

## Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning **05/01/13** , and ending **04/30/14**

**CENTRAL AMERICAN MEDICAL OUTREACH, 34-1740695  
INC.**

**Net Asset / Fund Balance at Beginning of Year** **980,155**

### Revenue

Contributions	<u><b>2,343,748</b></u>	
Program service revenue		
Investment income	<u><b>3,456</b></u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u><b>51,905</b></u>	
Direct expenses	<u><b>20,389</b></u>	
Net income	<u><b>31,516</b></u>	
Other income	<u><b>7,462</b></u>	
<b>Total revenue</b>		<u><b>2,386,182</b></u>

### Expenses

Program services	<u><b>2,110,714</b></u>	
Management and general	<u><b>217,213</b></u>	
Fundraising	<u><b>56,198</b></u>	
<b>Total expenses</b>		<u><b>2,384,125</b></u>

**Excess / (deficit)** **2,057**

Changes **2,176**

**Net Asset / Fund Balance at End of Year** **984,388**

### Reconciliation of Revenue

Total revenue per financial statements	<u><b>3,386,912</b></u>	
Less:		
Unrealized gains		
Donated services	<u><b>806,059</b></u>	
Recoveries		
Other	<u><b>194,671</b></u>	
Plus:		
Investment expenses		
Other		
<b>Total revenue per return</b>	<u><u><b>2,386,182</b></u></u>	

### Reconciliation of Expenses

Total expenses per financial statements	<u><b>3,382,679</b></u>	
Less:		
Donated services	<u><b>806,059</b></u>	
Prior year adjustments		
Losses		
Other	<u><b>192,495</b></u>	
Plus:		
Investment expenses		
Other		
<b>Total expenses per return</b>	<u><u><b>2,384,125</b></u></u>	

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u><b>1,106,409</b></u>	<u><b>1,110,270</b></u>	
Liabilities	<u><b>126,254</b></u>	<u><b>125,882</b></u>	
Net assets	<u><b>980,155</b></u>	<u><b>984,388</b></u>	<u><b>4,233</b></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date **12/15/14**  
 Failure to file penalty \_\_\_\_\_

# Form 990-T Return Summary

For calendar year 2013, or tax year beginning **05/01/13**, and ending **04/30/14**

**CENTRAL AMERICAN MEDICAL OUTREACH, 34-1740695  
INC.**

## Income

Gross profit \_\_\_\_\_  
Capital gain / loss \_\_\_\_\_  
Unrelated debt-financed income \_\_\_\_\_  
All other income \_\_\_\_\_

### Total income

## Deductions

Officer compensation \_\_\_\_\_  
Salaries \_\_\_\_\_  
All other deductions \_\_\_\_\_  
Net operating loss \_\_\_\_\_  
Specific deduction **1,000**

### Total deductions

**1,000**

### Unrelated business taxable income

**-1,000**

## Taxes / Credits / Payments

Regular tax \_\_\_\_\_  
Proxy tax \_\_\_\_\_  
Alternative minimum tax \_\_\_\_\_

### Tax

Foreign tax credit \_\_\_\_\_  
Other credits \_\_\_\_\_  
General business credits \_\_\_\_\_  
Prior year minimum tax credit \_\_\_\_\_

### Total nonrefundable credits

Other taxes \_\_\_\_\_

### Total tax

Estimated tax payments \_\_\_\_\_  
Paid with extension \_\_\_\_\_  
Tax withheld \_\_\_\_\_  
Other credits / payments \_\_\_\_\_  
Estimated tax penalty \_\_\_\_\_  
Overpayment applied to next year's tax \_\_\_\_\_

### Payments / penalty / application

### Net tax due

## Additions to Tax

Interest on late payments \_\_\_\_\_  
Failure to file penalty \_\_\_\_\_  
Failure to pay penalty \_\_\_\_\_

### Total additions

### Balance due

### Refund

**153**

## Next Year's Estimates

1st quarter \_\_\_\_\_  
2nd quarter \_\_\_\_\_  
3rd quarter \_\_\_\_\_  
4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

## Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date **09/15/14**

## **Filing Instructions**

### **Central American Medical Outreach, Inc.**

### **Exempt Organization Tax Return**

### **Taxable Year Ended April 30, 2014**

**Date Due:** December 15, 2014

**Remittance:** None is required. Your Form 990 for the tax year ended 4/30/14 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, 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. If previously signed and returned no further action is required for Form 8879-EO.

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.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2013, or fiscal year beginning 5/01, 2013, and ending 4/30, 20 14

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

Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2013**

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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,386,182</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**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 2013 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, 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 2013 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 2013 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 **12/04/14****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 2013 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 **ANDREA L. HOSTETLER**Date **12/04/14****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.

Form **8879-EO** (2013)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public Inspection****A** For the 2013 calendar year, or tax year beginning **05/01/13**, and ending **04/30/14****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 AVE.**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**ORRVILLE OH 44667****D** Employer identification number**34-1740695****E** Telephone number**330-683-5956****G** Gross receipts \$ **2,406,571****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ... (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CAMO.ORG****H(c)** Group exemption number ...**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ...**L** Year of formation: **1993****M** State of legal domicile: **OH****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>122</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,098,995</b>	<b>2,343,748</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,908</b>	<b>3,456</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>79,185</b>	<b>38,978</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,184,088</b>	<b>2,386,182</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>371,673</b>	<b>213,780</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>253,749</b>	<b>234,819</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..	<b>56,198</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,694,031</b>	<b>1,935,526</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,319,453</b>	<b>2,384,125</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-135,365</b>	<b>2,057</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,106,409</b>	<b>1,110,270</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>126,254</b>	<b>125,882</b>
		<b>980,155</b>	<b>984,388</b>

**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

Date

**KATHRYN TSCHIEGG RN, BBA****EXECUTIVE DIRECTOR/FOUNDER**

Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

**ANDREA L. HOSTETLER**

Preparer's signature

**ANDREA L. HOSTETLER**

Date

**12/10/14**Check ☐ if self-employed

PTIN

**P00607721**Firm's name **DYER HUGHES ROCHE, 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**

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**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 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 \$ **36,621** 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 \$ **62,794** 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 PATINTS 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 \$ **2,007,044** including grants of \$ **213,780** ) (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 \$1,521,526.**

