EXTENDED TO JUNE 15, 2023

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	$lpha$ 2021 calendar year, or tax year beginning $AUG\perp L$, $2U2\perp$ and $lpha$	ending J	UL 31, 2022			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	GLOBAL HEALTH CORPS, INC.					
	Name change			80-05123	36		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 9 L	E Telephone numbe			
	termin ated		G Gross receipts \$	11,502,317.			
	Ameno	ded NEW YORK, NY 10018		H(a) Is this a group re			
	Applic tion	F Name and address of principal officer: TEATTER ANDERSON			? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
		e: ► WWW.GHCORPS.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2009 N	N State of legal domicile: NY		
Pa	art I	Summary	2011551	T.D. O.			
9	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	TE O			
Jan		O		0=0/ 6!!			
Governance	1	Check this box if the organization discontinued its operations or dispose		l i	ssets.		
င်		Number of voting members of the governing body (Part VI, line 1a)		3	9		
ళ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			26		
iŧie		Total number of volunteers (estimate if necessary)			0		
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
•				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		3,138,093.	11,488,662.		
ğ	1	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,954.	13,655.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,157,047.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		385,286.	802,224.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		2,435,769.	2,402,275		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 545,14	<u> 19. </u>				
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,620.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,898,675.			
	19	Revenue less expenses. Subtract line 18 from line 12		-741,628.	6,708,272.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
Ssel	20	Total assets (Part X, line 16)		3,350,366.	9,852,283.		
et A	21	Total liabilities (Part X, line 26)		638,196.	431,841. 9,420,442.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		2,112,110.	9,420,442.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ante and to the heet of m	v knowledge and helief it is		
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and belief, it is		
uuo	, 001100	t, and complete. Boolaration of proparor (other than omeon) to based on an information of win	non propuror	nao any knowledge.			
Sig	ın	Signature of officer		Date			
Hei							
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	1 1/11	Date Check	PTIN		
Pai	d	CAROL WESTFALL (and U	stati	01/31/23 if self-employe	P00539069		
Pre	parer	Firm's name SCHULTHEIS & PANETTIERI, LLP	0		13-1577780		
	Only	Firm's address 450 WIRELESS BLVD.					
		HAUPPAUGE, NY 11788		Phone no.63	1-273-4778		
Ma	v the IE	RS discuss this return with the preparer shown above? See instructions		<u>'</u>	X Ves No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO MOBILIZE A DIVERSE COMMUNITY OF
	LEADERS TO BUILD THE MOVEMENT FOR GLOBAL HEALTH EQUITY. THE
	ORGANIZATION ENVISIONS A WORLD WHERE EVERY PERSON LIVES A HEALTHY,
	DIGNIFIED LIFE.
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? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	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. (Code:) (Expenses \$ 2,048,141. including grants of \$ 802,224.) (Revenue \$)
4a	
	FELLOWSHIP PROGRAM - FELLOWS WORK IN YEAR-LONG PAID POSITIONS WITH
	HIGH-IMPACT ORGANIZATIONS IN THE GLOBAL HEALTH FIELD. OVER THE
	FELLOWSHIP YEAR, FELLOWS ENGAGE IN ACTIVITIES AND WORKSHOPS TO SUPPORT
	THEIR LONG-TERM DEVELOPMENT AS LEADERS. THE COUNTRIES IN WHICH FELLOWS
	ARE PLACED ARE MALAWI, RWANDA, UGANDA, THE UNITED STATES AND ZAMBIA.
4b	(Code:) (Expenses \$ 1,129,365 • including grants of \$) (Revenue \$
	ALUMNI PROGRAM - AFTER THE END OF THE FELLOWSHIP YEAR, ALUMNI CONTINUE
	TO ENGAGE IN GLOBAL HEALTH CORPS ACTIVITIES AND WORKSHOPS TO SUPPORT
	THEIR LEADERSHIP DEVELOPMENT AND PARTICIPATE IN REGULAR CONVENINGS TO
	BUILD AND NETWORK WITHIN THE GLOBAL HEALTH COMMUNITY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A -1	Other measures and issay (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,177,506.
4e	Total program service expenses ► 3,177,506. Form 990 (2021)
	Form 990 (2021)

