

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **05/01/17**, and ending **04/30/18**

CENTRAL AMERICAN MEDICAL OUTREACH, **-*0695
INC.**

Net Asset / Fund Balance at Beginning of Year		<u>601,550</u>
Revenue		
Contributions	<u>2,602,625</u>	
Program service revenue		
Investment income	<u>4,241</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>96,517</u>	
Direct expenses	<u>25,033</u>	
Net income	<u>71,484</u>	
Other income	<u>75,464</u>	
Total revenue		<u>2,753,814</u>
Expenses		
Program services	<u>2,043,026</u>	
Management and general	<u>203,156</u>	
Fundraising	<u>50,488</u>	
Total expenses		<u>2,296,670</u>
Excess / (deficit)		<u>457,144</u>
Changes		<u>20,926</u>
Net Asset / Fund Balance at End of Year		<u>1,079,620</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>4,196,608</u>
Less:	
Unrealized gains	
Donated services	<u>1,173,697</u>
Recoveries	
Other	<u>337,915</u>
Plus:	
Investment expenses	
Other	<u>68,818</u>
Total revenue per return	<u>2,753,814</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>3,737,719</u>
Less:	
Donated services	<u>1,173,697</u>
Prior year adjustments	
Losses	
Other	<u>294,793</u>
Plus:	
Investment expenses	
Other	<u>27,441</u>
Total expenses per return	<u>2,296,670</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>987,838</u>	<u>1,350,276</u>	
Liabilities	<u>386,288</u>	<u>270,656</u>	
Net assets	<u>601,550</u>	<u>1,079,620</u>	<u>478,070</u>

Miscellaneous Information

Amended return _____
Return / extended due date 03/15/19
Failure to file penalty _____

Filing Instructions

Central American Medical Outreach, Inc.

Exempt Organization Tax Return

Taxable Year Ended April 30, 2018

Date Due: March 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 4/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 5/01, 2017, and ending 4/30, 2018

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Employer identification number

**** - ***0695**

Name and title of officer

**KATHRYN TSCHIEGG RN, BBA
FOUNDER AND DIRECTOR**

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 one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,753,814</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 ROCHE & COMPANY, 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 2017 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 2017 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 } **01/18/19**

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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 } **01/18/19**

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** (2017)

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 05/01/17, and ending 04/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 322 WESTWOOD AVE. City or town, state or province, country, and ZIP or foreign postal code ORRVILLE OH 44667	D Employer identification number ** - *** 0695 E Telephone number 330-683-5956 G Gross receipts \$ 2,778,847
F Name and address of principal officer: KATHRYN TSCHIEGG RN, BBA 322 WESTWOOD AVE ORRVILLE OH 44667		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.CAMO.ORG		L Year of formation: 1993 M State of legal domicile: OH
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CAMO'S MISSION IS TO IMPROVE THE QUALITY OF LIFE OF PEOPLE IN CENTRAL AMERICA BY STRENGTHENING HEALTH CARE SYSTEMS AND PROMOTING SUSTAINABLE COMMUNITY DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	466
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,505,951	Current Year 2,602,625
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,282	4,241
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,988	146,948
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,570,221	2,753,814
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	388,447
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,595	298,353
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 50,488			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,801,983	1,889,577
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,489,025	2,296,670	
19 Revenue less expenses. Subtract line 18 from line 12	81,196	457,144	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 987,838	End of Year 1,350,276
	21 Total liabilities (Part X, line 26)	386,288	270,656
	22 Net assets or fund balances. Subtract line 21 from line 20	601,550	1,079,620

Part II Signature Block

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

Sign Here	Signature of officer KATHRYN TSCHIEGG RN, BBA Type or print name and title	Date FOUNDER AND DIRECTOR
	Print/Type preparer's name ANDREA L. HOSTETLER	Preparer's signature ANDREA L. HOSTETLER
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name } DYER ROCHE & COMPANY, INC. P.O. BOX 696 Firm's address } WOOSTER, OH 44691	Firm's EIN } ** - *** 4047 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.