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

(Expenses \$ **4,255** including grants of \$ ) (Revenue \$ )4e Total program service expenses **2,110,714**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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	<b>X</b>	
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> 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	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<b>X</b>
<b>23</b> 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	<b>23</b>	<b>X</b>
<b>24a</b> 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 25a	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<b>X</b>
<b>b</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	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	<b>26</b>	<b>X</b>
<b>27</b> 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	<b>27</b>	<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<b>X</b>
<b>c</b> 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	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<b>X</b>
<b>33</b> 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	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<b>X</b>
<b>37</b> 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	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b>	<b>X</b>



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>3</b>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>
<b>2a</b>	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	<b>2a</b>	<b>7</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>HONDURAS</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	8	Yes	No
<b>1a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>8</b>		
<b>2</b> 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?			<b>2</b>	<b>X</b>
<b>3</b> 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?			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?			<b>6</b>	<b>X</b>
<b>7a</b> 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?			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?			<b>8b</b>	<b>X</b>
<b>9</b> 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			<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? If "Yes," describe in Schedule O how this was done	<b>12b</b>	<b>X</b>
<b>12c</b>	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ./. **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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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: ./. **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 or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(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	1.00									
TRUSTEE	0.00	X						0	0	0
(2) DR. JORGE ROMERO	1.00									
TRUSTEE	0.00	X						0	0	0
(3) MIKE MCCLINTOCK	1.00									
TRUSTEE	0.00	X						0	0	0
(4) ROBYN MCCLINTOCK	1.00									
TRUSTEE	0.00	X						0	0	0
(5) PAT LORSON	1.00									
TRUSTEE	0.00	X						0	0	0
(6) DR. MARK GUSTAFSON	1.00									
PRESIDENT	0.00	X						0	0	0
(7) SUE CRAWFORD	1.00									
VICE PRESIDENT	0.00	X						0	0	0
(8) JIM KLEINFELTER	1.00									
TRUSTEE	0.00	X						0	0	0
(9) KATHRYN TSCHIEGG RN, BBA	40.00									
EXECUTIVE DIRECTOR	0.00			X				69,819	0	2,316
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>69,819</b>		<b>2,316</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>69,819</b>		<b>2,316</b>

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>

**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 **0**



**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line 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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	<b>213,780</b>	<b>213,780</b>		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>69,819</b>	<b>28,626</b>	<b>34,211</b>	<b>6,982</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>124,266</b>	<b>50,949</b>	<b>60,890</b>	<b>12,427</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>6,218</b>	<b>2,549</b>	<b>3,047</b>	<b>622</b>
<b>9</b> Other employee benefits	<b>13,627</b>	<b>5,587</b>	<b>6,677</b>	<b>1,363</b>
<b>10</b> Payroll taxes	<b>20,889</b>	<b>8,564</b>	<b>10,236</b>	<b>2,089</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>350</b>		<b>350</b>	
<b>c</b> Accounting	<b>8,500</b>		<b>8,500</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>38,806</b>		<b>38,806</b>	
<b>12</b> Advertising and promotion	<b>29,083</b>			<b>29,083</b>
<b>13</b> Office expenses	<b>9,970</b>	<b>972</b>	<b>8,749</b>	<b>249</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>19,170</b>	<b>7,860</b>	<b>9,393</b>	<b>1,917</b>
<b>17</b> Travel	<b>119,133</b>	<b>119,133</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>12,198</b>	<b>4,255</b>	<b>7,242</b>	<b>701</b>
<b>23</b> Insurance	<b>2,078</b>	<b>852</b>	<b>1,018</b>	<b>208</b>
<b>24</b> 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.)				
<b>a</b> <b>SUPPLIES &amp; EQUIPMENT</b>	<b>1,521,526</b>	<b>1,521,526</b>		
<b>b</b> <b>OTHER SPECIAL PROJECTS</b>	<b>69,447</b>	<b>62,864</b>	<b>6,583</b>	
<b>c</b> <b>WOMENS SHELTER &amp; HEALTH</b>	<b>34,072</b>	<b>34,072</b>		
<b>d</b> <b>POSTAGE AND SHIPPING</b>	<b>33,993</b>	<b>33,993</b>		
<b>e</b> All other expenses	<b>37,200</b>	<b>15,132</b>	<b>21,511</b>	<b>557</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>2,384,125</b>	<b>2,110,714</b>	<b>217,213</b>	<b>56,198</b>
<b>26</b> <b>Joint costs.</b> 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**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing .....	<b>84,722</b>	1	<b>138,285</b>
	2 Savings and temporary cash investments .....	<b>299,663</b>	2	<b>268,751</b>
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	<b>52,167</b>	4	<b>41,307</b>
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	<b>282,434</b>	8	<b>274,881</b>
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 472,043</b>		
	b Less: accumulated depreciation .....	<b>10b 142,919</b>	<b>10c 336,623</b>	<b>329,124</b>
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....	<b>28,783</b>	12	<b>31,621</b>
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	<b>22,017</b>	15	<b>26,301</b>
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>1,106,409</b>	16	<b>1,110,270</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	<b>46,254</b>	17	<b>45,882</b>
	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 Loans and other 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 .....	<b>80,000</b>	24	<b>80,000</b>
	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 <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>126,254</b>	26	<b>125,882</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	<b>948,747</b>	27	<b>917,209</b>
	28 Temporarily restricted net assets .....	<b>31,408</b>	28	<b>67,179</b>
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> .....	<b>980,155</b>	33	<b>984,388</b>
34 <b>Total liabilities and net assets/fund balances</b> .....	<b>1,106,409</b>	34	<b>1,110,270</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,386,182</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,384,125</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,057</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>980,155</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>2,176</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>984,388</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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?		<b>X</b>
<b>b</b> 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.		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

... Attach to Form 990 or Form 990-EZ.

... Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

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—Non-functionally integrated
- 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? .....
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) ..	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,594,976	1,975,870	2,072,904	3,098,995	2,343,748	12,086,493
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,594,976	1,975,870	2,072,904	3,098,995	2,343,748	12,086,493
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						12,086,493

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ..	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	2,594,976	1,975,870	2,072,904	3,098,995	2,343,748	12,086,493
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	4,728	4,575	2,191	4,411	3,456	19,361
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				30,585	6,462	37,047
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			34,145	34,768		68,913
<b>11 Total support.</b> Add lines 7 through 10 .....						12,211,814
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	55,361

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.97 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.03 %

**16a 33 1/3% support test—2013.** 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 ☒

**b 33 1/3% support test—2012.** 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 ☐

**17a 10%-facts-and-circumstances test—2013.** 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 ☐

**b 10%-facts-and-circumstances test—2012.** 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 ☐

**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 ☐

**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) ..	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ..	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....	<input type="checkbox"/>	

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ **68,913**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**.. Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**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 foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

## 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
<b>1</b>	<b>NOBLE FOUNDATION</b> <b>2345 GATEWAY DRIVE SUITE C</b> <b>WOOSTER OH 44691</b>	\$ <b>320,000</b>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) <input type="checkbox"/>

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**.. 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.  
.. Attach to Form 990.

OMB No. 1545-0047

**2013****Open to Public  
Inspection**.. Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CENTRAL AMERICAN MEDICAL OUTREACH,  
INC.**

Employer identification number

**34-1740695****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) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.		
a Total number of conservation easements .....	2a	Held at the End of the Tax Year
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 .....		
4 Number of states where property subject to conservation easement is located .....		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year .....		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year .. \$ .....		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9 In Part XIII, 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 XIII, 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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

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

**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 XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
<b>1a</b> Beginning of year balance .....	<b>21,828</b>	<b>19,975</b>	<b>19,754</b>	<b>16,421</b>	<b>13,274</b>
<b>b</b> Contributions .....		<b>40</b>		<b>400</b>	<b>1,750</b>
<b>c</b> Net investment earnings, gains, and losses .....	<b>2,220</b>	<b>1,915</b>	<b>-318</b>	<b>2,934</b>	<b>1,397</b>
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	<b>112</b>	<b>102</b>	<b>97</b>		
<b>g</b> End of year balance .....	<b>23,936</b>	<b>21,828</b>	<b>19,975</b>	<b>19,754</b>	<b>16,421</b>

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

**a** Board designated or quasi-endowment .. **100.00** %

**b** Permanent endowment .. %

**c** Temporarily restricted endowment .. %

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
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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
<b>1a</b> Land .....		<b>55,602</b>		<b>55,602</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>416,441</b>	<b>142,919</b>	<b>273,522</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				<b>329,124</b>



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>3,386,912</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>806,059</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>194,671</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>1,000,730</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>2,386,182</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>2,386,182</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>3,382,679</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>806,059</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>192,495</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>998,554</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>2,384,125</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>2,384,125</b>

**Part XIII Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE PURPOSE OF THESE FUNDS IS FOR THE CAPITAL NEEDS OF THE ORGANIZATION AND CERTAIN OPERATING COSTS.

**PART X - FIN 48 FOOTNOTE**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION, CAMO IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM OHIO INCOME TAXES. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

CONSOLIDATED SUBSIDIARY - INSSA \$ 194,671

## Part XIII Supplemental Information (continued)

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CONSOLIDATED SUBSIDIARY - INSSA	\$	192,495
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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Statement of Activities Outside the United States**

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

.. Attach to Form 990. .. See separate instructions.

.. Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection****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" on 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)					
<b>3a Sub-total</b> .....					
<b>b</b> Total from continuation sheets to Part I .....					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV line 15 for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	(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	213,780	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

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

**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.

.. Attach to Form 990 or Form 990-EZ.

.. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

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

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>SALSA SIZZLE</b> (event type)	(b) Event #2 <b>GOLF OUTING</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	31,918	15,022		46,940
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	31,918	15,022		46,940
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses	6,371	4,391		10,762
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				10,762
11 Net income summary. Subtract line 10 from line 3, column (d) .....				36,178	

**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))
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. Subtract line 7 from line 1, column (d) .....				

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? ☐ Yes ☐ No

b If "No," explain: .....

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

b If "Yes," explain: .....

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization .. \$ ..... and the amount of gaming revenue retained by the third party .. \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation .. \$ .....

Description of services provided .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year .. \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

.. Attach to Form 990.

.. Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open To Public  
Inspection****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 ..( <b>MEDICAL SUPPLIE</b> )	<b>X</b>	<b>1</b>	<b>1,513,973</b>	<b>CATALOG/ESTIMATE</b>
26 Other ..( .....				
27 Other ..( .....				
28 Other ..( .....				

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**

	Yes	No
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>X</b>
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? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
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.		

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

... Attach to Form 990 or 990-EZ.

... Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

**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.****CAMO IS IN THE PROCESS OF COMPLETION OF THE LARGET PUBLIC HEALTH CENTER IN  
HONDURAS. THIS PROJECT WILL BE COMPLETED OCTOBER OF 2014. ON COMPLETION  
THE ESTIMATED COST WILL BE \$700,000.****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.****A NEW PILOT PROGRAM HAS BEEN INITIATED WITH THE MINISTRY OF HEALTH OF  
HONDURAS AS OF FEBRUARY 2014 WHICH WILL HELP TO STANDARDIZE NURSING  
PROCEDURES AND IMPROVE QUALITY OF CARE.****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT****CAMO'S MEDICAL TEAMS CONTRIBUTED \$740,201 OF VOLUNTEER  
TIME IN HONDURAS, AND LOCAL VOLUNTEERS CONTRIBUTED \$65,857  
OF TIME IN SUPPORT OF THE ORGANIZATION.**

Name of the organization

CENTRAL AMERICAN MEDICAL OUTREACH,

Employer identification number

34-1740695

## FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

HONDURAS

## FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MIKE MCCLINTOCK

ROBYN MCCLINTOCK

TRUSTEE

TRUSTEE

HUSBAND/WIFE

## FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DISTRIBUTED TO THE VARIOUS BOARD MEMBERS FOR QUESTIONS AND/OR CHANGES.

## 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

Name of the organization

CENTRAL AMERICAN MEDICAL OUTREACH,

Employer identification number

34-1740695

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

CONSOLIDATED SUBSIDIARY - INSSA \$ 194,671

CONSOLIDATED SUBSIDIARY - INSSA \$ -192,495

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2013 or other tax year beginning **05/01/13**, and ending **04/30/14**

See separate instructions.

