

Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning **05/01/11**, and ending **04/30/12**

**Central American Medical Outreach, 34-1740695
Inc.**

Net Asset / Fund Balance at Beginning of Year		<u>774,983</u>
Revenue		
Contributions	<u>2,065,807</u>	
Program service revenue		
Investment income	<u>2,191</u>	
Capital gain / loss	<u>8,724</u>	
Special events:		
Gross revenue	<u>53,495</u>	
Direct expenses	<u>13,432</u>	
Net income	<u>40,063</u>	
Other income	<u>74,407</u>	
Total revenue		<u>2,151,129</u>
Expenses		
Program services	<u>1,559,229</u>	
Management and general	<u>164,836</u>	
Fundraising	<u>49,965</u>	
Total expenses		<u>1,774,030</u>
Excess / (deficit)		<u>377,099</u>
Other changes		<u>-37,363</u>
Net Asset / Fund Balance at End of Year		<u>1,114,719</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,905,868</u>
Less:	
Unrealized gains	
Donated services	<u>614,981</u>
Recoveries	
Other	<u>139,758</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,151,129</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,526,397</u>
Less:	
Donated services	<u>614,981</u>
Prior year adjustments	
Losses	
Other	<u>137,386</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,774,030</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>802,861</u>	<u>1,142,242</u>	
Liabilities	<u>27,878</u>	<u>27,523</u>	
Net assets	<u>774,983</u>	<u>1,114,719</u>	<u>339,736</u>

Miscellaneous Information

Amended return _____
Return / extended due date **09/17/12**
Failure to file penalty _____

DYER, HUGHES, ROCHE & WILSON INC.
P.O. BOX 696
WOOSTER, OH 44691
330-262-0061

January 14, 2013

CONFIDENTIAL

Central American Medical Outreach,
Inc.
322 Westwood Avenue
Orrville, OH 44667

Dear Kathy:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

DYER, HUGHES, ROCHE & WILSON INC.

Filing Instructions

Central American Medical Outreach, Inc.

Exempt Organization Tax Return

Taxable Year Ended April 30, 2012

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 4/30/12 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

DYER, HUGHES, ROCHE & WILSON INC.
P.O. BOX 696
WOOSTER, OH 44691

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning 5/01, 2011, and ending 4/30, 20 12

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**Central American Medical Outreach,
Inc.**

Employer identification number

34-1740695

Name and title of officer

**Kathryn Tschiegg RN, BBA
Executive Director/Founder**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,151,129</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DYER, HUGHES, ROCHE & WILSON INC. to enter my PIN 40695 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2011 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.

Officer's signature } _____ Date } 10/01/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34222120061

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization 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**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning **05/01/11**, and ending **04/30/12**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **Central American Medical Outreach, Inc.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) **322 Westwood Avenue**
 City or town, state or country, and ZIP + 4 **Orrville OH 44667**

D Employer identification number **34-1740695**

E Telephone number **330-683-5956**

G Gross receipts \$ **2,171,342**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **www.camo.org** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1993** **M** State of legal domicile: **OH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CAMO's mission is to improve the quality of life of people in Central America by strengthening health care systems and promoting sustainable community development.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	1,975,869	2,065,807
	10	0	0
	11	21,528	10,915
	12	9,805	74,407
	12	2,007,202	2,151,129
Expenses	13	126,535	179,703
	14	0	0
	15	202,951	228,122
	16a	0	0
	b	49,965	
	17	1,642,659	1,366,205
	18	1,972,145	1,774,030
19	35,057	377,099	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	21	802,861	1,142,242
	22	27,878	27,523
22	774,983	1,114,719	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Kathryn Tschiegg RN, BBA** Date: _____
 Executive Director/Founder
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Cathy G Roche** Preparer's signature: **Cathy G Roche** Date: **01/14/13** Check if self-employed PTIN: **P00292467**

Firm's name: **DYER, HUGHES, ROCHE & WILSON INC.** Firm's EIN: **20-1954047**
 P.O. BOX 696
 Firm's address: **WOOSTER, OH 44691** Phone no.: **330-262-0061**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CAMO's mission is to improve the quality of life of people in Central America by strengthening health care systems and promoting sustainable community development.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **23,738** including grants of \$) (Revenue \$)

CAMO provided several capital improvements including remodel of hospital kitchen, repair of various areas of hospital roof, continued support and maintenance of community day care center and community gym. The Women's Shelter is capable of housing 44 people (by USA standards), and over 100 individuals (by developing country standards) at one time. It is currently the largest in Central and South America. The NICU at the regional hospital was expanded to provide adequate service to over 2,000 newborns per year. New facilities help fight infections by creating less traffic, a private area for nursing, sinks and staff changing rooms.

