Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

. 2023.	and ending	JUL	31	2024

EIN or SSN

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2023, or fiscal year beginning AUG 1

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

GLOBAL HEALTH CORPS, INC. 80-0512336 Name and title of officer or person subject to tax HEATHER ANDERSON Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b $\frac{2,101,045}{}$. Form 990-EZ check here ... 2a b Total revenue, if any (Form 990-EZ, line 9) 2b Form 1120-POL check here 3a Form 990-PF check here ... Form 8868 check here 5a b Balance due (Form 8868, line 3c) _______5b Form 990-T check here 6a b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here 7a 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) ______ 9b 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SCHULTHEIS & PANETTIERI, LLP 72521 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will, enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 11249011788 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO JUNE 16, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

A For the 2023 calendar year, or tax year beginning AUG 1, 2023 and ending JUL 31, 2024 Check if applicable C Name of organization D Employer identification number X Address change GLOBAL HEALTH CORPS, INC. 80-0512336 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 307 WEST 38TH ST, FL16 1003 (646) 779-9737 termin-ated 2,101,045. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return Applica-F Name and address of principal officer: HEATHER ANDERSON Yes X No for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or L If "No," attach a list. See instructions WWW.GHCORPS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2009 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,482,712. 1,911,138. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 1,212. 166,191. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,876. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,716. 11 1,509,800. 2,101,045. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,738,529. 3,091,874. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,157,765. 1,464,836. 5,249,639. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,203,365. -3,739,839. -2,102,320. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 6,141,160. 3,667,835. 20 Total assets (Part X, line 16) 460,557. 89,552. 21 Total liabilities (Part X, line 26) Net / Net assets or fund balances. Subtract line 21 from line 20 ... 5,680,603. 3,578,283. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign XHeather Anderson, Here Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Paid self-employed SCHULTHEIS & PANETTIERI, LLP Preparer Firm's name Firm's EIN 13-1577780 450 WIRELESS BLVD. Use Only Firm's address HAUPPAUGE, NY 11788 Phone no. 631-273-4778 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Product: Exempt

Name: GLOBAL HEALTH CORPS, INC.

FEIN: *****2336

Bank Info:

Fiscal Year Begin Date: 8/1/2023

IRS Message:

Category: IRS Center: **Ogden**

e-Postmark: 1/21/2025 11:03 AM

Notification:

Fiscal Year End Date: **7/31/2024** eSigned:

Plan Number:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
01/21/2025	23X:63000NPE00:V1	Upload Started				
01/21/2025	23X:63000NPE00:V1	Ready to Release by Customer				
01/21/2025	23X:63000NPE00:V1	Released for Transmission - Validation in Progress			Confirms	
01/21/2025	23X:63000NPE00:V1	Ready to transmit - Validation Complete				
01/21/2025	23X:63000NPE00:V1	Transmitted to FD	11249020250210336e24			
01/21/2025	23X:63000NPE00:V1	Accepted by FD on 1/21/2025				

ID Status Date Status State/Other State Category FBAR FBAR BSA ID

EXTENDED TO JUNE 16, 2025

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection AUG 1. 2023 and ending JUL 31, A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization X Address change GLOBAL HEALTH CORPS, INC. Name change 80-0512336 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (646) 779-9737 307 WEST 38TH ST, FL16 1003 termin-ated 2,101,045. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return Applica-F Name and address of principal officer: HEATHER ANDERSON Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.GHCORPS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2009 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box 10 Number of voting members of the governing body (Part VI, line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 1,482,712. 1,911,138. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 1,212. 166,191. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 25,876. 23,716. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,101,045. 1,509,800. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 3,091,874. 2,738,529. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,157,765. 1,464,836. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,249,639. 4,203,365. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,739,839. -2,102,320. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 3,667,835. 6,141,160. 20 Total assets (Part X, line 16) 460,557. 89,552. 21 Total liabilities (Part X, line 26) Net/ 5,680,603. 578,283. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title PTIN Print/Type preparer's name Preparer's signatur/ Check Paid selve 1 CAROL WESTFALL 01/21/25 P00539069 self-employed SCHULTHEIS & PANETTIERI, Firm's EIN 13-1577780 Preparer Firm's name LLPUse Only 450 WIRELESS BLVD. Firm's address Phone no. 631-273-4778 HAUPPAUGE, NY 11788

X Yes L

May the IRS discuss this return with the preparer shown above? See instructions

Product: Exempt Extension

Name: GLOBAL HEALTH CORPS, INC.