Form 990 (2021) GLOBAL HEALTH CORPS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,			
•	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? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in 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,	10		
••				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
b	Part VI	11a	25	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
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?			- v
	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	v	Λ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		₩	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1,77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) GLOBAL HEALTH CORP Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	 		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		.	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
. a	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Considered Contrained a recopolitic of fractic to daily line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

GLOBAL HEALTH CORPS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 26	-	37	
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	3			v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•		х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial of "Yes," enter the name of the foreign country MALAWI , RWANDA , UGANDA , Z		4a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 \ sense \ for \ goods \ for \ goods \ go$	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
a	Did the agree of a constitution and a great scale distribution and a continue 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c	-		
14a	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 on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		···		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	***************************************			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, CO, DC, IL, MD, NJ, NY, NC, WA		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HEATHER ANDERSON - (646)779-9737			

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

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

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe nd a di	rson i	is bot	h an	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	istee c	trustee		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	pivipu	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA BUSH	0.50	_	_			1 0	-			
BOARD CHAIR - THRU 08/2021		Х						0.	0.	0.
(2) BARBARA BUSH	0.50									
DIRECTOR		Х						0.	0.	0.
(3) JULIE BERNSTEIN	0.50									
DIRECTOR		Х						0.	0.	0.
(4) DR.DIANE GASHUMBA	0.50									_
DIRECTOR - THRU 1/21/22		Х						0.	0.	0.
(5) SANDRA MAPEMBA	0.50									
DIRECTOR - EFF 12/8/21		Х						0.	0.	0.
(6) CHARLOTTE MCCLAIN-NHLAPO	0.50							_	_	
DIRECTOR - EFF 09/21		Х						0.	0.	0.
(7) DOMINIC MCDONALD	0.50									
DIRECTOR		Х						0.	0.	0.
(8) BIJU MOHANDAS	0.50									•
DIRECTOR	0 50	Х						0.	0.	0.
(9) MICHAEL PARK	0.50									•
DIRECTOR - THRU 1/7/22	0 50	Х						0.	0.	0.
(10) MONICA RICHTER	0.50									•
DIRECTOR	0 50	Х						0.	0.	0.
(11) AWEL UWIHANGANYE	0.50	,,							0	0
DIRECTOR - EFF 09/2021	0.50	Х						0.	0.	0.
(12) PAULY RODNEY	0.50	٠,,							0	0
DIRECTOR - THRU 08/2021	0.50	Х						0.	0.	0.
(13) PAULY RODNEY	0.50	Х						0.	0.	0.
BOARD CHAIR - EFF 09/2021	50.00	^						0.	0.	<u> </u>
(14) LIVIA FOO - THRU 10/1/21	30.00			х				118,774.	0.	11,625.
VP OF PEOPLE & OPERATIONS (15) HEATHER ANDERSON	50.00			^				110,774.	0.	11,023.
CEO	30.00			х				221,952.	0.	0.
(16) JOHN CAPE	50.00			22				221,752.	0.	<u> </u>
CHIEF PROGRAM OFFICER	30.00	1		x				108,874.	0.	28,086.
(17) VICTORIA CHOONG	50.00	\vdash	\vdash	<u> </u>		\vdash	 	100,074.	0.	20,000
SENIOR DIRECTOR, FINANCE & OPERATION	- 30.00			x				113,467.	0.	14,036.
under the contract of th	l		<u> </u>				<u> </u>		•	,000.