The hospital roofs were repaired to stop and prevent leaks within operating

4b (Code:) (Expenses \$ **129,251** including grants of \$) (Revenue \$)

CAMO provides medical support, education, supplies and equipment for the public hospital and community. CAMO's programs meet the needs of both the medical and community development. The women's health programs provided prenatal ultrasounds, and the screenings and treatment of cervical and breast cancer. The prosthetics and orthotics lab served patients in need of prosthetic limbs, orthotics and braces, seeing up to 3 patients a day. The Audiometry clinic held hearing screenings, averaging 3,000 screenings a year, while 450 cataract surgeries were provided through the eye program. The dental program traveled to small rural schools two days a week: it sees around 9,000 children every year.

4c (Code:) (Expenses \$ **1,397,897** including grants of \$ **179,703**) (Revenue \$)

In the United States, CAMO networks with hospitals, clinics, Hospice and home health care groups to obtain clean unused medical supplies and equipment. CAMO's biomedical department repaired equipment, volunteer nurses sorted medical supplies, and other volunteers packed the supplies for shipping. The supplies and equipment were shipped and distributed to hospitals and clinics to serve the impoverished areas of Central America. Donated supplies and equipment equaled \$876,652.

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

(Expenses \$ **8,343** including grants of \$) (Revenue \$)

4e Total program service expenses **1,559,229**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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)		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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: u Honduras See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed u OH
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Kathryn Tschiegg RN, BBA 322 Westwood Avenue Orrville OH 44667 330-683-5956

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Colleen Teaque Trustee	1.00	X					0	0	0	
(2) Dr. Jorge Romero Trustee	1.00	X					0	0	0	
(3) Glenda Ervin Trustee	1.00	X					0	0	0	
(4) Robert Gandy Trustee	1.00	X					0	0	0	
(5) Dennis Horst Trustee	1.00	X					0	0	0	
(6) Dr. Mark Gustafson President	1.00	X					0	0	0	
(7) Ruth Brown RN Vice President	1.00	X					0	0	0	
(8) Jim Kleinfelter Trustee	1.00	X					0	0	0	
(9) Kathryn Tschiegg Executive Director	RN, BBA 40.00			X			73,944	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							73,944			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							73,944			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,065,807				
	g Noncash contributions included in lines 1a-1f: \$		876,652				
	h Total. Add lines 1a-1f	u	2,065,807				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	2,191	2,191			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			15,505				
	b Less: cost or other basis & sales exps.		6,781				
	c Gain or (loss)		8,724				
	d Net gain or (loss)	u	8,724	8,724			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	53,495				
		b Less: direct expenses	b	13,432			
	c Net income or (loss) from fundraising events	u		40,063			
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a <u>INSSA Sales</u>			34,145		34,145		
b <u>Miscellaneous income</u>			199		199		
c							
d All other revenue							
e Total. Add lines 11a-11d	u		34,344				
12 Total revenue. See instructions.	u		2,151,129	10,915	0	34,344	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	179,703	179,703		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	197,117	80,818	96,587	19,712
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,222	5,421	6,479	1,322
10 Payroll taxes	17,783	7,291	8,714	1,778
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,374		9,374	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	23,091			23,091
13 Office expenses	10,595	1,033	9,297	265
14 Information technology				
15 Royalties				
16 Occupancy	8,000	3,280	3,920	800
17 Travel	124,594	124,594		
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	12,769	8,343	3,727	699
23 Insurance	13,896	5,697	6,809	1,390
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies & equipment	947,287	947,287		
b Other special projects	116,369	116,369		
c Womens shelter & health	23,738	23,738		
d Postage and shipping	22,912	21,995	687	230
e All other expenses	53,580	33,660	19,242	678
25 Total functional expenses. Add lines 1 through 24e	1,774,030	1,559,229	164,836	49,965
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	116,371	1	323,551
	2	Savings and temporary cash investments	115,052	2	351,579
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,509	4	38,079
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	202,860	8	132,225
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 359,451		
	b	Less: accumulated depreciation	10b 119,428	10c	240,023
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	64,759	12	28,783
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	778	14	
	15	Other assets. See Part IV, line 11	19,943	15	28,002
16	Total assets. Add lines 1 through 15 (must equal line 34)	802,861	16	1,142,242	
Liabilities	17	Accounts payable and accrued expenses	27,878	17	27,523
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,878	26	27,523
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	767,784	27	895,708
	28	Temporarily restricted net assets	7,199	28	219,011
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	774,983	33	1,114,719	
34	Total liabilities and net assets/fund balances	802,861	34	1,142,242	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,151,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,774,030
3	Revenue less expenses. Subtract line 2 from line 1	3	377,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	774,983
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-37,363
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,114,719