FEIN: *****2336

Bank Info:

IRS Message:

Plan Number:

Category:

IRS Center: Ogden

e-Postmark: 12/12/2024 7:01 AM

Notification:

Fiscal Year Begin Date: 8/1/2023 Fiscal Year End Date: 7/31/2024 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date	
12/12/2024	23X:63000NPE00:V1	Upload Started					
12/12/2024	23X:63000NPE00:V1	Ready to Release by Customer					
12/12/2024	23X:63000NPE00:V1	Released for Transmission - Validation in Progress			Confirms		
12/12/2024	23X:63000NPE00:V1	Ready to transmit - Validation Complete					
12/12/2024	23X:63000NPE00:V1	Transmitted to FD	11249020243470328e01				
12/12/2024	23X:63000NPE00:V1	Accepted by FD on 12/12/2024					

ID **Status Date** Status State/Other State Category **FBAR** FBAR BSA ID

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Type or Taxpaver identification number (TIN) Print 80-0512336 GLOBAL HEALTH CORPS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 318 WEST 39TH STREET, ROOM 9L City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10018 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of HEATHER ANDERSON 318 WEST 39TH ST - NEW YORK, NY 10018 Telephone No. (646)779-9737 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. __ . If it is for part of the group, check this box I request an automatic 6-month extension of time until JUNE 16 .20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: AUG 1 x tax year beginning _____ JUL 31 2024 , 20 23 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO DEVELOP A STRONG AND DIVERSE NETWORK
	OF YOUNG CHANGEMAKERS TO TRANSFORM HEALTH SYSTEMS. 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? Yes X No
	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.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,810,273 • including grants of \$) (Revenue \$
	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 \$966,555 • 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 \$
44	Other program services (Describe on Schedule O.)
- u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,776,828.

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			. v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		1
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		1
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	11
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 43_

Form 990 (2023) 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		x
06		25b		-25
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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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			
	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
h	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?/f			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,.	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
_		7	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17	_		
	Lines the number of Forms W-2d included on line 1a. Lines -0-11 not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Х	
	(gambling) winnings to prize winners?	1c	lacksquare	Щ_

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21	-	37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.	x	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country MALAWI, RWANDA, UGANDA, ZAMBIA			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	16.004	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	<u> </u>			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\vdash	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	15		- 41
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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	2		
	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 1	2		
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		- v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	$\stackrel{\wedge}{\vdash}$	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		25
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the same of th	16b		
Sec	tion C. Disclosure	IOD		
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))		ı) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	Jo Unly	, avall	aDIC
	X 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, a	nd fina	ncial	
13	statements available to the public during the tax year.	iiu iiild	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
5	HEATHER ANDERSON - (646)779-9737			
	307 WEST 38TH ST, FL16, ROOM 1003, NEW YORK, NY 10018			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	orge		((C)		iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	suadı		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Individual trustee	Institutional trustee		Key employee	st con yee		1099-NEC)		and related organizations
	line)	Indivic	Institu	Officer	Key er	Highest compensated employee	Forme			
(1) BARBARA BUSH	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(2) JULIE BERNSTEIN	0.50									
DIRECTOR		Х						0.	0.	0.
(3) SANDRA MAPEMBA	0.50									0
DIRECTOR		Х						0.	0.	0.
(4) CHARLOTTE MCCLAIN-NHLAPO DIRECTOR	0.50	х						0.	0.	0.
(5) DOMINIC MCDONALD	0.50	^						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(6) BIJU MOHANDAS	0.50									
DIRECTOR - THRU 12/2023		х						0.	0.	0.
(7) MONICA RICHTER	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(8) PAULY RODNEY	0.50									
CHAIR		Х						0.	0.	0.
(9) T. ARTHUR CHIBWANA	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) YVETTE EFEVBERA	0.50									
DIRECTOR		Х						0.	0.	0.
(11) MARTHA MUKAMINEGA	0.50	,,						0		0
DIRECTOR		Х						0.	0.	0.
(12) HEATHER ANDERSON	50.00			х				233,774.	0.	7,694.
CEO (13) JOHN CAPE	50.00			^				233,114.	0.	7,034.
CHIEF PROGRAM OFFICER	0.00			х				126,328.	0.	37,663.
(14) VICTORIA CHOONG - THRU 10/2023	50.00							120,520.	0.	37,003.
VP OF FINANCE & OPERATIONS	0.00			х				113,433.	0.	19,036.
(15) REGINA MUTUKU	50.00							223,233		23,0001
CHIEF OPERATING OFFICER	0.00			x				129,166.	0.	2,560.
(16) BRITTANY CESARINI	40.00							-		-
SR. DIRECTOR OF DEVELOPMENT & COMM	0.00					Х		121,356.	0.	25,392.
(17) HANNAH TAYLOR	40.00							405.00		
SR. DIRECTOR COMMUNITY ENGAGEMENT	0.00					Х		106,282.	0.	26,943.

