

232022 12-04-12

12251114 745960 16596

Schedule A (Form 990 or 990 EZ) 2012 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

Se	ction A. Public Support	elow, please comp	olete i art ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		` '				
	membership fees received (Do not	1			ļ.	1	
	include any "unusual grants ")	I				1	
2	Gross receipts from admissions,						
_	merchandise sold or services per-	İ					
	formed, or facilities furnished in	İ					
	any activity that is related to the organization's tax-exempt purpose	İ					
2	• • • • • • • • • • • • • • • • • • • •						
3	Gross receipts from activities that are not an unrelated trade or bus-	İ					
		I					
	iness under section 513					-	
4	Tax revenues levied for the organ		i				
	ization'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				<u> </u>		
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						· · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				i		
	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		<u> </u>			- 	
	or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 is for	r the organization'	e firet eacond thi	rd fourth or fifth t	ay year as a sect	on 501(c)(3) organiz	ration
17	check this box and stop here	the organization	3 m3t, 3ccond, tm	a, loartii, or mitri	ax year as a sect	on so regame	Lation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)		15	%
	Public support percentage from 2011					16	
	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 20					17	%
	Investment income percentage from			no ro, column (I))		18	
	a 33 1/3% support tests - 2012. If the			on line 14 and lin	a 15 ie mara than	<u> </u>	
19	• •	-					., is not ⊾
	more than 33 1/3%, check this box a	-	-				and and
	33 1/3% support tests - 2011. If the	•					. —
	line 18 is not more than 33 1/3%, che			•			
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 190, check t	riis box and see i	IISTRUCTIONS	

232023 12-04-12

URING	2012	THE	ORGA	NIZA'	rion	СНА	NGED	ITS	YEAR	END	FROM	9/30	то	12/31.	,
						<u>_</u>								 	
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection in the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I C
 Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III	 -		
Van	ne of organization			Empl	oyer identification number
	GLOBAL	HEALTH COUNCIL			52-1048393
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organia Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities	_	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 4955	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4726	0 for this year?		Yes No
48	Was a correction made?				Yes No
	If "Yes," describe in Part IV		1 1: 504/		1/0)
		ganization is exempt un			
	Enter the amount directly expended	, , ,	•		
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for s		
_	exempt function activities	- Add I 4 4 0 F-1- I		▶ \$	
3	Total exempt function expenditures line 17b	s Add lines I and 2 Enter here	and on Form 1120 POL	-	
4	Did the filing organization file Form	1100 DOL for this year?		- 5	Yes No
5	Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC) If	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to	aid from the filing organi o a separate political org	olitical organizations to whic ization's funds Also enter th ganization, such as a separa	h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	,				,

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041 01-07-13

Schedule C (Form 990 or 990 EZ) 2012 GI Part II-A Complete if the organ	OBAL HEALT	TH COUNCIL	n 501(c)(3) and file	52-1 ed Form 5768	048393 Page 2
(election under section	on 501(h)).	pranas. sostis.	,, 00 , (0),(0),		
A Check ▶ ☐ if the filing organization	n belongs to an affilia	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of	_				
B Check ▶ ☐ if the filing organization	n checked box A and	d "limited control" pro	visions apply		
Limits (The term "expenditu	on Lobbying Expenders" means amoun			(a) Filing organization's totals	(b) Affiliated group totals
4 - Total Jahanna and days to refuse	and a second of	vona vonta labbuuna)		0.	<u> </u>
1a Total lobbying expenditures to influerb Total lobbying expenditures to influer	0.				
 b Total lobbying expenditures to influer c Total lobbying expenditures (add lines) 		(direct lobbying)		0.	
d Other exempt purpose expenditures	s ra and rb)			43,390.	
e Total exempt purpose experiatures (a	add lines 1c and 1d\			43,390.	
f Lobbying nontaxable amount Enter t	•		h columns	8,678.	
If the amount on line 1e, column (a) or (b		ying nontaxable am		0,0,0.	
Not over \$500,000		ne amount on line 1e	ount is.		
Over \$500,000 but not over \$1,000,0		plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500		plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		plus 5% of the exce			
Over \$17,000,000	\$1,000,0		33 6461 41,366,666		
0761 077,000,000	Ψ1,000,0		J		
g Grassroots nontaxable amount (enter	25% of line 1f)	<u>.</u>		2,170.	
h Subtract line 1g from line 1a If zero o	•			0.	
Subtract line 1f from line 1c If zero or	·			0.	
If there is an amount other than zero		ne 1, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year					Yes No
75	4-Year Aver	aging Period Under	Section 501(h)		
	ons that made a se	ction 501(h) election	n do not have to comp es 2a through 2f on pa		
		ditures During 4-Yea			
	Lobbying Expen	Situres During 4 Tee	Averaging renod		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	501,287.	466,636.	249,308.	8,678.	1,225,909.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,838,864.
c Total lobbying expenditures		7,575.			7,575.
d Grassroots nontaxable amount	125,322.	116,659.	,	2,170.	244,151.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					366,227.
f Grassroots lobbying expenditures			62,327.		62,327.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 GLOBAL HEALTH COUNCIL 52-1048393 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the lobbying activity		(a)		(b)		
The loodying activity	Yes	No	Amo	ount		
During the year, did the filing organization attempt to influence foreign, national, state or						
local legislation, including any attempt to influence public opinion on a legislative matter						
or referendum, through the use of.						
a Volunteers?	ļ					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7			
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
j Other activities?						
j Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), (c)	(5), or s	ection				
	011 00 1 (0,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
501(c)(6).			Yes	No		
501(c)(6).			165	 		
		1	res			
1 Were substantially all (90% or more) dues received nondeductible by members?		1 2	res			
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		2 3 (5), or s	section	ne 3, i		
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 		2 3 (5), or s	section	ne 3, i		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	i "No," O	2 3)(5), or s R (b) Pa	section	ne 3, i		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	i "No," O	2 3)(5), or s R (b) Pa	section	ne 3, i		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	i "No," O	2 3)(5), or s R (b) Pa	section art III-A, li	ne 3, i		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid)	i "No," O	2 3 (5), or s R (b) Pa	ection art III-A, li	ne 3, i		
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. 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.