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 \$ **28,312** including grants of \$) (Revenue \$)

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. CAMO CONTINUES TO SUPPPORT THE ACADEMY OF HIGHER LEARNING WHICH PROVIDES COMPUTER TRAINING, AMERICAN HEART ASSOCIATION CERTIFICATION COURSES, LEADERSHIP, SOFT SKILLS, TRAINING OF NURSING PROTOCOLS/PROCEDURES AND OTHER TRAINING.

4b (Code:) (Expenses \$ **333,830** including grants of \$) (Revenue \$)

CAMO PROVIDES MEDICAL SUPPORT, EDUCATION, SUPPLIES AND EQUIPMENT FOR THE PUBLIC HOSPITAL AND COMMUNITY. CAMO'S PROGRAMS MEET THE NEEDS OF BOTH THE MEDICAL AND COMMUNITY DEVELOPMENT. THE WOMEN'S HEALTH PROGRAMS PROVIDED PRENATAL ULTRASOUNDS, AND THE SCREENINGS AND TREATMENT OF CERVICAL AND BREAST CANCER. THE PROSTHETICS AND ORTHOTICS LAB SERVED PATIENTS IN NEED OF PROSTHETIC LIMBS, ORTHOTICS AND BRACES, SEEING UP TO 3 PATIENTS A DAY. THE AUDIOMETRY CLINIC HELD HEARING SCREENINGS, AVERAGING 3,000 SCREENINGS A YEAR, WHILE 450 CATARACT SURGERIES WERE PROVIDED THROUGH THE EYE PROGRAM. THE DENTAL PROGRAM TRAVELED TO SMALL RURAL SCHOOLS TWO DAYS A WEEK: IT SEES AROUND 9,000 CHILDREN EVERY YEAR.

4c (Code:) (Expenses \$ **1,676,167** including grants of \$ **108,740**) (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 REPAIRS EQUIPMENT, VOLUNTEER NURSES SORT MEDICAL SUPPLIES, AND OTHER VOLUNTEERS PACK 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 \$1,290,483.

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

(Expenses \$ **4,717** including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,043,026**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: u HONDURAS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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, address, and telephone number of the person who possesses the organization's books and records: **u**

KATHRYN TSCHIEGG RN, BBA **322 WESTWOOD AVENUE** **OH 44667** **330-683-5956**
ORRVILLE

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 organization 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) RON TAGGART PRESIDENT	1.00 0.00	X						0	0	0
(2) RUTH BROWN VICE PRESIDENT	1.00 0.00	X						0	0	0
(3) BRENT DEVORE SECRETARY	1.00 0.00	X						0	0	0
(4) MORGAN DURST TREASURER	1.00 0.00	X						0	0	0
(5) ANDY ZEIGLER TRUSTEE	1.00 0.00	X						0	0	0
(6) GLENDA LEHMAN ERVIN TRUSTEE	1.00 0.00	X						0	0	0
(7) KATHRYN TSCHIEGG RN, BBA FOUNDER AND DIRECTOR	55.00 0.00			X				73,956	0	0
(8) HELENE MONCMAN EXECUTIVE DIRECTOR	40.00 0.00			X				66,123	0	0
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,602,625			
	g Noncash contributions included in lines 1a-1f: \$		1,509,048			
	h Total. Add lines 1a-1f	u	2,602,625			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,241	4,241		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	96,517			
		b Less: direct expenses	b	25,033		
c Net income or (loss) from fundraising events		u	71,484			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME			75,464		75,464	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		75,464			
12 Total revenue. See instructions.	u		2,753,814	4,241	0	75,464