Form **990** (2023)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (Compensated Employe	es (continued)				
(A)	(B)			_ (C	-			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		1	timate	
	hours per week			ss per nd a di					compensation			nount	of
	(list any	io.					Ĺ	from the	from related organization		1	other pensa	tion
	hours for	Individual trustee or director				p		organization	(W-2/1099-MI			om the	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	trust	nal tru		yee	ompe		1099-NEC)			and	d relate	ed
	below	vidua	Institutional trustee	cer	Key employee	hest c	Former				orga	ınizatio	ons
	line)	Indi	Inst	Officer	Key	Hig	Pon						
(18) LESLYE WOMACK	40.00							115 601		•			<i>-</i> -
DIR OF PEOPLE & CULTURE	0.00			Ш		Х		117,621.		0.	2	0,3	63.
		1											
				Н		-							
		1											
		1											
		-											
				Н									
		1											
				Н									
		1											
								0.45			4.2		
1b Subtotal								947,960.		0.	13	9,6	
c Total from continuation sheets to Part VI								947,960.		0.	12	9,6	0.
d Total (add lines 1b and 1c)								<u> </u>	000 of war and a		13	9,0	<u> </u>
2 Total number of individuals (including but n compensation from the organization	ot iimited to tr	iose	IISTE	eu at	JOVE	e) wr	10 r	received more than \$100	,000 of reportab	ne			7
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key e	empl	oye	e, o	r hid	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s		-	•	•	-				•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	rom	any	/ unr	ela	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch į	oers	son .					5		X
Section B. Independent Contractors									*				
 Complete this table for your five highest co the organization. Report compensation for 										npens	ation t	rom	
(A)	trie caleridar y	cai	enui	ng w	/1111	OI W	ILIII	(B)	year.		(C	:)	
Name and business	address	N	INC	3				Description of s	ervices	С	compe		n
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis	ste	d above) who received n	nore than				
, , , , , , , , , , , , , , , , , , ,	-										Form (000 "	2000)

80-0512336 GLOBAL HEALTH CORPS, INC. Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,911,138. similar amounts not included above 1f 4,866. 1g \$ g Noncash contributions included in lines 1a-1f 1,911,138. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 166,191. 166,191. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 49,838. 49,838. 11 a CONSULTING FEES 611430 14,241. 14,241. b OTHER INCOME 900099

-40,363.

23,716.

2,101,045

900099

-40,363.