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
Name and title	Average hours per	(do not check more than one box, unless person is both an				than		Reportable	Reportable				
	week			iss pei nd a di				compensation from	compensatior from related	'		ount other	
	(list any	tor					the	organizations	,	com			
	hours for	Individual trustee or director Institutional trustee			p			(W-2/1099-MIS			om th		
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		orga	anizat	tion
	organizations	trus	Institutional trustee		Key employee	ompe		1099-NEC)			and	l relat	ted
	below	vidua	itution	Je.	emplo	nest c	ner				orga	nizat	ions
	line)	Indi	Inst	Officer	Key	Hig	윤						
(18) REGINA MUTUKU	50.00	1											•
CHIEF OPERATING OFFICER - EFF 06/22				Х				0.		0.			0.
(19) ROSE MERRITT	40.00									_			
DIRECTOR OF LEGAL AND COMPLIANCE						Х		104,484.		0.	1	4,0	36.
		1											
		1											
		1											
		1											
		1											
		1											
1h Subtotal		_	<u> </u>			<u> </u>		667,551.		0.	6'	7 7	83.
1b Subtotal								0.		0.		, , ,	0.
c Total from continuation sheets to Part V								667,551.		0.	6'	7 7	83.
d Total (add lines 1b and 1c) Total number of individuals (including but r								<u> </u>	000 of reportable	-		, , ,	05.
	ioi iiriitea to tr	iose	IISLE	eu ai	JOVE	e) wi	10 1	eceived more than \$100	,000 or reportable	ð			5
compensation from the organization												Yes	No
O Did the consolication list and former officers	-1:			1					.1	ı		163	140
3 Did the organization list any former officer			•		•		_	•	•				Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the si	•							•	the organization			Х	
and related organizations greater than \$15											4		
5 Did any person listed on line 1a receive or	•				,			· ·					37
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch _I	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir		year.				
(A)		3.7	~~	_				(B)		_	(C		
Name and business	address	1/10	INC	<u> </u>			_	Description of s	services		omper	isalic)[]
							_						
							T						
]						
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization 🕨				(0							

Form 990 (2021) GLOBAL 1
Part VIII Statement of Revenue

			Check if Schedule O contains	s a response	or note to any lir	ne in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σωl				1.1					0000010 0 12 0 1 1
ᆲ			Federated campaigns						
اقق			Membership dues						
A,	•	С	Fundraising events	1c					
후	(d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	е	Government grants (contributions	s) 1e	375,000.				
rior	1	f	All other contributions, gifts, grants, a	ınd					
t pd			similar amounts not included above	1f	11,113,662.				
<u></u>		a	Noncash contributions included in lines 1a-	<u> </u>	500,000.				
징필		_	Total. Add lines 1a-1f			11,488,662.			
- 1		<u></u>	Totally led in loo 14 11		Business Code	, , ,			
		_			Business Code				
je	2 6								_
ne ne	,	b							
n S	•	С							
Fa Se	•	d							
Program Service Revenue	•	е							
ه ا	1	f	All other program service revenue	e					
		g	Total. Add lines 2a-2f		>				
	3		Investment income (including div						
			other similar amounts)			13,655.			13,655.
	4		Income from investment of tax-ex			•			,
	5		Royalties						
	3		Tioyaities	(i) Real	(ii) Personal				
	•	_		(i) Fical	(ii) i cisoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	•	d	Net rental income or (loss)						
	7 8	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a						
	ı	b	Less: cost or other basis						
ne			and sales expenses 7b						
ther Revenue		С	Gain or (loss) 7c						
Be			Net gain or (loss)						
e e			Gross income from fundraising events						
뒿	0 0	a							
			including \$	of					
			contributions reported on line 1c)						
			Part IV, line 18						
			Less: direct expenses		<u> </u>				
			Net income or (loss) from fundrais		D				
	9 a	а	Gross income from gaming activi-						
			Part IV, line 19						
	ı	b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10 a	а	Gross sales of inventory, less retu	urns					
			and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of						
\dashv		<u> </u>	THE ITECHTE OF (1033) ITEM Sales Of	rinventory	Business Code				
snc	44	_			Dusiness Code				
en en	11 6								
Miscellaneous Revenue	١	b							
Re		С							
Ĕ			All other revenue						
	•	е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		11,502,317.	0.	0.	13,655.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Chack if School to O contains a respon				
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	234,982.	234,982.		
2	Grants and other assistance to domestic	201/3021	201,7021		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	567,242.	567,242.		
4	Benefits paid to or for members	,	00.7===0		
5	Compensation of current officers, directors,				
J	trustees, and key employees	587,046.	227,816.	134,584.	224,646.
6	Compensation not included above to disqualified	00.70200			
·	persons (as defined under section 4958(f)(1)) and				
	navagna dagarihad in agatian 4000(a)(0)(D)				
7	Other salaries and wages	1,506,286.	1,115,988.	205,059.	185,239.
8	Pension plan accruals and contributions (include	2,000,2000		200,0000	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	185,821.	137,672.	25,297.	22,852.
10	Payroll taxes	123,122.	91,220.	16,761.	15,141.
11	Fees for services (nonemployees):	223,222	32,2200	2077020	
	Management				
	Legal Accounting	107,428.	2,562.	104,866.	
	Lobbying	20772200	2,3021	202/0001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				_
9	column (A), amount, list line 11g expenses on Sch 0.)	704,093.	399,482.	280,261.	24,350.
12	Advertising and promotion	, ,	, ,	,	,
13	Office expenses	278,531.	122,220.	131,659.	24,652.
14	Information technology	, , , , ,	, -	,	,
15	Royalties				
16	Occupancy	251,363.	181,613.	34,496.	35,254.
17	Travel	155,570.	80,644.	62,064.	12,862.
18	Payments of travel or entertainment expenses			,	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,190.		12,190.	
23	Insurance	25,704.	228.	25,441.	35.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL DEVELOPMEN	32,626.	771.	31,737.	118.
b	FELLOW TRAINING & EVENT	12,966.	11,797.	1,169.	
C	FELLOW RECRUITMENT&SELE	9,075.	3,269.	5,806.	
d		<u>-</u>	·	•	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,794,045.	3,177,506.	1,071,390.	545,149.
26	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				F 000 (0004)