2012
Open to Public Inspection

Name of the organization

GLOBAL HEALTH COUNCIL

Employer identification number 52-1048393

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO GLOBAL HEALTH CHALLENGES.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
IN RESPONSE TO A SIGNIFICANT REDUCTIONS IN FINANCIAL RESOURCES, MOSTLY
FROM CERTAIN GRANTORS THAT HAD TAKEN PLACE IN THE PREVIOUS TWO YEARS,
DURING OCTOBER-DECEMBER 2012 THE BOARD OF THE GLOBAL HEALTH COUNCIL
UNDERTOOK A MAJOR RESTRUCTURING OF THE ORGANIZATION SO THAT IT COULD
CONTINUE TO FULFILL ITS MISSION IN THE FUTURE. MOST ACTIVITIES THAT
TOOK PLACE DURING THIS PERIOD RELATED TO THE RESTRUCTURING. PURSUANT
TO THIS EFFORT, GLOBAL HEALTH COUNCIL WAS ABLE TO BEGIN OPERATIONS IN
2013 UNDER A SECRETARIAT MODEL THAT ALLOWED IT TO MORE ECONOMICALLY
CONDUCT ITS PROGRAMS WITHIN THE BOUNDS FOR THE CONTRIBUTIONS AND
REVENUES THAT IT COULD REASONABLY EXPECT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ISSUES AND PRIORITIES THROUGH OUTREACH TO THE MEDIA, PROFESSIONAL
COLLEAGUES, ADVOCATES, GHC MEMBERS AND OTHER CONCERNED AUDIENCES.
- SUPPORTING AND REINFORCING SIMILAR PARTNER-LED EFFORTS FOR LEADERSHIP
BUILDING, ADVOCACY AND FUNDING OF KEY GLOBAL HEALTH PRIORITIES
THE ADVOCACY WORK OF THE COUNCIL FOCUSES ON THE CRITICAL GLOBAL HEALTH
ISSUES OF OUR DAY INCLUDING THE FOLLOWING:
- ARTICULATING THE CASE FOR INVESTMENTS IN HEALTH FOR THE POOR,
INCLUDING THE RECORD OF HIGHLIGHT SUCCESSFUL POLICIES AND PROGRAMS, THE
HIGH ECONOMIC RETURNS OF INVESTING IN HEALTH, THE BENEFITS OF FOREIGN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990 EZ) (2012) Page 2 Employer identification number Name of the organization GLOBAL HEALTH COUNCIL 52-1048393 ASSISTANCE FOR HEALTH AND THE MORAL IMPERATIVE OF PROVIDING ESSENTIAL CARE FOR ALL. - WORKING WITH MULTILATERAL ORGANIZATIONS AND INTERNATIONAL NGOS TO ADVANCE A POST-2015 DEVELOPMENT FRAMEWORK THAT INCLUDES ROBUST AND MEASURABLE GLOBAL HEALTH TARGETS AND OBJECTIVES. THIS INCLUDES ORGANIZING CIVIL SOCIETY TO PROVIDE INPUT INTO THESE DISCUSSIONS AND INFLUENCING THE DISCUSSION DURING GLOBAL EVENTS SUCH AS THE WORLD HEALTH ASSEMBLY AND OTHER MAJOR INTERNATIONAL MEETINGS AND CONFERENCES. - STRENGTHENING THE CAPACITY OF LOW AND MIDDLE INCOME COUNTRIES TO PROVIDE ESSENTIAL CARE INCLUDING KEY ISSUES OF HEALTH CARE WORKERS, HEALTH SYSTEMS AND INFRASTRUCTURE AND HEALTH FINANCING. - ALLEVIATING THE DISEASE THAT CAUSE THE GREATEST BURDEN IN LOW AND MIDDLE INCOME COUNTRIES WITH A FOCUS ON EXISTING DISEASES WITH THE HIGHEST BURDEN, EMERGING DISEASES AND THOSE THAT DISPROPORTIONATELY AFFECT THE POOR AND VULNERABLE POPULATIONS. - ADDRESSING THE EVOLVING EPIDEMIOLOGY OF LOW AND MIDDLE INCOME COUNTRIES AS EMERGING ISSUES COMBINE WITH EXISTING DISEASE BURDENS AND IMPACT THE OVERALL BURDEN OF DISEASE. - ADDRESSING THE INEQUITIES IN ACCESS TO HEALTH SERVICES THAT ARE ATTRIBUTABLE TO GENDER, SOCIAL CLASS, RURAL-URBAN RESIDENCE AND MARGINALIZATION OF VULNERABLE GROUPS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: - COMMUNICATING: INCLUDING SERVING AS A LEARNING AND SHARING HUB FOR GLOBAL HEALTH THOUGHT LEADERSHIP, PUBLICATIONS AND OTHER RESOURCES; - CONSTITUENCY-BUILDING: INCLUDING BRINGING TOGETHER INTERESTED PARTIES AROUND CRITICAL GLOBAL HEALTH ISSUES AND ENSURING THEIR CONTRIBUTION TO DIALOGUE, ADVOCACY AND POLICY DEVELOPMENT.