23,716.

c LOSS ON LEASE TERMINAT

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon	·		. , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	скрепосо
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	589,329.	310,072.	162,751.	116,506.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,701,015.	1,174,197.	255,409.	271,409.
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	228,287.	153,467.	38,476.	36,344.
10	Payroll taxes	219,898.	179,798.	18,864.	21,236.
11	Fees for services (nonemployees):				_
а	Management				
b	Legal	5,951.		5,951.	
С	Accounting	104,950.	6,417.	98,533.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	256,820.	145,930.	58,288.	52,602.
12	Advertising and promotion				
13	Office expenses	299,551.	161,439.	112,551.	25,561.
14	Information technology				
15	Royalties	044 440	455 040	22.255	20 4 10
16	Occupancy	211,110.	155,010.	23,957.	32,143.
17	Travel	78,965.	53,051.	3,526.	22,388.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22 E10	4 000	20 202	107.
23	Insurance	33,519.	4,020.	29,392.	10/.
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.)	202,849.	202 940		
a	FELLOW STIPENDS & AWARD		202,849.	419.	
b	TRAINING & EVENTS PROFESSIONAL DEVELOPMEN	157,598. 76,089.	157,179.	24,468.	173.
C		18,922.	51,448. 3,439.		1/3.
d	RECRUITMENT & SELECTION	18,922.	18,512.	15,483.	
	All other expenses	4,203,365.	2,776,828.	848,068.	579 460
25	Total functional expenses. Add lines 1 through 24e	4,403,303.	4,110,040.	040,000.	578,469.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check nere if following SOP 98-2 (ASC 958-720)				F 000 (0000)

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X		(A)	T	
					(\(\Delta \)		
					Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			260,886.	1	302,051.
	2	Savings and temporary cash investments			5,102,133.	2	2,918,279.
	3	Pledges and grants receivable, net		355,874.	3	401,636.	
	4	Accounts receivable, net			4		
ı	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)	L		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		L		8	
⋖	9	Prepaid expenses and deferred charges		L	32,422.	9	36,105.
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	0.	_		
	b	Less: accumulated depreciation	10b		0.	10c	
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		200 045	14	0.54	
	15	Other assets. See Part IV, line 11			389,845.	15	9,764.
	16	Total assets. Add lines 1 through 15 (must equa	<u> </u>		6,141,160.	16	3,667,835.
	17	Accounts payable and accrued expenses		116,891.	17	89,552.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
1.	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
<u>≣</u>		trustee, key employee, creator or founder, subst					
Lia	00	controlled entity or family member of any of thes		_		22	
	23	Secured mortgages and notes payable to unrela				23	
	24 05	Unsecured notes and loans payable to unrelated		·····		24	
'	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	•		343,666.	25	0.
<i>,</i>	26	Total liabilities. Add lines 17 through 25			460,557.	26	89,552.
- '	20	Organizations that follow FASB ASC 958, che			100/33/1	20	0373321
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			4,950,603.	27	3,078,283.
Bal	 28	Net assets with donor restrictions			730,000.	28	500,000.
p		Organizations that do not follow FASB ASC 9					
<u>.</u>		and complete lines 29 through 33.	,				
ος ₂	29	Capital stock or trust principal, or current funds				29	
set:	30	Paid-in or capital surplus, or land, building, or eq				30	
ις.	31	Retained earnings, endowment, accumulated in				31	
Ş Ş	32	Total net assets or fund balances			5,680,603.	32	3,578,283.
_	33	Total liabilities and net assets/fund balances			6,141,160.	33	3,667,835.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{2,10}{1,20}$	1,0	<u>45.</u>		
2								
3	Revenue less expenses. Subtract line 2 from line 1	3		2,10				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	Ţ	5,68	0,6	03.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3	3,57	8,2	<u>83.</u>		
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basi	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2023)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLOBAL HEALTH CORPS, INC.