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

**2013**Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changed

B Exempt under section

☒ 501(c) ( **3** )☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)C Book value of all assets  
at end of year**1,110,270**Name of organization ( ☐ Check box if name changed and see instructions.)**CENTRAL AMERICAN MEDICAL OUTREACH,  
INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

**322 WESTWOOD AVE.**

City or town, state or province, country, and ZIP or foreign postal code

**ORRVILLE OH 44667**D Employer identification number  
(Employees' trust, see instructions.)**34-1740695**E Unrelated business activity codes  
(See instructions.)

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.J The books are in care of **KATHRYN TSCHIEGG RN, BBA** Telephone number **330-683-5956****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Form 8949 and Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0	0

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
(1) \$ <u>                    </u> (2) \$ <u>                    </u> (3) \$ <u>                    </u>	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) <u>                    </u>	\$ <u>                    </u>
(2) Additional 3% tax (not more than \$100,000) <u>                    </u>	\$ <u>                    </u>
<b>c</b> Income tax on the amount on line 34 <u>                    </u>	<b>35c</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <u>                    </u>	<b>36</b>
<b>37 Proxy tax.</b> See instructions <u>                    </u>	<b>37</b>
<b>38 Alternative minimum tax</b> <u>                    </u>	<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies <u>                    </u>	<b>39</b>

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <u>                    </u>	<b>40a</b>	
<b>b</b> Other credits (see instructions) <u>                    </u>	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) <u>                    </u>	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) <u>                    </u>	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d <u>                    </u>	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39 <u>                    </u>	<b>41</b>	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) <u>                    </u>	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42 <u>                    </u>	<b>43</b>	<b>0</b>
<b>44a</b> Payments: A 2012 overpayment credited to 2013 <u>                    </u>	<b>44a</b>	
<b>b</b> 2013 estimated tax payments <u>                    </u>	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868 <u>                    </u>	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) <u>                    </u>	<b>44d</b>	
<b>e</b> Backup withholding (see instructions) <u>                    </u>	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) <u>                    </u>	<b>44f</b>	<b>153</b>
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <u>                    </u> <input type="checkbox"/> Form 4136 <u>                    </u> <input type="checkbox"/> Other <u>                    </u> Total <u>                    </u>	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g <u>                    </u>	<b>45</b>	<b>153</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <u>                    </u> <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed <u>                    </u>	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <u>                    </u>	<b>48</b>	<b>153</b>
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2014 estimated tax</b> <u>                    </u> <b>Refunded</b> <u>                    </u>	<b>49</b>	<b>153</b>

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u>                    </u>	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <u>                    </u> \$		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation                     

<b>1</b> Inventory at beginning of year <u>                    </u>	<b>1</b>		<b>6</b> Inventory at end of year <u>                    </u>	<b>6</b>	
<b>2</b> Purchases <u>                    </u>	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 <u>                    </u>	<b>7</b>	
<b>3</b> Cost of labor <u>                    </u>	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <u>                    </u>	Yes	No
<b>4a</b> Additional sec. 263A costs (attach schedule) <u>                    </u>	<b>4a</b>				
<b>b</b> Other costs (attach schedule) <u>                    </u>	<b>4b</b>				
	<b>5</b>				

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

                     **EXECUTIVE DIRECTOR/FOUNDER**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☐ Yes ☐ No**Paid****Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

**ANDREA L. HOSTETLER****ANDREA L. HOSTETLER****12/10/14****P00607721**Firm's name **♦ DYER HUGHES ROCHE, INC.**Firm's EIN **♦ 20-1954047**Firm's address **♦ P.O. BOX 696  
WOOSTER, OH 44691**Phone no. **330-262-0061**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**(1) **N/A**

(2)

(3)

(4)

**2. Rent received or accrued****(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B).

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**Schedule E – Unrelated Debt-Financed Income** (see instructions)**1. Description of debt-financed property****2. Gross income from or allocable to debt-financed property****3. Deductions directly connected with or allocable to debt-financed property****(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1) **N/A**

(2)

(3)

(4)

**4.** Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

**Totals****Total dividends-received deductions** included in column 8**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)**1. Name of controlled organization****2. Employer identification number****Exempt Controlled Organizations****3.** Net unrelated income (loss) (see instructions)**4.** Total of specified payments made**5.** Part of column 4 that is included in the controlling organization's gross inc.**6.** Deductions directly connected with income in column 5(1) **N/A**

(2)

(3)

(4)

**Nonexempt Controlled Organizations****7. Taxable income****8.** Net unrelated income (loss) (see instructions)**9.** Total of specified payments made**10.** Part of column 9 that is included in the controlling organization's gross income**11.** Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals**

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Totals, Part II** (lines 1-5)**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

Form **8941****Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

Department of the Treasury  
Internal Revenue Service

... Attach to your tax return.

... Information about Form 8941 and its separate instructions is at [www.irs.gov/form8941](http://www.irs.gov/form8941).**2013**Attachment  
Sequence No. **63**

Name(s) shown on return

Identifying number

**CENTRAL AMERICAN MEDICAL OUTREACH,  
INC.****34-1740695****Caution.** See the instructions and complete Worksheets 1 through 7 as needed.

<b>1a</b> Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	<b>1a</b>	<b>7</b>
<b>b</b> Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	<b>1b</b>	
<b>2</b> Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	<b>2</b>	<b>5</b>
<b>3</b> Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	<b>3</b>	<b>47,000</b>
<b>4</b> Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	<b>4</b>	<b>5,100</b>
<b>5</b> Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	<b>5</b>	<b>5,174</b>
<b>6</b> Enter the <b>smaller</b> of line 4 or line 5	<b>6</b>	<b>5,100</b>
<b>7</b> Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	<b>7</b>	<b>1,275</b>
<b>8</b> If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	<b>8</b>	<b>1,275</b>
<b>9</b> If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	<b>9</b>	<b>153</b>
<b>10</b> Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	<b>10</b>	
<b>11</b> Subtract line 10 from line 4. If zero or less, enter -0-	<b>11</b>	<b>5,100</b>
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11	<b>12</b>	<b>153</b>
<b>13</b> If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	<b>13</b>	<b>1</b>
<b>14</b> Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	<b>14</b>	<b>1</b>
<b>15</b> Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	<b>15</b>	
<b>16</b> Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	<b>16</b>	<b>153</b>
<b>17</b> Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	<b>17</b>	
<b>18</b> Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	<b>18</b>	
<b>19</b> Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	<b>19</b>	<b>34,399</b>
<b>20</b> Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f	<b>20</b>	<b>153</b>