Form 990 (2021)
Part X | Balance Sheet

Pai	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	491,850.	1	545,498		
	2	Savings and temporary cash investments			1,401,243.	2	8,100,989
	3	Pledges and grants receivable, net	1,281,399.	3	549,205		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	ons		5		
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ibed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			71,895.	9	51,879
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	269,306.			
	b	Less: accumulated depreciation	10b	269,306.	12,190.	10c	0
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	91,789.	15	604,712		
	16	Total assets. Add lines 1 through 15 (must e			3,350,366.	16	9,852,283
	17	Accounts payable and accrued expenses		263,196.	17	431,841	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to un		F	275 000	23	
	24	Unsecured notes and loans payable to unrel			375,000.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			638,196.	25	121 011
	26	Total liabilities. Add lines 17 through 25			030,190.	26	431,841
S		Organizations that follow FASB ASC 958,	check her	e ▶ △			
ũ		and complete lines 27, 28, 32, and 33.			1,281,830.		6 202 442
ala ala	27	Net assets without donor restrictions			1,430,340.	27	6,392,442 3,028,000
<u> </u>	28	Net assets with donor restrictions			1,430,340.	28	3,020,000
Ξ		Organizations that do not follow FASB AS	C 958, cne	eck nere 🕨 📖			
5	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, o				30	
et /	31	Retained earnings, endowment, accumulated		F	2,712,170.	31	9,420,442
Ž	32	Total net assets or fund balances			3,350,366.	32	
	33	Total liabilities and net assets/fund balances			3,330,300.	33	9,852,283