Employer identification number

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. 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 g 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,488,792.	3,138,093.	11,488,662.	1,482,712.	1,911,138.	20,509,397.
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	2,488,792.	3,138,093.	11,488,662.	1,482,712.	1,911,138.	20,509,397.
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)						4,960,680.
	Public support. Subtract line 5 from line 4.						15,548,717.
	etion B. Total Support	() 0040	#1.0000	() 0004	/ N 2000	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,488,792.	3,138,093.	11,488,662.	1,482,712.	1,911,138.	20,509,397.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14,102.	18,954.	13,655.	1,212.	166,191.	214,114.
_	and income from similar sources	14,102.	10,934.	13,033.	1,212.	100,191.	214,114.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1,500.			25,876.	23,716.	51,092.
44	assets (Explain in Part VI.)	1,300.			23,070	23,710.	20,774,603.
11 12	Gross receipts from related activities,	oto (soo instructi	ane)			12	20,774,003.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax i	vear as a section P		
.0	organization, check this box and stor	. la aua		•		001(0)(0)	
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2023 (column (fl)		14	74.84 %
15	Public support percentage from 2022					15	72.58 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies	•		,		,	
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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	clow, picase com	piete i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` `	<u> </u>	<u> </u>	1 ,	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	•			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	· ·			*	•	
20	Private foundation. If the organization			•		ū	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
۵h		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	nizations	
1 Check here if the organization satisfied the Integral	Part Test as a qualifying trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated suppor	ting organizations must complet	te Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for produc	tion or		
collection of gross income or for management, conservat			
maintenance of property held for production of income (s	ee instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line	4) 8		
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets	(see		
instructions for short tax year or assets held for part of ye	ar):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use a	ssets 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		
Section 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	e 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).	,		
7 Check here if the current year is the organization's	first as a non-functionally integra	ated Type III supporting ord	anization (see

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 GLOBAL HEALTH	•		8	0-0512336 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Sect	ion 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 exemp	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	ovide details in Part VI)		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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	;	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024 Add lines 3i				

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

GLOBAL HEALTH CORPS, INC. Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Se Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLANA	ATION	FOR	OTHER	INCOME:
OTHE	RING	COME	C								
2019	JOMA	JNT :	\$	1,5	00.						
2022	AMO	JNT:	\$	25,8	876.						
2023	AMO	JNT :	\$	64,	079.						
LOSS	LOSS ON LEASE TERMINATION										
2023	JOMA	JNT :	\$	-40	,363.						
-											

SCHEDULE C (Form 990)

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

Nam	e of orga				E	mployer identification number
			HEALTH CORPS, IN			80-0512336
Pa	rt I-A	Complete if the org	janization is exempt und	der section 501(c)	or is a section 52	?7 organization.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities			
Pa	rt I-B	Complete if the org	janization is exempt und	der section 501(c)(3).	
			incurred by the organization un			
			incurred by organization manag			
3	If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a c	orrection made?				Yes No
		describe in Part IV.				
	rt I-C		janization is exempt und			. , , ,
			d by the filing organization for se	·		\$
			ization's funds contributed to o			
						\$
		•	. Add lines 1 and 2. Enter here			•
	line 17b	\$				
			1120-POL for this year?			
5	made pa	ayments. For each organiza tions received that were pr	mployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	ation's funds. Also ent anization, such as a se	ter the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received and

				III CORPS, I			512550 Page 2		
Part II-	Complete if the org	janizatio	on is exe	mpt under sectio	n 501(c)(3) and file	ea Form 5768 (ei	ection under		
A Check	if the filing organiza	tion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,		
	expenses, and share of excess lobbying expenditures).								
B Check	if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.				
			oying Expe leans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Tota	al lobbying expenditures to influ	uence pub	lic opinion (grassroots lobbying)		0.			
b Tota	al lobbying expenditures to influ	uence a le	gislative boo	dy (direct lobbying)					
	al lobbying expenditures (add li				r	0.			
	er exempt purpose expenditure								
e Tota	al exempt purpose expenditure					0.			
	bying nontaxable amount. Ente					0.			
If the	e amount on line 1e, column (a) c	r (b) is:	The lob	bying nontaxable am	ount is:				
not	over \$500,000,		20% of	the amount on line 1e.					
over	\$500,000 but not over \$1,000),000,	\$100,00	00 plus 15% of the exc	ess over \$500,000.				
over	\$1,000,000 but not over \$1,5	00,000,	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.				
over	\$1,500,000 but not over \$17,	000,000,	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.				
over	· \$17,000,000,	\$1,000,	000.						
g Gras	g Grassroots nontaxable amount (enter 25% of line 1f)								
h Subtract line 1g from line 1a. If zero or less, enter -0-									
i Sub	i Subtract line 1f from line 1c. If zero or less, enter -0-								
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720								
repo	orting section 4911 tax for this	year?					Yes No		
	(Some organizations the	Section 501(h) have to complete all ones 2a through 2f.)	of the five columns b	elow.					
		Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period				
(or	Calendar year fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
	bying nontaxable amount								
	bying ceiling amount								
(150	% of line 2a, column(e))								
c Tota	al lobbying expenditures								
d Gras	ssroots nontaxable amount								
e Gras	ssroots ceiling amount								
(150	% of line 2d, column (e))								
f Gras	ssroots lobbying expenditures								