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	108,740	108,740		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,079	57,432	68,639	14,008
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	107,793	44,195	52,819	10,779
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,454	1,006	1,203	245
9 Other employee benefits	24,779	10,159	12,142	2,478
10 Payroll taxes	23,248	9,532	11,391	2,325
11 Fees for services (non-employees):				
a Management				
b Legal	7,000		7,000	
c Accounting	8,930		8,930	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,582		6,582	
12 Advertising and promotion	17,033			17,033
13 Office expenses	12,770	1,245	11,206	319
14 Information technology				
15 Royalties				
16 Occupancy	10,009	4,104	4,904	1,001
17 Travel	72,833	72,833		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,741	4,717	9,140	884
23 Insurance	3,314	1,359	1,624	331
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & EQUIPMENT	1,290,483	1,290,483		
b OTHER SPECIAL PROJECTS	301,765	301,765		
c POSTAGE AND SHIPPING	52,178	52,178		
d INSSA EXPENSE	32,065	32,065		
e All other expenses	59,874	51,213	7,576	1,085
25 Total functional expenses. Add lines 1 through 24e	2,296,670	2,043,026	203,156	50,488
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	203,746	1	390,315
	2	Savings and temporary cash investments	190,914	2	146,629
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,606	4	40,619
	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	56,011	8	274,576
	9	Prepaid expenses and deferred charges	46,850	9	36,763
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 499,854		
	b	Less: accumulated depreciation	10b 193,394	10c	306,460
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	85,974	12	86,164
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	31,537	15	68,750
16	Total assets. Add lines 1 through 15 (must equal line 34)	987,838	16	1,350,276	
Liabilities	17	Accounts payable and accrued expenses	136,288	17	20,656
	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		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	250,000	25	250,000
	26	Total liabilities. Add lines 17 through 25	386,288	26	270,656
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	399,253	27	860,691
	28	Temporarily restricted net assets	202,297	28	218,929
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	601,550	33	1,079,620	
34	Total liabilities and net assets/fund balances	987,838	34	1,350,276	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,753,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,296,670
3	Revenue less expenses. Subtract line 2 from line 1	3	457,144
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	601,550
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	20,770
9	Other changes in net assets or fund balances (explain in Schedule O)	9	156
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,079,620

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Employer identification number

****-***0695**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,343,748	2,055,070	2,448,049	2,505,951	2,602,625	11,955,443
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,343,748	2,055,070	2,448,049	2,505,951	2,602,625	11,955,443
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,955,443

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,343,748	2,055,070	2,448,049	2,505,951	2,602,625	11,955,443
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,456	1,649	1,157	3,282	4,241	13,785
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,462	27,443	12,909	15,934	75,464	138,212
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12,107,440

12 Gross receipts from related activities, etc. (see instructions) 12 100,758

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.74 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.87 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 0**

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

Schedule of Contributors

OMB No. 1545-0047

2017

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Employer identification number **-***0695
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Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CENTRAL AMERICAN MEDICAL OUTREACH,	Employer identification number ** - ***0695
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AECOS GLOBAL CHARITIES 1008 UPPER GULPH RD WAYNE PA 19087	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	VANDERBILT UNIVERSITY DIVISION OF GASTROENTEROLOGY NASHVILLE TN 37232-1810	\$ 157,384	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AUGUSTA NATIONAL GOLF CLUB 2604 WASHINGTON RD AUGUSTA GA 30904	\$ 56,887	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DR BARAT 830 AMHURST RD NE SUITE 208 MASSILLON OH 44646	\$ 52,450	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL AMERICAN MEDICAL OUTREACH,	Employer identification number ** - ***0695
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	<p>MEDICAL SUPPLIES</p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 56,887
4	<p>MEDICAL SUPPLIES</p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 52,450
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTRAL AMERICAN MEDICAL OUTREACH, INC.