**For Paperwork Reduction Act Notice, see separate instructions.**Form **8941** (2013)

34-1740695

**Federal Asset Report**

FYE: 4/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
94	iMac Computer	8/22/13	1,124		X	562	5 HY 200DB	0	674
95	Computer	9/17/13	701		X	350	5 HY 200DB	0	421
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874		X	437	5 HY 200DB	0	525
			<u>2,699</u>			<u>1,349</u>		<u>0</u>	<u>1,620</u>
<b>15-year GDS Property:</b>									
93	Warehouse Garage Door Repairs	6/24/13	2,000		X	1,000	15 HY S/L	0	1,033
			<u>2,000</u>			<u>1,000</u>		<u>0</u>	<u>1,033</u>
<b>Other Depreciation:</b>									
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	2,714	174
3	Land Improvements	6/10/99	2,751			2,751	15 MO S/L	2,550	184
4	Warehouse	4/30/99	148,074			148,074	40 MO S/L	52,136	3,702
5	Sign	5/01/99	600			600	40 MO S/L	210	15
6	Building Improvements	6/01/99	4,985			4,985	40 MO S/L	1,737	124
7	Building Addition	3/01/04	3,426			3,426	40 MO S/L	859	86
8	Garage Door Opener	9/16/04	620			620	40 MO S/L	141	16
9	Office Renovations	10/31/07	1,119			1,119	40 MO S/L	156	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	3,870	0
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	757	0
46	Server	1/11/07	558			558	5 MO S/L	558	0
47	Computer (Bookkeeper)	1/11/07	558			558	5 MO S/L	558	0
48	Computer (Jody)	1/22/08	711			711	5 MO S/L	711	0
49	Printer/Copier/Fax/Scan	4/10/08	259			259	5 MO S/L	259	0
51	1998 Ford Cube Van	6/25/02	12,903			12,903	10 MO S/L	12,903	0
53	1994 Fruehauf 48	10/12/04	2,000			2,000	7 MO S/L	2,000	0
54	Clark TW30 Forklift	12/16/99	5,300			5,300	10 MO S/L	5,300	0
68	Concrete Pad	6/19/09	8,630			8,630	15 MO S/L	2,205	576
69	Bio Med Tools	11/13/09	1,229			1,229	7 MO S/L	615	175
74	Dinning Room Upgrade	2/16/10	343			343	7 MO S/L	155	49

**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
75	Flat Screen TV	2/16/10	1,632			1,632	7 MO S/L	738	233
76	Office Furniture	2/23/10	352			352	7 MO S/L	159	51
77	Warehouse Renovations	10/06/09	91,282			91,282	40 MO S/L	8,177	2,282
85	1997 Wabash Van Trailer	10/21/11	3,000			3,000	5 MO S/L	900	600
86	1997 Wabash Trailer	12/01/11	4,900			4,900	5 MO S/L	1,388	980
87	Website Project	9/22/11	1,550			1,550	3 MO Amort	861	517
90	Westwood Avenue Property Building	1/15/13	78,440			78,440	40 MO S/L	654	1,961
91	Westwood Avenue Property Land	1/15/13	31,574			31,574	0 -- Land	0	0
92	Lumber and Bolts	10/05/12	880			880	40 MO S/L	13	22
<b>Total Other Depreciation</b>			<u>466,229</u>			<u>466,229</u>		<u>130,294</u>	<u>11,775</u>
<b>Total ACRS and Other Depreciation</b>			<u>466,229</u>			<u>466,229</u>		<u>130,294</u>	<u>11,775</u>
<b>Listed Property:</b>									
89	1998 Dodge Caravan	6/01/11	<u>1,116</u>			<u>1,116</u>	5 MO S/L	<u>428</u>	<u>223</u>
			<u>1,116</u>			<u>1,116</u>		<u>428</u>	<u>223</u>
<b>Amortization:</b>									
67	Website Design	9/15/08	<u>7,000</u>			<u>7,000</u>	3 MO Amort	<u>7,000</u>	<u>0</u>
			<u>7,000</u>			<u>7,000</u>		<u>7,000</u>	<u>0</u>
<b>Grand Totals</b>			479,044			476,694		137,722	14,651
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>479,044</u>			<u>476,694</u>		<u>137,722</u>	<u>14,651</u>

34-1740695

**AMT Asset Report**

FYE: 4/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
94	iMac Computer	8/22/13	1,124		X	562	5 HY 200DB	0	674
95	Computer	9/17/13	701		X	350	5 HY 200DB	0	421
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874		X	437	5 HY 200DB	0	525
			<u>2,699</u>			<u>1,349</u>		<u>0</u>	<u>1,620</u>
<b>15-year GDS Property:</b>									
93	Warehouse Garage Door Repairs	6/24/13	2,000		X	1,000	15 HY S/L	0	1,033
			<u>2,000</u>			<u>1,000</u>		<u>0</u>	<u>1,033</u>
<b>Prior MACRS:</b>									
85	1997 Wabash Van Trailer	10/21/11	3,000			3,000	5 HY 200DB	1,560	576
86	1997 Wabash Trailer	12/01/11	4,900			4,900	5 HY 200DB	2,548	941
90	Westwood Avenue Property Building	1/15/13	78,440			78,440	39 MMS/L	587	2,011
92	Lumber and Bolts	10/05/12	880			880	39 MMS/L	12	23
			<u>87,220</u>			<u>87,220</u>		<u>4,707</u>	<u>3,551</u>
<b>Other Depreciation:</b>									
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

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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
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
91	Westwood Avenue Property Land	1/15/13	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			0			0		0	0
<b>Total ACRS and Other Depreciation</b>			0			0		0	0
<b>Listed Property:</b>									
89	1998 Dodge Caravan	6/01/11	1,116			1,116	5 HY 200DB	580	215
			1,116			1,116		580	215
<b>Grand Totals</b>			93,035			90,685		5,287	6,419
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Net Grand Totals</b>			93,035			90,685		5,287	6,419