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Central American Medical Outreach, Inc.

Employer identification number

34-1740695

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,218,124	2,450,159	2,594,976	1,975,870	2,072,904	11,312,033
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,218,124	2,450,159	2,594,976	1,975,870	2,072,904	11,312,033
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)						
6 Public support. Subtract line 5 from line 4						11,312,033

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,218,124	2,450,159	2,594,976	1,975,870	2,072,904	11,312,033
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,515	3,568	4,728	4,575	2,191	21,577
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					34,145	34,145
11 Total support. Add lines 7 through 10						11,367,755
12 Gross receipts from related activities, etc. (see instructions)					12	55,686
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.51 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.79 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

**Central American Medical Outreach,
Inc.**

Employer identification number

34-1740695

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Central American Medical Outreach,	Employer identification number 34-1740695
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Noble Foundation 2345 Gateway Drive Suite C Wooster OH 44691	\$ 395,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	The University of Michigan 503 Thompson Street Ann Arbor MI 48109	\$ 70,838	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,806	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization Central American Medical Outreach, Inc.	Employer identification number 34-1740695
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		2,065,807
3 Aggregate grants from (during year)		179,703
4 Aggregate value at end of year	219,011	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u
- 4 Number of states where property subject to conservation easement is located u
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,028		24,028
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		335,423	119,428	215,995
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		u		240,023

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,151,129
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,774,030
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	377,099
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,372
9	Total adjustments (net). Add lines 4 through 8	9	2,372
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	379,471

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,905,868
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	614,981
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	139,758
e	Add lines 2a through 2d	2e	754,739
3	Subtract line 2e from line 1	3	2,151,129
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,151,129

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,526,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	614,981
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	137,386
e	Add lines 2a through 2d	2e	752,367
3	Subtract line 2e from line 1	3	1,774,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,774,030

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Consolidated subsidiary - INSSA \$ 139,758

Consolidated subsidiary - INSSA \$ -137,386

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Consolidated subsidiary - INSSA \$ 139,758

Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Consolidated subsidiary - INSSA \$ 137,386

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

u Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
u Attach to Form 990. u See separate instructions.

**Open to Public
Inspection**

Name of the organization

**Central American Medical Outreach,
Inc.**

Employer identification number

34-1740695

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **u**
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Honduras	Operational support	179,703	ETF			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **u** _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization

**Central American Medical Outreach,
Inc.**

Employer identification number

34-1740695

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Salsa Sizzle</u> (event type)	<u>Golf Outing</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	26,556	14,243	12,696	53,495
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	26,556	14,243	12,696	53,495
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,334	4,626	4,472	13,432
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					40,063

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

U Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

U Attach to Form 990.

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **Central American Medical Outreach,
Inc.**

Employer identification number
34-1740695

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (Medical supplie)	X	1	876,652	Catalog/estimate
26 Other u (.....)				
27 Other u (.....)				
28 Other u (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	29	
--	-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

**Central American Medical Outreach,
Inc.**

Employer identification number

34-1740695

Form 990, Part I, Line 6

Volunteers provide medical and administrative services.

Form 990, Part III, Line 4a - First Accomplishment

rooms and other wards of the regional hospital.

Form 990, Part III, Line 4b - Second Accomplishment

CAMO also educates. As the Honduras National Registry for the American Heart Association, CAMO certifies in CPR, ACLS, PALS, and NALS. CAMO works with North Carolina University in gastric cancer research and water filtration systems, University of Alabama in nursing development, and the University of Texas at Austin in the area of biomedical assistance. Towards community development, CAMO continues to work with the Trade School, public daycare, and Community Center.