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9 9	11,50 4,79 6,70 2,71	2,3 4,0 8,2	45. 72.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0 40	o 4	40	
Do	column (B))	10	9,42	0,4	44.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	-	163	NO	
2a			2a		Х	
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?					
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?		3a		х	
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 on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GLOBAL HEALTH CORPS, INC. 80-0512336 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support		`				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,444,518.	5,238,340.	2,488,792.	3,138,093.	11,488,662.	28,798,405.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,444,518.	5,238,340.	2,488,792.	3,138,093.	11,488,662.	28,798,405.
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)						7,627,638.
6							21,170,767.
	ction B. Total Support			-			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6,444,518.	5,238,340.	2,488,792.	3,138,093.	11,488,662.	28,798,405.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	640	004	14 100	10 054	42 655	40 450
	and income from similar sources	640.	821.	14,102.	18,954.	13,655.	48,172.
9	Net income from unrelated business						
	activities, whether or not the		م م د				0.2.6
	business is regularly carried on		926.				926.
10	Other income. Do not include gain						
	or loss from the sale of capital		40 002	1 500			41 E02
	assets (Explain in Part VI.)		40,083.	1,500.			41,583.
11	• • • • • • • • • • • • • • • • • • • •		,				28,889,086.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third, t	fourth, or fifth tax y	ear as a section t	001(c)(3)	. —
800	organization, check this box and storection C. Computation of Publ		roontago				P
	-			L		44	73.28 %
	Public support percentage for 2021 (I					15	73.28 %
15	Public support percentage from 2020 33 1/3% support test - 2021. If the o						
100		•		•		*	× and ► X
h	stop here. The organization qualifies33 1/3% support test - 2020. If the organization						
L.	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
176	and if the organization meets the fact	_					
	meets the facts-and-circumstances to		•	•	•	•	. □
h	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	_					. 570 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						s

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 GLOBAL HEALTH			8	0-0512336 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	Э			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017 Excess from 2018				
	Excess from 2010				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule	A (Fo	rm 990) 2	2021	(GLOBA	L HE.	ALTH	CORPS	,]	INC.			80-	0512336	5 Page 8
Part V	Pa lin Se	ırt IV, Sed e 1; Part	ction A, li IV, Section lines 5, 6	nes 1, 2 on D, lin	2, 3b, 3c, 4 les 2 and 3	b, 4c, 5 3; Part I\	a, 6, 9a, /, Sectio	9b, 9c, 11a n E, lines 1d	, 11b c, 2a,	, and 11 2b, 3a, a	c; Part IV, S and 3b; Par	art II, line 17a of section B, lines t V, line 1; Part t for any additi	or 17b; Pa 1 and 2; I V, Section	urt III, line 12; Part IV, Secti n B, line 1e; l	ion C,
SCHEI	DULE	E A,	PART	II,	LINE	10,	EXP:	LANATI	ON	FOR	OTHER	INCOME	1		
OTHER	RIN	COME													
2018	AMC	UNT:	\$	40,	083.										
2019	AMC	UNT:	\$	1,5	00.										

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public

Inspection

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		HEALTH CORPS, IN			80-0512336
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political campaign activity expenditively Volunteer hours for political campa	tures ign activities		▶ \$	
	-	ganization is exempt un		• •	
1	Enter the amount of any excise tax	incurred by the organization un	nder section 4955	 \$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 4955	5▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.				
	art I-C Complete if the org				
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures			•	
	line 17b			▶\$	
4	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organia a separate political org	zation's funds. Also enter that anization, such as a separa	ne 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

	GLOBAL HEAL				512336 Page 2		
Part II-A Complete if the org section 501(h)).							
A Check ▶ ☐ if the filing organiza	tion belongs to an affi	liated group (and list i	n Part IV each affiliated	group member's nam	e, address, EIN,		
expenses, and share	re of excess lobbying	expenditures).					
B Check 🕨 📖 if the filing organiza	tion checked box A ar	nd "limited control" pr	ovisions apply.				
	ts on Lobbying Exper ditures" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		0.			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying) .					
c Total lobbying expenditures (add li	nes 1a and 1b)			0.			
d Other exempt purpose expenditure	es						
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)		0.			
f Lobbying nontaxable amount. Enter	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:				
Not over \$500,000	20% of	the amount on line 1e).				
Over \$500,000 but not over \$1,000	3,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.				
Over \$17,000,000	\$1,000,0	000.					
g Grassroots nontaxable amount (er	iter 25% of line 1f)			0.			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-						
i Subtract line 1f from line 1c. If zero	or less, enter -0-						
j If there is an amount other than ze reporting section 4911 tax for this		•	zation file Form 4720	[Yes No		
(Some organizations to	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns b	elow.		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2021