**Bonus Depreciation Report**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
<b><u>Activity: Form 990, Page 1</u></b>								
93	Warehouse Garage Door Repairs	6/24/13	2,000		0	1,000	0	1,000
94	iMac Computer	8/22/13	1,124		0	562	0	562
95	Computer	9/17/13	701		0	351	0	350
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874		0	437	0	437
	<b>Form 990, Page 1</b>		<u>4,699</u>		<u>0</u>	<u>2,350</u>	<u>0</u>	<u>2,349</u>
	<b>Grand Total</b>		<u>4,699</u>		<u>0</u>	<u>2,350</u>	<u>0</u>	<u>2,349</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>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	93	Warehouse Garage Door Repairs	1,033	1,033	0
Page 1	1	94	iMac Computer	674	674	0
Page 1	1	95	Computer	421	421	0
Page 1	1	96	Intermec CN3 Mobile Computer/Scanner	<u>525</u>	<u>525</u>	<u>0</u>
				<u>2,653</u>	<u>2,653</u>	<u>0</u>

**Future Depreciation Report****FYE: 4/30/15**

FYE: 4/30/2014

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
93	Warehouse Garage Door Repairs	6/24/13	2,000	67	67
94	iMac Computer	8/22/13	1,124	180	180
95	Computer	9/17/13	701	112	112
96	Interneq CN3 Mobile Computer/Scanner	10/25/13	874	140	140
			<u>4,699</u>	<u>499</u>	<u>499</u>

**Other Depreciation:**

1	Land	10/01/98	24,028	0	0
2	Land Impr. at Warehouse	4/30/99	2,888	0	0
3	Land Improvements	6/10/99	2,751	17	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	85	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	0	0
49	Printer/Copier/Fax/Scan	4/10/08	259	0	0
51	1998 Ford Cube Van	6/25/02	12,903	0	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	234	0
76	Office Furniture	2/23/10	352	50	0

**Future Depreciation Report****FYE: 4/30/15**

FYE: 4/30/2014

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
77	Warehouse Renovations	10/06/09	91,282	2,282	0
85	1997 Wabash Van Trailer	10/21/11	3,000	600	346
86	1997 Wabash Trailer	12/01/11	4,900	980	564
87	Website Project	9/22/11	1,550	172	0
90	Westwood Avenue Property Building	1/15/13	78,440	1,961	2,011
91	Westwood Avenue Property Land	1/15/13	31,574	0	0
92	Lumber and Bolts	10/05/12	880	22	22
<b>Total Other Depreciation</b>			<u>466,229</u>	<u>11,088</u>	<u>2,943</u>

<b>Total ACRS and Other Depreciation</b>	<u>466,229</u>	<u>11,088</u>	<u>2,943</u>
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**Listed Property:**

89	1998 Dodge Caravan	6/01/11	<u>1,116</u>	<u>223</u>	<u>128</u>
			<u>1,116</u>	<u>223</u>	<u>128</u>

**Amortization:**

67	Website Design	9/15/08	<u>7,000</u>	<u>0</u>	<u>0</u>
			<u>7,000</u>	<u>0</u>	<u>0</u>

<b>Grand Totals</b>	<u>479,044</u>	<u>11,810</u>	<u>3,570</u>
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Form <b>8941</b>	<b>Credit for Small Employer Health Insurance Premium Optimization Wrk</b>	<b>2013</b>
For calendar year 2013 or tax year beginning <b>05/01/13</b> , ending <b>04/30/14</b>		
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>		Employer Identification Number <b>34-1740695</b>

	Hours Worked	Days Worked	Weeks Worked
1. Number of individuals considered employees for the tax year .....	<u>4</u>		<u>5</u>
2. Enter the number of full-time equivalent employees for the tax year .....	<u>4</u>		<u>5</u>
3. Average annual wages you paid for the tax year .....	<u>59,000</u>		<u>47,000</u>
4. Premiums you paid during the tax year for employees .....			<u>5,100</u>
5. Average premiums you would have paid for the small group market .....			<u>5,174</u>
6. Enter the <b>smaller</b> of line 4 or line 5 .....			<u>5,100</u>
7. Multiply line 6 by 25% (.25) .....			<u>1,275</u>
8. Credit after reduction, if line 2 is greater than 10 .....			<u>1,275</u>
9. Credit after reduction, if line 3 is greater than \$25,000 .....			<u>153</u>
10. Enter state premium subsidies paid and state tax credits available .....			
11. Subtract line 10 from line 4. If zero or less, enter -0- .....			<u>5,100</u>
12. Enter the <b>smaller</b> of line 9 or line 11 .....			<u>153</u>

Form <b>8941</b>	<b>Credit for Small Employer Health Insurance Premium Wrk, Page 1</b>	<b>2013</b>
For calendar year 2013 or tax year beginning <b>05/01/13</b> , ending <b>04/30/14</b>		
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>		Employer Identification Number <b>34-1740695</b>

	Hours Worked	Days Worked	Weeks Worked
<b>Form 8941, Line 2 - Full-Time Equivalent Employees</b>			
1. Total employee hours, days, and weeks of service .....	<u>8,722</u>		<u>292</u>
2. Hours, days, and weeks of service of a full-time employee .....	<u>2,080</u>	<u>260</u>	<u>52</u>
3. <b>Full-time equivalent employees.</b> (Divide line 1 by line 2. If the result is not a whole number, round to lowest whole number. If less than one, enter 1.) .....	<u>4</u>	<u>1</u>	<u>5</u>

<b>Form 8941, Line 3 - Average Annual Wages</b>			
1. Total employee wages paid .....	<u>239,156</u>	<u>239,156</u>	<u>239,156</u>
2. Number of full-time equivalent employees. (Form 8941, line 2) .....	<u>4</u>	<u>1</u>	<u>5</u>
3. <b>Average annual wages.</b> (Divide line 1 by line 2. If the result is not a multiple of \$1,000, round down to the next lowest multiple of \$1,000.) .....	<u>59,000</u>	<u>239,000</u>	<u>47,000</u>

<b>Form 8941, Line 8 - FTE Limitation</b>			
1. Credit before FTE limitation. (Form 8941, line 7) .....			<u>1,275</u>
2. Number of full-time equivalent employees. (Form 8941, line 2) .....			<u>5</u>
3. Subtract 10 from line 2 .....			
4. Divide line 3 by 15 .....			
5. Multiply line 1 by line 4 .....			
6. <b>Credit after FTE reduction.</b> (Subtract line 5 from line 1.) .....			<u>1,275</u>