Form 990, Part III, Line 4d - All Other Accomplishment

CAMO's medical teams contributed \$601,965 of volunteer time in Honduras, and local volunteers contributed \$41,302 of time in support of the organization.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Honduras

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Distributed to the various board members for questions and/or changes.

Name of the organization

Central American Medical Outreach,

Employer identification number

34-1740695

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The organization monitors and enforces compliance with conflict of interest in accordance with the organization's written policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The process for determining compensation for the organization's executive director and other top management officials was completed in accordance with the organization's written policy.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The process for determining compensation for the organization's other officers and key employees was completed in accordance with the organization's written policy.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are made available upon request.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2011

Department of the Treasury
Internal Revenue Service

(99)

u See separate instructions.

u Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return

**Central American Medical Outreach,
Inc.**

Identifying number

34-1740695

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,788

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		10,900	5.0	HY	200DB	2,180
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	223
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,191
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25					
26 Property used more than 50% in a qualified business use:													
1998 Dodge Caravan													
	06/01/11	100.00 %	1,116	1,116	5.0	200DBHY	223						
27 Property used 50% or less in a qualified business use:													
%													
S/L-													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1											28	223	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1													29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2011 tax year (see instructions):						
43 Amortization of costs that began before your 2011 tax year					43	778
44 Total. Add amounts in column (f). See the instructions for where to report					44	778