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
1 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?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
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?				
i 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?	n 501/o\/	(E) or o	otion	
501(c)(6).	311 30 1(C)((5), Or Se	CUOII	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
		-	1	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 	ne prior year	2 ? 3 (5), or se		e 3, is
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 campaign activity expenditures from the 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."	ne prior year on 501(c)("No" OR	2 ? 3 (5), or se (b) Part		e 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL HEALTH CORPS, INC. Employer identification number 80-0512336

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	•	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· '	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	-	-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or	Other Similar Assets
Pai			Other Silliar Assets.
4 -	Complete if the organization answered "Yes" on Form		Land balance also at well-
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtnerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical trea		cial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, d	or Other	Similar As	sets(conti	nued)	. <u>g. </u>
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the	following tha	t make sigr	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	ney further t	he organizati	on's exemp	t purpose in I	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	er similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne orga	nization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arrang							IV, line 9, o	r	
	reported an amount on Form 990, Parl	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1	·	3					Amoun	t	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
	21 Zirasiment anasi complete ii	(a) Current year		rior year			Three years ba	ick (e) Four	r vears l	nack
10	Beginning of year balance	(a) carrette year	(~).	nor your	(6)	(u)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) : 54:	. ,	
-										
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u>l</u>					
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >									
	The percentages on lines 2a, 2b, and 2c shou	=								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	at are held a	ınd administe	ered for the	organization	1		
	by:								Yes	No
	(i) Unrelated organizations									
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	l "Yes" on Form 990	, Part I\	/, line 11a. S	See Form 990), Part X, lin	e 10.			
	Description of property	(a) Cost or ot			or other		umulated	(d) Boo	k value)
		basis (investm	ent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment			26	9,306.	26	9,306.			0.
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)		•			0.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Cabadula D (Farra 000) 0001 GLOBAL HEAL!	TH CORPS, INC	7 20	-0512336 Page 3
Part VII Investments - Other Securities.	III CORID, INC		OJIZJJO Page C
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must agual Form 900, Part V. col. (R) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OTHER ASSETS			98,237
(2) NET TRADE PENDING SETTLEM	ENT		506,475
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		604,712
Part X Other Liabilities.	, 10.)	······	001,712
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

(8) (9)

Pai	rt XI	Reconciliation of F	Revenue per A	Audited Fina	incial State	ements With	Revenue per R	eturi	ո.
		Complete if the organizat	tion answered "Ye	es" on Form 990), Part IV, line	12a.			
1	Total re	evenue, gains, and other	support per audit	ed financial stat	tements			1	11,560,879.
2	Amour	nts included on line 1 but	not on Form 990,	Part VIII, line 12	2:				
а		realized gains (losses) on							
b	Donate	ed services and use of fac	ilities			2b	58,562.		
С	Recove	eries of prior year grants				2c			
d	Other ((Describe in Part XIII.)				2d			
е	Add lin	nes 2a through 2d						2e	58,562.
3		act line 2e from line 1						3	11,502,317.
4	Amour	nts included on Form 990	, Part VIII, line 12,	but not on line	1:				
а	Investr	ment expenses not includ	ed on Form 990,	Part VIII, line 7b)	4a			
b	Other ((Describe in Part XIII.)				4b			_
С	Add lin	nes 4a and 4b						4c	0.
5		evenue. Add lines 3 and 4						5	11,502,317.
Pa		Reconciliation of E					n Expenses per	Retu	ırn.
		Complete if the organizat							
1	Total e	expenses and losses per a	audited financial s	statements				1	4,852,607.
2	Amour	nts included on line 1 but	not on Form 990,	Part IX, line 25:	:				
а	Donate	ed services and use of fac	cilities			2a	58,562.		
b	Prior y	ear adjustments				2b			
С	Other I	losses				2c			
d	Other ((Describe in Part XIII.)				2d			
е	Add lin	nes 2a through 2d						2e	58,562.
3	Subtra	act line 2e from line 1						3	4,794,045.
4	Amour	nts included on Form 990	, Part IX, line 25, b	out not on line 1	:				
а	Investr	ment expenses not includ	ed on Form 990,	Part VIII, line 7b)	4a			
_									
b	Other ((Describe in Part XIII.)				4b			_
b		4 1.41				·		4c	0.
b c 5	Add lin Total e	nes 4a and 4b expenses. Add lines 3 and	4c. (This must ed					4c 5	
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Infordescriptions required for F	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Info	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Infordescriptions required for F	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Infordescriptions required for F	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Infordescriptions required for F	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.
b c 5 Pa	Add lin Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and Supplemental Infordescriptions required for F	4c. (This must ed rmation. Part II, lines 3, 5, a	<i>qual Form</i> 990, <i>I</i> and 9; Part III, lir	Part I, line 18.,	Part IV, lines 1b	and 2b; Part V, line	5	4,794,045.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