<b>Form 8941, Line 9 - Average Annual Wage Limitation</b>			
1. Credit before wage limitation. (Form 8941, line 8) .....			<u>1,275</u>
2. Credit before FTE limitation. (Form 8941, line 7) .....			<u>1,275</u>
3. Average annual wages. (Form 8941, line 3) .....			<u>47,000</u>
4. Subtract \$25,000 from line 3 .....			<u>22,000</u>
5. Divide line 4 by \$25,000 .....			<u>.880</u>
6. Multiply line 2 by line 5 .....			<u>1,122</u>
7. <b>Credit after wage reduction.</b> (Subtract line 6 from line 1.) .....			<u>153</u>

<b>Form 8941, Line 14 - FTEs Enrolled in Coverage</b>			
1. Employees with insurance hours, days, and weeks of service .....			<u>52</u>
2. Hours, days, and weeks of service of a full-time employee .....			<u>52</u>
3. <b>Full-time equivalent employees.</b> (Divide line 1 by line 2. If the result is not a whole number, round to lowest whole number. If less than one, enter 1.) .....			<u>1</u>

[illegible]

Form <b>8941</b>	<b>Credit for Small Employer Health Insurance Premium Wrk, Page 3</b>		<b>2013</b>
For calendar year 2013 or tax year beginning		<b>05/01/13</b>	, ending <b>04/30/14</b>
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>			Employer Identification Number <b>34-1740695</b>

**Worksheet 4 - Information Needed to Complete Form 8941, Lines 4, 5, and 14**

Enrolled Individuals Considered Employees	Employer Premiums Paid	Employer State Average Premiums	Hours Worked	Days Worked	Weeks Worked
KATHRYN TSCHIEGG	5,100	5,174	2,080	0	52
Total amount from this page	5,100	5,174	2,080		52
Total amount from additional pages					
Total amount from all pages	<u>5,100</u>	<u>5,174</u>	<u>2,080</u>	<u></u>	<u>52</u>





Form <b>990</b>	<b>Two Year Comparison Report</b> For calendar year 2013, or tax year beginning <b>05/01/13</b> , ending <b>04/30/14</b>	<b>2012 &amp; 2013</b>
-----------------	---	------------------------

Name

Taxpayer Identification Number

**CENTRAL AMERICAN MEDICAL OUTREACH, INC.**
**34-1740695**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 3,098,995	2,343,748	-755,247
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 4,411	3,456	-955
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 1,497		-1,497
	8. Net income or (loss) from fundraising events	8. 43,354	31,516	-11,838
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
<b>Expenses</b>	1. Other revenue	11. 35,831	7,462	-28,369
	2. <b>Total revenue.</b> Add lines 1 through 11	12. 3,184,088	2,386,182	-797,906
	3. Grants and similar amounts paid	13. 371,673	213,780	-157,893
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	69,819	69,819
	16. Salaries, other compensation, and employee benefits	16. 246,157	165,000	-81,157
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 44,844	47,656	2,812
	19. Occupancy, rent, utilities, and maintenance	19. 10,107	19,170	9,063
	20. Depreciation and Depletion	20. 11,844	12,198	354
<b>Other Information</b>	21. Other expenses	21. 2,627,236	1,856,502	-770,734
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 3,311,861	2,384,125	-927,736
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -127,773	2,057	129,830
	24. Total exempt revenue	24. 3,184,088	2,386,182	-797,906
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 3,184,088	2,386,182	-797,906
	27. Total assets	27. 1,106,409	1,110,270	3,861
	28. Total liabilities	28. 126,254	125,882	-372
	29. Retained earnings	29. 980,155	984,388	4,233
	30. Number of voting members of governing body	30. 8	8	
	31. Number of independent voting members of governing body	31. 8	8	
	32. Number of employees	32. 7	7	
	33. Number of volunteers	33. 247	122	

Form <b>990T</b>	<b>Two Year Comparison Report</b>		<b>2012 &amp; 2013</b>
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>			
For calendar year 2013, or tax year beginning <b>05/01/13</b> , ending <b>04/30/14</b>		Taxpayer Identification Number <b>34-1740695</b>	

		2012	2013	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	11.		
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. <b>Total deductions.</b> Add lines 12 through 22	23.		
	24. <b>Taxable income before NOL.</b> Subtract line 23 from 11	24.		
25. Net operating loss deduction	25.			
26. Specific deduction	26.	1,000	1,000	
27. <b>Unrelated business taxable income.</b>	27.	-1,000	-1,000	
<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
	29. Proxy tax	29.		
	30. Alternative minimum tax	30.		
	31. <b>Total taxes</b>	31.		
	32. Other credits	32.		
	33. General business credit	33.		
	34. Credit for prior year minimum tax	34.		
	35. <b>Total credits</b>	35.		
	36. <b>Net tax after credits</b>	36.		
	37. Recapture taxes	37.		
38. <b>Total Taxes</b>	38.			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.	153	153
	43. <b>Total payments</b>	43.	153	153
	44. <b>Balance due/(Overpayment)</b>	44.	-153	-153
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
47. <b>Total due/(Refund)</b>	47.	-153	-153	

Form <b>990</b>	<b>Tax Return History</b>	<b>2013</b>
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>		Employer Identification Number <b>34-1740695</b>

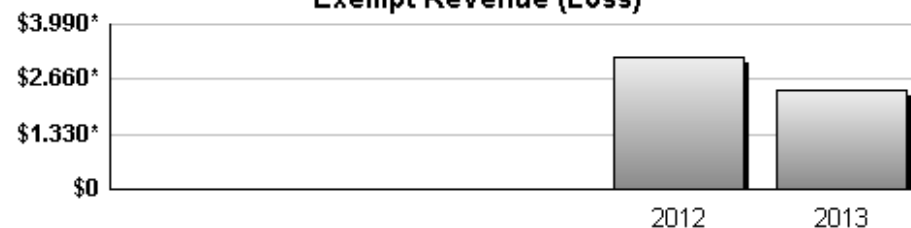
	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....				3,098,995	2,343,748	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....				1,497		
Investment income .....				4,411	3,456	
Fundraising revenue (income/loss) .....				43,354	31,516	
Gaming revenue (income/loss) .....						
Other revenue .....				35,831	7,462	
<b>Total revenue</b> .....				3,184,088	2,386,182	
Grants and similar amounts paid .....				371,673	213,780	
Benefits paid to or for members .....						
Compensation of officers, etc. ....					69,819	
Other compensation .....				253,749	165,000	
Professional fees .....					47,656	
Occupancy costs .....				10,107	19,170	
Depreciation and depletion .....				11,844	12,198	
Other expenses .....				2,672,080	1,856,502	
<b>Total expenses</b> .....				3,319,453	2,384,125	
<b>Excess or (Deficit)</b> .....				-135,365	2,057	
Total exempt revenue .....				3,184,088	2,386,182	
Total unrelated revenue .....						
Total excludable revenue .....				3,184,088	2,386,182	
Total Assets .....				1,106,409	1,110,270	
Total Liabilities .....				126,254	125,882	
Net Fund Balances .....				980,155	984,388	