Employer identification number

** - ***0695

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,537	23,927	24,658	23,936	21,828
b Contributions	175	5,487	100		
c Net investment earnings, gains, and losses	3,069	2,259	-712	843	2,220
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	166	136	119	121	112
g End of year balance	34,615	31,537	23,927	24,658	23,936

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 100.00 %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- The percentages on 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:
- | | Yes | No |
|--|----------|----------|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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" on 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
1a Land		55,601		55,601
b Buildings				
c Leasehold improvements				
d Equipment		444,253	193,394	250,859
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				306,460

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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	86,164	COST
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	86,164	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ENDOWMENT FUND HELD BY OTHERS	34,615
(2) CASH SURRENDER VALUE OF LIFE INS.	34,135
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	68,750

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) SUPPLEMENTAL BENEFIT PLAN	250,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	250,000

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,196,608
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1,173,697
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	337,915
e	Add lines 2a through 2d	2e	1,511,612
3	Subtract line 2e from line 1	3	2,684,996
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	68,818
c	Add lines 4a and 4b	4c	68,818
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,753,814

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

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

1	Total expenses and losses per audited financial statements	1	3,737,719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,173,697
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	294,793
e	Add lines 2a through 2d	2e	1,468,490
3	Subtract line 2e from line 1	3	2,269,229
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	27,441
c	Add lines 4a and 4b	4c	27,441
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,296,670

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 - THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740-10, (FORMERLY FIN 48 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), WHICH PRESCRIBES A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST

Part XIII Supplemental Information *(continued)*

BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING
 AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT
 THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

AS A RESULT OF THE IMPLEMENTATION OF THIS STANDARD, MANAGEMENT DETERMINED
 THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

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. HOWEVER, INSSA, CAMO'S FOR
 PROFIT SUBSIDIARY, HAS A TAX PROVISION IN THE AMOUNT OF \$2,179 AND \$1,299
 INCLUDED IN INSSA'S EXPENSES FOR THE YEARS ENDED APRIL 30, 2018 AND 2017,
 RESPECTIVELY.

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	\$ 337,915
---------------------------------	------------

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

CONSOLIDATED SUBSIDIARY - INSSA	\$ 68,818
---------------------------------	-----------

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

CONSOLIDATED SUBSIDIARY - INSSA	\$ 294,793
---------------------------------	------------

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

Part XIII Supplemental Information *(continued)*

CONSOLIDATED SUBSIDIARY - INSSA **\$ 27,441**

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Employer identification number
**** - *** 0695**

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			HONDURAS	OPERATIONAL SUPPORT	108,740	ETF			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **CENTRAL AMERICAN MEDICAL OUTREACH, INC.**

Employer identification number
****-***0695**

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

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

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

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

b If "Yes," list the 10 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SALSA SIZZLE</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	59,397	37,120	96,517
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	59,397	37,120	96,517
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,473	11,560	25,033
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				71,484

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization **CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Employer identification number
****-***0695**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (MEDICAL SUPPLIE)	X	8874	1,509,048	CATALOG/ESTIMATE
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Employer identification number

**** - ***0695****FORM 990, PART I, LINE 6****VOLUNTEERS PROVIDE MEDICAL AND ADMINISTRATIVE SERVICES.****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. WE CONTINUE TO TRAIN FOURTEEN NURSES A MONTH IN THIS PILOT PROGRAM.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

CAMO'S MEDICAL TEAMS CONTRIBUTED \$1,076,771 OF VOLUNTEER TIME IN HONDURAS, AND LOCAL VOLUNTEERS CONTRIBUTED \$96,926 OF TIME IN SUPPORT OF THE ORGANIZATION.

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

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

Name of the organization

Employer identification number

CENTRAL AMERICAN MEDICAL OUTREACH,

** - ***0695

HELENE MONCMAN

1828 HARBOUR CIRCLE B

CANTON, OH 44708

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
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
IMMATERIAL UNLOCATED DIFFERENCE \$ 156