Year Ended: April 30, 2012

34-1740695

Central American Medical Outreach,
Inc.
322 Westwood Avenue
Orrville, OH 44667

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
84	1998 Dorsey Trailer	7/26/11	2,400			2,400	5 HY 200DB	0	0
	Sold/Scrapped: 1/26/12								
85	1997 Wabash Van Trailer	10/21/11	3,000			3,000	5 HY 200DB	0	600
86	1997 Wabash Trailer	12/01/11	4,900			4,900	5 HY 200DB	0	980
88	2000 Great Dane	4/05/12	3,000			3,000	5 HY 200DB	0	600
			13,300			13,300		0	2,180
Other Depreciation:									
1	Land	10/01/98	24,028			24,028	0 -- Land	0	0
2	Land Impr. at Warehouse	4/30/99	2,888			2,888	15 MO S/L	2,329	193
3	Land Improvements	6/10/99	2,751			2,751	15 MO S/L	2,184	183
4	Warehouse	4/30/99	148,074			148,074	40 MO S/L	44,732	3,702
5	Sign	5/01/99	600			600	40 MO S/L	180	15
6	Building Improvements	6/01/99	4,985			4,985	40 MO S/L	1,488	124
7	Building Addition	3/01/04	3,426			3,426	40 MO S/L	688	85
8	Garage Door Opener	9/16/04	620			620	40 MO S/L	110	16
9	Office Renovations	10/31/07	1,119			1,119	40 MO S/L	100	28
10	Misc. Office Furniture	10/01/95	490			490	10 MO S/L	490	0
11	Misc. Office Furniture	9/05/96	898			898	10 MO S/L	898	0
12	Canon Copy Machine PC235 (Upstairs)	2/28/98	500			500	10 MO S/L	500	0
13	Filing Cabinet-4/4, 7/2, 1/3 drawer	2/28/98	150			150	10 MO S/L	150	0
14	Laptop/Modem/Printer (Presentation Laptop)	3/22/99	2,328			2,328	5 MO S/L	2,328	0
15	Computer-Warehouse (Data Entry #1)	4/28/99	1,254			1,254	5 MO S/L	1,254	0
16	Rack System	3/25/99	1,923			1,923	10 MO S/L	1,923	0
17	Rack System	4/28/99	900			900	10 MO S/L	900	0
18	Computer from CDS (Kathy)	12/15/98	1,500			1,500	5 MO S/L	1,500	0
19	Fax Machine (Brother-Upstairs)	4/18/00	422			422	10 MO S/L	422	0
20	Desk	5/25/99	135			135	10 MO S/L	135	0
21	Shelves	7/09/99	657			657	10 MO S/L	657	0
22	Laptop Computer (In Honduras)	6/20/00	2,031			2,031	5 MO S/L	2,031	0
23	2 New Computers (E Machines-1 Hon, 1 Or	1/14/03	517			517	5 MO S/L	517	0
24	Laptop (HP-Kathy)	6/20/02	1,417			1,417	5 MO S/L	1,417	0
25	Power Point Projector (Epson Proj., softwar	6/18/02	1,742			1,742	3 MO S/L	1,742	0
26	Printer (Christine hp 1700)	4/20/04	555			555	5 MO S/L	555	0
27	CPU (three)	1/13/04	1,579			1,579	5 MO S/L	1,579	0
28	Monitor	12/15/03	450			450	5 MO S/L	450	0
29	HP 2230 (KT's Printer)	1/16/03	400			400	5 MO S/L	400	0
30	NEC LCD 1715 (Three)	1/14/04	1,305			1,305	5 MO S/L	1,305	0
31	Leather Chair (KT's Office)	2/28/04	150			150	5 MO S/L	150	0
32	Desks, Planked, L Shaped (Two)	2/28/04	400			400	5 MO S/L	400	0
33	Wood Butcher Block Desk	2/28/04	100			100	5 MO S/L	100	0
34	Vertical File 2 Dr (Three)	1/27/04	330			330	5 MO S/L	330	0
35	Vertical File 4 Dr (Two)	1/27/04	280			280	5 MO S/L	280	0
36	Shelving	1/29/04	203			203	5 MO S/L	203	0
37	Computers (Honduras)	10/20/04	2,193			2,193	5 MO S/L	2,193	0
38	Printers (Honduras)	10/20/04	400			400	5 MO S/L	400	0
39	Modem	5/18/04	138			138	5 MO S/L	138	0
40	Computer (Label Station)	1/18/06	559			559	5 MO S/L	559	0
41	Brother Laser Copier (Main Office)	1/19/06	350			350	5 MO S/L	350	0
42	Dell Photo Printer	1/18/06	148			148	5 MO S/L	148	0
43	Phone System	10/19/06	3,870			3,870	5 MO S/L	3,548	322
44	QB 2007 Software	4/16/07	606			606	3 MO S/L	606	0
45	Dell Computer Desk (Program Coordinator)	9/19/06	757			757	5 MO S/L	707	50
46	Server	1/11/07	558			558	5 MO S/L	483	75
47	Computer (Bookkeeper)	1/11/07	558			558	5 MO S/L	483	75
48	Computer (Jody)	1/22/08	711			711	5 MO S/L	462	142
49	Printer/Copier/Fax/Scan	4/10/08	259			259	5 MO S/L	160	52
51	1998 Ford Cube Van	6/25/02	12,903			12,903	10 MO S/L	11,120	1,291
53	1994 Fruehauf 48	10/12/04	2,000			2,000	7 MO S/L	1,715	285
54	Clark TW30 Forklift	12/16/99	5,300			5,300	10 MO S/L	5,300	0
62	Motorcycle (Honduras)	8/29/08	2,000			2,000	5 MO S/L	1,067	0
	Sold/Scrapped: 5/01/11								
68	Concrete Pad	6/19/09	8,630			8,630	15 MO S/L	1,055	575
69	Bio Med Tools	11/13/09	1,229			1,229	7 MO S/L	263	176
74	Dinning Room Upgrade	2/16/10	343			343	7 MO S/L	57	49
75	Flat Screen TV	2/16/10	1,632			1,632	7 MO S/L	272	233
76	Office Furniture	2/23/10	352			352	7 MO S/L	59	50
77	Warehouse Renovations	10/06/09	91,282			91,282	40 MO S/L	3,613	2,282