Schedule C (Form 990) 2023

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)).

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 loid the activities in line 1 cause the organization to not be described in section 501(c)(3)? b if Yes, "enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) uses does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lo	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	0)
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 Railies, 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 not be 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 if file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Corposer from last year 2 Corposer from last year 3 Aggregate	the lobbying activity.	Yes	No	Amo	ount
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 not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 ct If "Yes," enter the amount of any tax incurred by organization managers under section 4912 dIf the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? I Were substantially all (90% or more) dues received nondeductible by members? I Were substantially all (90% or more) dues received nondeductible by members? I Were substantially all (90% or more) dues received nondeductible by members? I Were substantially all (90% or more) dues received nondeductible by members? I Were substantially all (90% or more) dues received nondeductible by members? I Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political acmpaign activity expenditures from the prior year? A TILLIES Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members C Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect	1 During the year, did the filing organization attempt to influence foreign, national, state, or				
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 1 to through 11 loid the activities in line 1 cause the organization to not be 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 as section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes If Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only inhouse lobbying expenditures of \$2,000 or less? Did the organization make only inhouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaing activity expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members C Crotal A Current year Description of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditures next year? If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expendi	local legislation, including any attempt to influence public opinion on a legislative matter				
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ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	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 cart 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	ne prior year on 501(c) "No" OR cal	2 3 (5), or se R (b) Part 1 2a 2b 2c 3		e 3,
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stras are assemptions rogalised for rate 17, into 1, 1 are 15, into 3, 1 are 10, into 5, 1 are 117 (artifactor group list), 1 are 17, into 1, 1 are 15, into 3, 1 are 17, into 1, 1 are 18, into 3, 1 are 17, into 1, 1 are 18, into	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 to art 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	ne prior year on 501(c) "No" OR cal	2 3 (5), or set (b) Part 2 2 2 2 3 3 4 5	t III-A, lin	e 3,
	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 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for nondeductible section 162(e) dues for the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c) "No" OR cal	2 3 (5), or set (b) Part 2 2 2 2 3 3 4 5	t III-A, lin	e 3,
	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 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lift notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c) "No" OR cal	2 3 (5), or set (b) Part 2 2 2 2 3 3 4 5	t III-A, lin	e 3,
	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 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for nondeductible section 162(e) dues for the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c) "No" OR cal	2 3 (5), or set (b) Part 2 2 2 2 3 3 4 5	t III-A, lin	e 3,
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	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 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year on 501(c) "No" OR cal	2 3 (5), or set (b) Part 2 2 2 2 3 3 4 5	t III-A, lin	e 3,

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

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ımaı ı unus Ul <i>F</i>	Accounts. Complete if the
		(a) Donor advised f	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	exclusive legal control? \dots		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	•		
	impermissible private benefit?			
Pa			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	∟ F	Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributi	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcina conservation e	asements during the year
•	, thouse of expenses mounted in monitoring, mopeeting, name	ing or violations, and onto	roing conservation c	ascinionts daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B	e)(i)
	and section 170(h)(4)(B)(ii)?	•		Yes No
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 fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	r research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
h	Assets included in Form 990. Part X			\$