-*0695

Federal Asset Report

FYE: 4/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
93	Warehouse Garage Door Repairs	6/24/13	2,000		X	1,000	15 HY S/L	1,233	67
94	iMac Computer	8/22/13	1,124		X	562	5 HY 200DB	1,027	64
95	Computer	9/17/13	701		X	350	5 HY 200DB	641	40
96	Interneq CN3 Mobile Computer/Scanner	10/25/13	874		X	437	5 HY 200DB	799	50
97	Towmotor	2/03/15	2,850		X	1,778	10 MQ200DB	1,072	355
98	Parking Lot Stone & Grading	6/06/14	1,061		X	530	7 MQ200DB	858	58
			<u>8,610</u>			<u>4,657</u>		<u>5,630</u>	<u>634</u>
Other Depreciation:									
1	Land	10/01/98	24,028			24,028	0 -- Land	0	0
2	Land Impr. at Warehouse	4/30/99	2,888			2,888	15 MO S/L	2,888	0
3	Land Improvements	6/10/99	2,751			2,751	15 MO S/L	2,751	0
4	Warehouse	4/30/99	148,074			148,074	40 MO S/L	66,944	3,701
5	Sign	5/01/99	600			600	40 MO S/L	270	15
6	Building Improvements	6/01/99	4,985			4,985	40 MO S/L	2,235	125
7	Building Addition	3/01/04	3,426			3,426	40 MO S/L	1,202	85
8	Garage Door Opener	9/16/04	620			620	40 MO S/L	203	16
9	Office Renovations	10/31/07	1,119			1,119	40 MO S/L	268	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
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
25	Power Point Projector (Epson Proj., softwar	6/18/02	1,742			1,742	3 MO S/L	1,742	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
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
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
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
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	4,507	575
69	Bio Med Tools	11/13/09	1,229			1,229	7 MO S/L	1,229	0
74	Dinning Room Upgrade	2/16/10	343			343	7 MO S/L	343	0
75	Flat Screen TV	2/16/10	1,632			1,632	7 MO S/L	1,632	0
76	Office Furniture	2/23/10	352			352	7 MO S/L	352	0
77	Warehouse Renovations	10/06/09	91,282			91,282	40 MO S/L	17,305	2,283
87	Website Project	9/22/11	1,550			1,550	3 MO Amort	1,550	0
90	Westwood Avenue Property Building	1/15/13	78,440			78,440	40 MO S/L	8,498	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	101	22
101	Siding for Warehouse	3/04/16	4,515			4,515	39 MO S/L	135	116
102	Repair Towmotor	5/20/15	1,195			1,195	10 MO S/L	229	119

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Total Other Depreciation			<u>458,402</u>			<u>458,402</u>		<u>160,931</u>	<u>9,046</u>
Total ACRS and Other Depreciation			<u>458,402</u>			<u>458,402</u>		<u>160,931</u>	<u>9,046</u>
Listed Property:									
89	1998 Dodge Caravan	6/01/11	1,116			1,116	5 MO S/L	1,116	0
99	2002 Dodge Caravan (donated)	7/11/14	1,300			1,300	5 MO S/L	737	260
100	Ford Van	11/24/15	23,389			23,389	5 MO S/L	6,627	3,350
			<u>25,805</u>			<u>25,805</u>		<u>8,480</u>	<u>3,610</u>
Amortization:									
67	Website Design	9/15/08	7,000			7,000	3 MO Amort	7,000	0
			<u>7,000</u>			<u>7,000</u>		<u>7,000</u>	<u>0</u>
Grand Totals			499,817			495,864		182,041	13,290
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>499,817</u>			<u>495,864</u>		<u>182,041</u>	<u>13,290</u>

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AMT Asset Report

FYE: 4/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
90	Westwood Avenue Property Building	1/15/13	78,440				78,440	39	MMS/L	8,632	2,011
92	Lumber and Bolts	10/05/12	880				880	39	MMS/L	103	22
93	Warehouse Garage Door Repairs	6/24/13	2,000		X		1,000	15	HY S/L	1,233	67
94	iMac Computer	8/22/13	1,124		X		562	5	HY 200DB	1,027	64
95	Computer	9/17/13	701		X		350	5	HY 200DB	641	40
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874		X		437	5	HY 200DB	799	50
97	Towmotor	2/03/15	2,850		X		2,021	10	MQ150DB	829	304
98	Parking Lot Stone & Grading	6/06/14	1,061		X		530	7	MQ200DB	858	58
101	Siding for Warehouse	3/04/16	4,515		X		2,257	39	MMS/L	2,323	58
			<u>92,445</u>				<u>86,477</u>			<u>16,445</u>	<u>2,674</u>