Form **990T****Tax Return History****2013**Name **CENTRAL AMERICAN MEDICAL OUTREACH, INC.**Employer Identification Number  
**34-1740695**

	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

**Contributions**

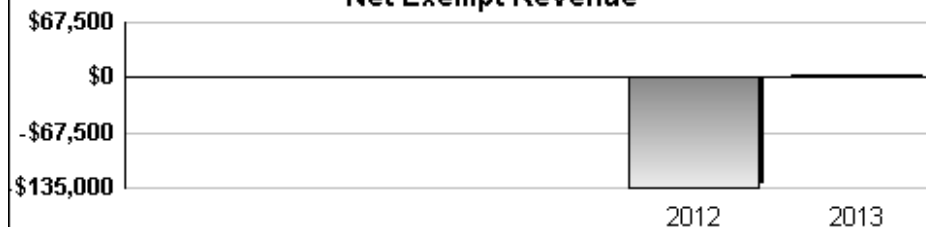
\* in millions

**Exempt Revenue (Loss)**

\* in millions

**Expenses Deductions**

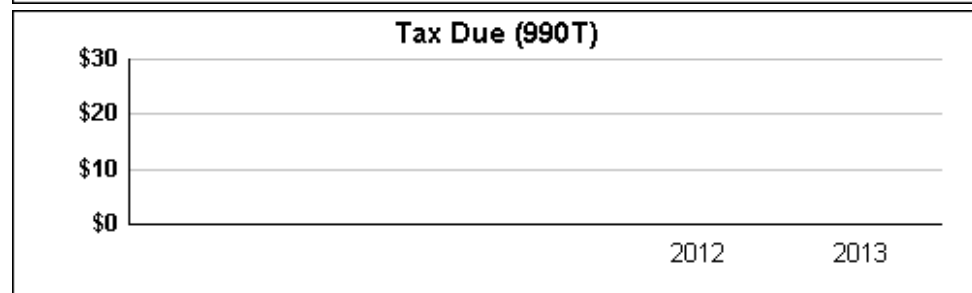
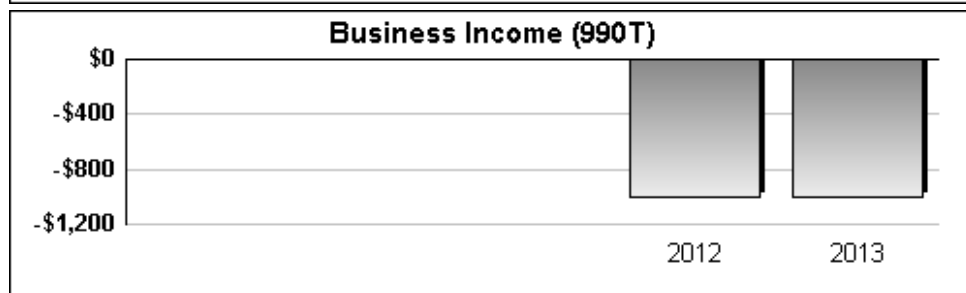
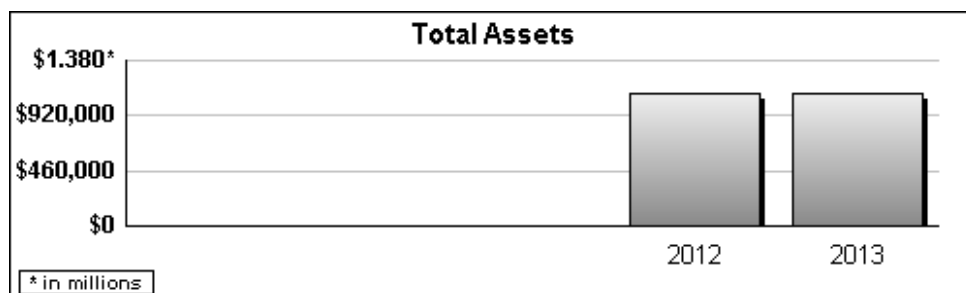
\* in millions

**Net Exempt Revenue**

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
Name <b>CENTRAL AMERICAN MEDICAL OUTREACH, INC.</b>		Employer Identification Number <b>34-1740695</b>

	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
<b>Income after expense and deductions</b> .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....					153	
<b>Balance due/Overpayment</b> .....					-153	

\* Income shown net of expenses



## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 38,806	\$	\$ 38,806	\$
TOTAL	\$ 38,806	\$ 0	\$ 38,806	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAD DEBT	\$ 9,961	\$	\$ 9,961	\$
MISCELLANEOUS	8,821		8,821	
VEHICLE EXPENSES	6,919	6,919		
SUPPLIES	6,000	6,000		
COMMUNICATIONS	5,569	2,283	2,729	557
INSSA EXPENSE	-70	-70		
TOTAL	\$ 37,200	\$ 15,132	\$ 21,511	\$ 557

341740695 Central American Medical Outreach,  
34-1740695  
FYE: 4/30/2014

12/10/2014 11:23 AM

## Federal Statements

### Schedule A, Part II, Line 9(e)

Description	Amount
MISCELLANEOUS INCOME	\$ 7,462
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 6,462</u>

### Schedule A, Part II, Line 10(e)

Description	Amount
INSSA SALES	\$
TOTAL	<u>\$ 0</u>

### Schedule A, Part II, Line 12

Description	Amount
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 3,456
GOLF OUTING	15,022
SALSA SIZZLE	31,918
20TH ANNIVERSARY EVENT	4,965
TOTAL	<u>\$ 55,361</u>