Schedule O (Form 990 or 990-EZ) (2012)

THE COUNCIL'S WEBSITE 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 QUARTERLY MEMBER MAGAZINE GLOBAL HEALTH, 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.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS CORPORATE MEMBERS, INDIVIDUAL MEMBERS, AND ORGANIZATIONAL MEMBERS THAT ARE REPRESENTATIVE OF MANY DIFFERENT SECTORS INCLUDING FOR PROFIT, NOT FOR PROFIT, EDUCATIONAL AND INSTITUTIONAL.

FORM 990, PART VI, SECTION A, LINE 7A: ORGANIZATIONAL MEMBERS VOTE ON THE BOARD OF DIRECTOR APPOINTMENTS THAT COME DUE YEARLY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A FINAL COPY WAS PROVIDED TO THE ENTIRE BOARD BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: GLOBAL HEALTH COUNCIL'S CURRENT CONFLICT OF INTEREST POLICY IS AS FOLLOWS:

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN A BOARD MEMBER, Schedule O (Form 990 or 990-EZ) (2012)

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CONTRACTOR OR CONSULTANT IS IN A POSITION TO INFLUENCE A DECISION THAT MAY

RESULT IN A PERSONAL GAIN FOR THAT INDIVIDUAL OR FOR A RELATIVE AS A RESULT

OF GLOBAL HEALTH COUNCIL'S BUSINESS DEALINGS. A RELATIVE IS ANY PERSON WHO

IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE INDIVIDUAL

IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE.

INDIVIDUALS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT

PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS' OUTSIDE

RELATIONSHIPS AND ACTIVITIES COULD BE A POTENTIAL CONFLICT OF INTEREST.

INDIVIDUALS' PARTICIPATION IN A LEADERSHIP ROLE WITH ANOTHER ORGANIZATION,

SUCH AS SERVICE ON A BOARD OF DIRECTORS, MUST BE REPORTED ON THIS CONFLICT

OF INTEREST FORM. ADDITIONALLY, INDIVIDUALS MUST REPORT ON THIS FORM ANY

OTHER EMPLOYMENT, WHETHER SELF-EMPLOYMENT OR WITH ANOTHER EMPLOYER.

ALL NEW BOARD MEMBERS AND CONSULTANTS MUST COMPLETE AND SIGN THIS CONFLICT
OF INTEREST FORM. ALL INDIVIDUALS WILL COMPLETE A NEW CONFLICT OF INTEREST
FORM ANNUALLY AT THE BEGINNING OF EACH FISCAL YEAR. IF DURING THE YEAR A
CHANGE OF CIRCUMSTANCES OCCURS CREATING AN ACTUAL OR POTENTIAL CONFLICT OF
INTEREST, INDIVIDUALS MUST NOTIFY GLOBAL HEALTH COUNCIL BY COMPLETING A NEW
CONFLICT OF INTEREST FORM.

THE INTERESTED PERSON WITH THE POTENTIAL CONFLICT MUST RETIRE FROM THE

MEETING AND NOT PARTICIPATE IN FINAL DISCUSSION AND VOTING ON THE EXISTENCE

OF THE CONFLICT. IF A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON MAY

BE INVITED TO PROVIDE ANY RELEVANT INFORMATION THAT COULD BE OF USE TO THE

BOARD IN MAKING ITS DECISION, BUT RETIRES AND DOES NOT PARTICIPATE IN THE

FINAL DISCUSSION AND VOTING REGARDING THE TRANSACTION. THE BOARD OR

Schedule O (Form 990 or 990-EZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization GLOBAL HEALTH COUNCIL	Employer identification number 52-1048393
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,875.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,875.