Employer identification number

3Τ. (OBAL HEALTH C	ORPS. IN	C.			80-051233	36
				tside the United States. Comple	ete if the organi		
	Form 990, Part I						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
3				an be duplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
UB-	-SAHARAN AFRICA	4	22	PROGRAM SERVICES	FELLOWS/ALU	MNI	921,500.
3 a	Subtotal	4	22				921,500.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	4	22				921,500.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SERV	30,649.	снеск	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERV	66,015.	снеск	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERV	46,047.	снеск	0.	N/A	N/A
		SUB-SAHARAN						
		AFRICA	PROGRAM SERV	163,555.	, СНЕСК	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERV	24,073.	CHECK	0	N/A	N/A
		AFRICA	FROGRAM SERV	24,073.	CHECK	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERVICES	50,513.	снеск	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERVICES	22,183.	CHECK	0.	N/A	N/A
		SUB-SAHARAN AFRICA	PROGRAM SERVICES	29,654.	снеск	0.	N/A	N/A
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter			
			·			>		

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	, ugo <u>a</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	() 5	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SERVICES	134,552.	СНЕСК	0.	N/A	N/A

Part III Grants and Other Assista			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated i	f additional space is neede				_		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION REVIEWS THE PARTNERS BUDGETS AND WORK PLANS FOR WORK TO BE PERFORMED IN ADVANCE AND ALSO REVIEWS INVOICES DETAILING THE USE OF GRANT FUNDS FROM PARTNERS BEFORE PAYMENT.

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

GLOBAL HEALTH CORPS, INC.

Employer identification number 80-0512336

Part I C	General Information on Grants a	nd Assistance	,				<u> </u>	
1 Does th	he organization maintain records t	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	tion
criteria	used to award the grants or assis	stance?						X Yes No
2 Describ	oe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the United	d States.			
	Grants and Other Assistance to	_				anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
r	ecipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	led.	(6) 14 11 1		
1 (a) Nar	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	EALTH ACCESS INIT.							
BOSTON, MA	ESTER AVE STE 400 A 02127	27-1414646	501(C)(3)	71,023.	0.	N/A	N/A	HEALTHCARE
PARTNERS I 800 BOYLES BOSTON, MA	STON ST, SUITE 300	04-3567502	501(C)(3)	40,907.	0.	N/A	N/A	HEALTHCARE
PATH 2201 WESTI SEATTLE, W	AKE AVE, NO. 200 VA 98121	91-1157127	501(C)(3)	12,930.	0.	N/A	N/A	HEALTHCARE
1400 G STR	NTERNATIONAL REET NW N, DC 20005	27-0904821	501(C)(3)	44,871.	0.	N/A	N/A	HEALTHCARE
	ON GROUP LTD TON ST, SUITE 400 A 02199	61-1659704	501(C)(3)	24,045.	0.	N/A	N/A	HEALTHCARE
75 BROAD S	TH AFRICA INC.							
NEW YORK,	NY 10004	13-1867411	501(C)(3)	25,009.	0.	N/A	N/A	HEALTHCARE
	otal number of section 501(c)(3) a otal number of other organization:	•	•					