Pai	t III Organizations Maintaining (Collections of A	rt, Histori	cal Tr	easures, d	or Othe	er Simila	r Asset	S (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following tha	t make s	significant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	l 🔲 Loai	n or excl	hange progra	am					
b	Scholarly research	e	Oth	er							
С	Preservation for future generations								,		
4	Provide a description of the organization's c	ollections and explai	in how they t	urther th	he organizati	on's exe	mpt purpos	e in Part	XIII.		
5	During the year, did the organization solicit										
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrar	igements Comple	te if the orga	nization	answered "	Yes" on	Form 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.									
1a	Is the organization an agent, trustee, custoo	lian, or other interme	ediary for cor	tribution	ns or other as	ssets no	t included				
	on Form 990, Part X?								Yes		□No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c		,		
	Additions during the year								,		
	Distributions during the year								,		
f	Ending balance						1f		,		
2a	Did the organization include an amount on F						lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation h	as been	provided in I	Part XIII]
Pai	t V Endowment Funds Complete in	the organization an	swered "Yes	on For	m 990, Part	IV, line 1	0.				
	•	(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	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										
2	Provide the estimated percentage of the cui		ce (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse		ation that ar	e held a	nd administe	ered for t	he				
	organization by:								Ī	Yes	No
	(i) Unrelated organizations?								3a(i)		
	*** =								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipn	nent									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, lin	e 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulated		(d) Boo	k valu	e
		basis (investr	ment)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, line 10c,	column	(B))						0.

Schedule D (Form 990) 2023

Part VII	Investments -	Other	Securities

		V, line 11b. See Form 990, Part X, lir	
(a) Description of security or category (including name		(c) Method of valuation:	Cost or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) tal. (Col. (b) must equal Form 990, Part X, line 12,	col (R))		
art VIII Investments - Program Re			
		V, line 11c. See Form 990, Part X, lir	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market valu
	(b) Book value	(b) Wether of Valuation.	occi or one or your marker valu
(1)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13,	col (B))		
Part IX Other Assets	coi. (b))		
	ered "Yes" on Form 990. Part I	V. line 11d. See Form 990. Part X. lir	ne 15.
		V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer	ered "Yes" on Form 990, Part I' (a) Description	V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer		V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer (1) (2)		V, line 11d. See Form 990, Part X, lir	ne 15. (b) Book value
Complete if the organization answer (1) (2) (3)		V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer		V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer		V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer		V, line 11d. See Form 990, Part X, lir	
(1) (2) (3) (4) (5) (6) (7)		V, line 11d. See Form 990, Part X, lir	
(1) (2) (3) (4) (5) (6) (7) (8)		V, line 11d. See Form 990, Part X, lir	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	V, line 11d. See Form 990, Part X, lir	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X,	(a) Description	V, line 11d. See Form 990, Part X, lir	
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities	(a) Description		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I	V, line 11d. See Form 990, Part X, line 11d. See Form 990, Part X, line 11e or 11f. See Form 990, Pa	(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer (a) Description of liab	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answ (a) Description of liab (1) Federal income taxes	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer (a) Description of liability (1) Federal income taxes (2)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer (a) Description of liab (1) Federal income taxes (2) (3)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer (a) Description of liat (1) Federal income taxes (2) (3) (4)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities Complete if the organization answer. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, art X Other Liabilities Complete if the organization answer (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities Complete if the organization answer. (a) Description of liabilities (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value
Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities Complete if the organization answer (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6)	(a) Description Jine 15, col. (B)) ered "Yes" on Form 990, Part I		(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	Return	ı
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,232,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	131,066.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	131,066.
3	Subtract line 2e from line 1			3	2,101,045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,101,045.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 221 121
1	Total expenses and losses per audited financial statements			1	4,334,431.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	121 066		
a			131,066.	-	
b	• • • • • • • • • • • • • • • • • • • •			-	
C				-	
	Other (Describe in Part XIII.)			ا ۱	131,066.
_	Add lines 2a through 2d			2e 3	4,203,365
3	Subtract line 2e from line 1			3	4,203,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			-	
		'		4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	4,203,365
	rt XIII Supplemental Information			1 3 1	2,200,000
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1b	and 2b: Part V line	4· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			.,	7,
PAI	RT X, LINE 2:				
TH	E ORGANIZATION IS EXEMPT FROM FEDERAL INCO	XAT AMC	ES UNDER S	ECT:	ION
50	1(C)(3) OF THE INTERNAL REVENUE CODE.				
TH	E DIRECTORS BELIEVE THAT THE ORGANIZATION	, INCLU	DING AMEND	MEN'	rs
SU	BSEQUENT TO INTERNAL REVENUE SERVICE				
DE'	TERMINATION, IS CURRENTLY DESIGNED AND OPI	ERATED	IN COMPLIA	NCE	WITH THE
RE	QUIREMENTS OF THE IRC. THEREFORE,				
TH:	EY BELIEVE THAT THE ORGANIZATION WAS TAX 1	EXEMPT	AS OF THE	FIN	ANCIAL
~					
ST	ATEMENT DATE. ADDITIONALLY, THE				
ΔD:	0331773 0701 DEL TEURA TELUS ANO ENGADES		·m.t.o.\	· -	TT 37 04
OR	GANIZATION BELIEVES IT HAS NO UNCERTAIN TA	AX POSI	TIONS AS C	ır Jl	ЛГХ ЗΙ,
20	OA AND OOOD THE ACCORDANCE WITHIN BACK				
∠ ∪.	24 AND 2023 IN ACCORDANCE WITH FASB				
7 (1	C MODIC 740 "INCOME MAYER" WILLOW	EG GWYY	מסת מסת מח	E Cm.	ADI TOIITMO
AS(C TOPIC 740, "INCOME TAXES", WHICH PROVID	rp play	IDAKDS FOR	EST'A	ARLISHING