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
82	1990 Fruehauf Sold/Scrapped: 10/31/11	1/20/11	1,610			1,610	5 MO S/L	81	161
83	1998 Dorsey Trailer Sold/Scrapped: 11/22/11	3/24/11	2,400			2,400	5 MO S/L	40	280
87	Website Project	9/22/11	1,550			1,550	3 MO Amort	0	344
Total Other Depreciation			<u>353,445</u>			<u>353,445</u>		<u>109,306</u>	<u>10,788</u>
Total ACRS and Other Depreciation			<u>353,445</u>			<u>353,445</u>		<u>109,306</u>	<u>10,788</u>
Listed Property:									
89	1998 Dodge Caravan	6/01/11	1,116			1,116	5 HY 200DB	0	223
			<u>1,116</u>			<u>1,116</u>		<u>0</u>	<u>223</u>
Amortization:									
67	Website Design	9/15/08	7,000			7,000	3 MO Amort	6,222	778
			<u>7,000</u>			<u>7,000</u>		<u>6,222</u>	<u>778</u>
Grand Totals			374,861			374,861		115,528	13,969
Less: Dispositions and Transfers			8,410			8,410		1,188	441
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>366,451</u>			<u>366,451</u>		<u>114,340</u>	<u>13,528</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
84	1998 Dorsey Trailer Sold/Scrapped: 1/26/12	7/26/11	2,400			2,400	5 HY 200DB	0	0
85	1997 Wabash Van Trailer	10/21/11	3,000			3,000	5 HY 200DB	0	600
86	1997 Wabash Trailer	12/01/11	4,900			4,900	5 HY 200DB	0	980
88	2000 Great Dane	4/05/12	3,000			3,000	5 HY 200DB	0	600
			13,300			13,300		0	2,180
Other Depreciation:									
1	Land	10/01/98	0			0	0 HY	0	0
2	Land Impr. at Warehouse	4/30/99	0			0	0 HY	0	0
3	Land Improvements	6/10/99	0			0	0 HY	0	0
4	Warehouse	4/30/99	0			0	0 HY	0	0
5	Sign	5/01/99	0			0	0 HY	0	0
6	Building Improvements	6/01/99	0			0	0 HY	0	0
7	Building Addition	3/01/04	0			0	0 HY	0	0
8	Garage Door Opener	9/16/04	0			0	0 HY	0	0
9	Office Renovations	10/31/07	0			0	0 HY	0	0
10	Misc. Office Furniture	10/01/95	0			0	0 HY	0	0
11	Misc. Office Furniture	9/05/96	0			0	0 HY	0	0
12	Canon Copy Machine PC235 (Upstairs)	2/28/98	0			0	0 HY	0	0
13	Filing Cabinet-4/4, 7/2, 1/3 drawer	2/28/98	0			0	0 HY	0	0
14	Laptop/Modem/Printer (Presentation Laptop)	3/22/99	0			0	0 HY	0	0
15	Computer-Warehouse (Data Entry #1)	4/28/99	0			0	0 HY	0	0
16	Rack System	3/25/99	0			0	0 HY	0	0
17	Rack System	4/28/99	0			0	0 HY	0	0
18	Computer from CDS (Kathy)	12/15/98	0			0	0 HY	0	0
19	Fax Machine (Brother-Upstairs)	4/18/00	0			0	0 HY	0	0
20	Desk	5/25/99	0			0	0 HY	0	0
21	Shelves	7/09/99	0			0	0 HY	0	0
22	Laptop Computer (In Honduras)	6/20/00	0			0	0 HY	0	0
23	2 New Computers (E Machines-1 Hon, 1 Or	1/14/03	0			0	0 HY	0	0
24	Laptop (HP-Kathy)	6/20/02	0			0	0 HY	0	0
25	Power Point Projector (Epson Proj., softwar	6/18/02	0			0	0 HY	0	0