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (h) Purpose of grant (d) Amount of (e) Amount of (f) Method of (g) Description of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVE NW, SUITE 200 - WASHINGTON, VA 95-4191698 HEALTHCARE 95-4191698 501(C)(3) 16,197. 0.N/A N/A

Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
ART I, LINE 2:					
HE ORGANIZATION REVIEWS THE PART	NERS BUDG	ETS AND WO	ORK PLANS F	OR WORK TO BE	
ERFORMED IN ADVANCE AND ALSO REV	VIEWS INVO	ICES DETA	ILING THE U	SE OF GRANT	
UNDS FROM PARTNERS BEFORE PAYMEN	IT.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

GLOBAL HEALTH CORPS, INC. Employer identification number 80-0512336

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
;	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	30		
,	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
7		7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		-22
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER ANDERSON	(i)	221,952.	0.	0.	0.	0.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Types of Property

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GLOBAL HEALTH CORPS, INC. Employer identification number 80-0512336

		(a)	(b) Number of	(c) Noncash contribution	(d)	tormining			
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu	•	nts		
		аррпоавто	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribu				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	500,000.	FAIR MARKET	VALU	E		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other • ()								
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29					
						Ye	s No		
30a	During the year, did the organization receive by								
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for				
	exempt purposes for the entire holding period'	?				30a	X		
b	If "Yes," describe the arrangement in Part II.						Х		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a	X		
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,				
	describe in Part II.								

Schedule M	(Form 990) 2021	GLOBAL	HEALTH	CORPS,	INC.	80-0512336	Page 2
Part II	Supplemental	Information (b), dditional information	on. Provide the number of mation.	e information f contributions	required by Part I, lines 30b, 32b, and 33 s, the number of items received, or a com	, and whether the organiza bination of both. Also com	ition

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLOBAL HEALTH CORPS, INC.

Employer identification number 80-0512336

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MISSION IS TO MOBILIZE A DIVERSE COMMUNITY OF

LEADERS TO BUILD THE MOVEMENT FOR GLOBAL HEALTH EQUITY. THE

ORGANIZATION ENVISIONS A WORLD WHERE EVERY PERSON LIVES A HEALTHY,

DIGNIFIED LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM WAS PREPARED IN COORDINATION WITH THE FINANCE DIRECTOR. ONCE

COMPLETE, THE FORM WAS PROVIDED TO AND REVIEWED BY THE CEO AND THE BOARD

PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EACH DIRECTOR, OFFICER AND KEY EMPLOYEE ANNUALLY
TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE ANY POTENTIAL CONFLICTS
AND ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS ACTING IN
ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY. WHEN A COVERED PERSON
DISCLOSES A POTENTIAL CONFLICT AND THE CONFLICT OF INTEREST IS DETERMINED,
THAT INDIVIDUAL DOES NOT VOTE ON THE AUTHORIZATION OF THE TRANSACTION,
AGREEMENT OR ARRANGEMENT. THE BOARD MEETING MINUTES, IF APPLICABLE, SHALL
REFLECT ITS REVIEW OF EACH DISCLOSURE, ITS DETERMINATION OF THE CONFLICT,
THE PROCEDURES FOLLOWED, AND THE DECISION AS TO WHETHER THE TRANSACTION,
AGREEMENT OR ARRANGEMENT WAS APPROVED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD USED COMPARISON WITH OTHER NONPROFITS OF SIMILAR SIZE AND NATURE,

AND DELIBERATED BEFORE APPROVING THE CEO'S COMPENSATION.

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization 80-0512336 GLOBAL HEALTH CORPS, INC. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATIONS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.