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

varne	e or the organization					Employer identi	ncation number
GLO	DBAL HEALTH C	ORPS, IN	c.			80-05123	36
Par				tside the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			Yes No
	the grantees eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? L	i tes ∟i No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
	United States.			3	J		
3				an be duplicated if additional space is i			
	(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and
			contractors in the region	recipients located in the region)		(s) in the region	investments in the region
			in the region				
SUB-	SAHARAN AFRICA	4	22	PROGRAM SERVICES	FELLOWS/ALU	MNI	1,747,989.
3 2	Subtotal	Δ	22				1,747,989.
	Total from continuation	-					1,747,509.
~	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	4	22				1,747,989.

Schedule	F (Form 990) 2023	GLOBAL	HEALTH	CORPS,	INC.	80-0512336
Part II	Grants and Other As	sistance to Organ	izations or E	ntities Outsid	e the Unit	ed States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received	d more than \$5,000). Part II can b	e duplicated i	f additiona	I 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)

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

³ Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				

Page 4

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

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			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	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:	_		v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	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			
J	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	-		
6	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		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER ANDERSON	i)	233,774.	0.	0.	7,694.	0.	241,468.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN CAPE	i)	126,328.	0.	0.	5,782.	31,881.		0.
CHIEF PROGRAM OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
	i)							
(i	ii)							
[(i) L							
(i	ii)							
	i) L							
	ii)							
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	i) ii)							
	i) 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 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.

OMB No. 1545-0047

2023

Open to Public Inspection

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 DEVELOP A STRONG AND DIVERSE NETWORK

OF YOUNG CHANGEMAKERS TO TRANSFORM HEALTH SYSTEMS. 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) 2023 Page **2**

Name of the organization GLOBAL HEALTH CORPS, INC.	Employer identification number 80-0512336						
FORM 990, PART VI, SECTION C, LINE 18:							
THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE A	VAILABLE TO THE						
PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEME	NTS AND FORM 990						
ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS WW	W.GUIDESTAR.ORG.						
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO THE							
PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990							
ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS WW	W.GUIDESTAR.ORG.						