26	Printer (Christine hp 1700)	4/20/04	0			0	0 HY	0	0
27	CPU (three)	1/13/04	0			0	0 HY	0	0
28	Monitor	12/15/03	0			0	0 HY	0	0
29	HP 2230 (KT's Printer)	1/16/03	0			0	0 HY	0	0
30	NEC LCD 1715 (Three)	1/14/04	0			0	0 HY	0	0
31	Leather Chair (KT's Office)	2/28/04	0			0	0 HY	0	0
32	Desks, Planked, L Shaped (Two)	2/28/04	0			0	0 HY	0	0
33	Wood Butcher Block Desk	2/28/04	0			0	0 HY	0	0
34	Vertical File 2 Dr (Three)	1/27/04	0			0	0 HY	0	0
35	Vertical File 4 Dr (Two)	1/27/04	0			0	0 HY	0	0
36	Shelving	1/29/04	0			0	0 HY	0	0
37	Computers (Honduras)	10/20/04	0			0	0 HY	0	0
38	Printers (Honduras)	10/20/04	0			0	0 HY	0	0
39	Modem	5/18/04	0			0	0 HY	0	0
40	Computer (Label Station)	1/18/06	0			0	0 HY	0	0
41	Brother Laser Copier (Main Office)	1/19/06	0			0	0 HY	0	0
42	Dell Photo Printer	1/18/06	0			0	0 HY	0	0
43	Phone System	10/19/06	0			0	0 HY	0	0
44	QB 2007 Software	4/16/07	0			0	0 HY	0	0
45	Dell Computer Desk (Program Coordinator)	9/19/06	0			0	0 HY	0	0
46	Server	1/11/07	0			0	0 HY	0	0
47	Computer (Bookkeeper)	1/11/07	0			0	0 HY	0	0
48	Computer (Jody)	1/22/08	0			0	0 HY	0	0
49	Printer/Copier/Fax/Scan	4/10/08	0			0	0 HY	0	0
51	1998 Ford Cube Van	6/25/02	0			0	0 HY	0	0
53	1994 Fruehauf 48	10/12/04	0			0	0 HY	0	0
54	Clark TW30 Forklift	12/16/99	0			0	0 HY	0	0
62	Motorcycle (Honduras) Sold/Scrapped: 5/01/11	8/29/08	0			0	0 HY	0	0
68	Concrete Pad	6/19/09	0			0	0 HY	0	0
69	Bio Med Tools	11/13/09	0			0	0 HY	0	0
74	Dinning Room Upgrade	2/16/10	0			0	0 HY	0	0
75	Flat Screen TV	2/16/10	0			0	0 HY	0	0
76	Office Furniture	2/23/10	0			0	0 HY	0	0
77	Warehouse Renovations	10/06/09	0			0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
82	1990 Fruehauf Sold/Scrapped: 10/31/11	1/20/11	1,610			1,610	5 MO S/L	81	161
83	1998 Dorsey Trailer Sold/Scrapped: 11/22/11	3/24/11	2,400			2,400	5 MO S/L	40	280
Total Other Depreciation			<u>4,010</u>			<u>4,010</u>		<u>121</u>	<u>441</u>
Total ACRS and Other Depreciation			<u>4,010</u>			<u>4,010</u>		<u>121</u>	<u>441</u>
Listed Property:									
89	1998 Dodge Caravan	6/01/11	1,116			1,116	5 HY 200DB	0	223
			<u>1,116</u>			<u>1,116</u>		<u>0</u>	<u>223</u>
Grand Totals			18,426			18,426		121	2,844
Less: Dispositions and Transfers			<u>6,410</u>			<u>6,410</u>		<u>121</u>	<u>441</u>
Net Grand Totals			<u>12,016</u>			<u>12,016</u>		<u>0</u>	<u>2,403</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	84	1998 Dorsey Trailer	0	0	0
Page 1	1	85	1997 Wabash Van Trailer	600	600	0
Page 1	1	86	1997 Wabash Trailer	980	980	0
Page 1	1	88	2000 Great Dane	600	600	0
Page 1	1	89	1998 Dodge Caravan	223	223	0
				<u>2,403</u>	<u>2,403</u>	<u>0</u>

Future Depreciation Report FYE: 4/30/13

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
85	1997 Wabash Van Trailer	10/21/11	3,000	960	960
86	1997 Wabash Trailer	12/01/11	4,900	1,568	1,568
88	2000 Great Dane	4/05/12	3,000	960	960
			10,900	3,488	3,488
Other Depreciation:					
1	Land	10/01/98	24,028	0	0
2	Land Impr. at Warehouse	4/30/99	2,888	192	0
3	Land Improvements	6/10/99	2,751	183	0
4	Warehouse	4/30/99	148,074	3,702	0
5	Sign	5/01/99	600	15	0
6	Building Improvements	6/01/99	4,985	125	0
7	Building Addition	3/01/04	3,426	86	0
8	Garage Door Opener	9/16/04	620	15	0
9	Office Renovations	10/31/07	1,119	28	0
10	Misc. Office Furniture	10/01/95	490	0	0
11	Misc. Office Furniture	9/05/96	898	0	0
12	Canon Copy Machine PC235 (Upstairs)	2/28/98	500	0	0
13	Filing Cabinet-4/4, 7/2, 1/3 drawer	2/28/98	150	0	0
14	Laptop/Modem/Printer (Presentation Laptop)	3/22/99	2,328	0	0
15	Computer-Warehouse (Data Entry #1)	4/28/99	1,254	0	0
16	Rack System	3/25/99	1,923	0	0
17	Rack System	4/28/99	900	0	0
18	Computer from CDS (Kathy)	12/15/98	1,500	0	0
19	Fax Machine (Brother-Upstairs)	4/18/00	422	0	0
20	Desk	5/25/99	135	0	0
21	Shelves	7/09/99	657	0	0
22	Laptop Computer (In Honduras)	6/20/00	2,031	0	0
23	2 New Computers (E Machines-1 Hon, 1 Orr)	1/14/03	517	0	0
24	Laptop (HP-Kathy)	6/20/02	1,417	0	0
25	Power Point Projector (Epson Proj., software)	6/18/02	1,742	0	0
26	Printer (Christine hp 1700)	4/20/04	555	0	0
27	CPU (three)	1/13/04	1,579	0	0
28	Monitor	12/15/03	450	0	0
29	HP 2230 (KT's Printer)	1/16/03	400	0	0
30	NEC LCD 1715 (Three)	1/14/04	1,305	0	0
31	Leather Chair (KT's Office)	2/28/04	150	0	0
32	Desks, Planked, L Shaped (Two)	2/28/04	400	0	0
33	Wood Butcher Block Desk	2/28/04	100	0	0
34	Vertical File 2 Dr (Three)	1/27/04	330	0	0
35	Vertical File 4 Dr (Two)	1/27/04	280	0	0
36	Shelving	1/29/04	203	0	0
37	Computers (Honduras)	10/20/04	2,193	0	0
38	Printers (Honduras)	10/20/04	400	0	0
39	Modem	5/18/04	138	0	0
40	Computer (Label Station)	1/18/06	559	0	0
41	Brother Laser Copier (Main Office)	1/19/06	350	0	0
42	Dell Photo Printer	1/18/06	148	0	0
43	Phone System	10/19/06	3,870	0	0
44	QB 2007 Software	4/16/07	606	0	0
45	Dell Computer Desk (Program Coordinator)	9/19/06	757	0	0
46	Server	1/11/07	558	0	0
47	Computer (Bookkeeper)	1/11/07	558	0	0
48	Computer (Jody)	1/22/08	711	107	0
49	Printer/Copier/Fax/Scan	4/10/08	259	47	0
51	1998 Ford Cube Van	6/25/02	12,903	492	0
53	1994 Fruehauf 48	10/12/04	2,000	0	0
54	Clark TW30 Forklift	12/16/99	5,300	0	0
68	Concrete Pad	6/19/09	8,630	575	0
69	Bio Med Tools	11/13/09	1,229	176	0
74	Dinning Room Upgrade	2/16/10	343	49	0
75	Flat Screen TV	2/16/10	1,632	233	0
76	Office Furniture	2/23/10	352	50	0
77	Warehouse Renovations	10/06/09	91,282	2,282	0
87	Website Project	9/22/11	1,550	517	0

Future Depreciation Report FYE: 4/30/13

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Total Other Depreciation			347,435	8,874	0
Total ACRS and Other Depreciation			347,435	8,874	0
<u>Listed Property:</u>					
89	1998 Dodge Caravan	6/01/11	1,116	357	357
			1,116	357	357
<u>Amortization:</u>					
67	Website Design	9/15/08	7,000	0	0
			7,000	0	0
Grand Totals			366,451	12,719	3,845

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2011

For calendar year 2011, or tax year beginning **05/01/11**, and ending **04/30/12**

Name

**Central American Medical Outreach,
Inc.**

Employer Identification Number

34-1740695

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>Sangria Sunset</u> (event type)	_____ (event type)	_____ (event type)	
Revenue	1 Gross receipts	12,696			12,696
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	12,696			12,696
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	4,472			4,472

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
INSSA Expense	\$ 12,541	\$ 12,541	\$	\$
Vehicle expenses	9,835	9,835		
Miscellaneous	9,368		9,368	
Supplies	8,163	8,163		
Communications	6,781	2,780	3,323	678
Strategic Planning Commit	6,551		6,551	
Hospital project	341	341		
Total	<u>\$ 53,580</u>	<u>\$ 33,660</u>	<u>\$ 19,242</u>	<u>\$ 678</u>

Federal Statements**Schedule A, Part II, Line 9(e)**

Description	Amount
Miscellaneous income	\$ 199
Less: Deductions	-1,000
Total	<u>\$ -801</u>

Schedule A, Part II, Line 10(e)

Description	Amount
INSSA Sales	\$ 34,145
Total	<u>\$ 34,145</u>

Schedule A, Part II, Line 12

Description	Amount
Tax-exempt Interest on Savings and Temporary Cash Investments	\$ 2,191
Golf Outing	14,243
Salsa Sizzle	26,556
Sangria Sunset	12,696
Total	<u>\$ 55,686</u>