Other Depreciation:

1	Land	10/01/98	0				0	0	HY	0	0
2	Land Impr. at Warehouse	4/30/99	0				0	0	HY	0	0
3	Land Improvements	6/10/99	0				0	0	HY	0	0
4	Warehouse	4/30/99	0				0	0	HY	0	0
5	Sign	5/01/99	0				0	0	HY	0	0
6	Building Improvements	6/01/99	0				0	0	HY	0	0
7	Building Addition	3/01/04	0				0	0	HY	0	0
8	Garage Door Opener	9/16/04	0				0	0	HY	0	0
9	Office Renovations	10/31/07	0				0	0	HY	0	0
10	Misc. Office Furniture	10/01/95	0				0	0	HY	0	0
11	Misc. Office Furniture	9/05/96	0				0	0	HY	0	0
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
25	Power Point Projector (Epson Proj., software)	6/18/02	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
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
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
43	Phone System	10/19/06	0				0	0	HY	0	0
44	QB 2007 Software	4/16/07	0				0	0	HY	0	0
45	Dell Computer Desk (Program Coordinator)	9/19/06	0				0	0	HY	0	0
46	Server	1/11/07	0				0	0	HY	0	0
47	Computer (Bookkeeper)	1/11/07	0				0	0	HY	0	0
48	Computer (Jody)	1/22/08	0				0	0	HY	0	0
49	Printer/Copier/Fax/Scan	4/10/08	0				0	0	HY	0	0
51	1998 Ford Cube Van	6/25/02	0				0	0	HY	0	0
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
102	Repair Towmotor	5/20/15	1,195				1,195	10	MO S/L	229	119

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AMT Asset Report

FYE: 4/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Total Other Depreciation			<u>1,195</u>			<u>1,195</u>		<u>229</u>	<u>119</u>
Total ACRS and Other Depreciation			<u>1,195</u>			<u>1,195</u>		<u>229</u>	<u>119</u>
Listed Property:									
89	1998 Dodge Caravan	6/01/11	1,116			1,116	5 HY 200DB	1,116	0
99	2002 Dodge Caravan (donated)	7/11/14	1,300			1,300	5 MQ150DB	844	214
100	Ford Van	11/24/15	23,389			23,389	5 MO S/L	6,627	3,350
			<u>25,805</u>			<u>25,805</u>		<u>8,587</u>	<u>3,564</u>
Grand Totals			119,445			113,477		25,261	6,357
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>119,445</u>			<u>113,477</u>		<u>25,261</u>	<u>6,357</u>

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Bonus Depreciation Report

FYE: 4/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
93	Warehouse Garage Door Repairs	6/24/13	2,000		0	0	1,000	1,000
101	Siding for Warehouse	3/04/16	4,515		0	0	0	4,515
94	iMac Computer	8/22/13	1,124		0	0	562	562
95	Computer	9/17/13	701		0	0	351	350
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874		0	0	437	437
97	Towmotor	2/03/15	2,850		0	0	1,072	1,778
98	Parking Lot Stone & Grading	6/06/14	1,061		0	0	531	530
	Form 990, Page 1		<u>13,125</u>		<u>0</u>	<u>0</u>	<u>3,953</u>	<u>9,172</u>
	Grand Total		<u>13,125</u>		<u>0</u>	<u>0</u>	<u>3,953</u>	<u>9,172</u>

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Depreciation Adjustment Report

FYE: 4/30/2018

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	93	Warehouse Garage Door Repairs	67	67	0
Page 1	1	94	iMac Computer	64	64	0
Page 1	1	95	Computer	40	40	0
Page 1	1	96	Intermec CN3 Mobile Computer/Scanner	50	50	0
Page 1	1	97	Towmotor	355	304	51
Page 1	1	98	Parking Lot Stone & Grading	58	58	0
				<u>634</u>	<u>583</u>	<u>51</u>

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Future Depreciation Report**FYE: 4/30/19**

FYE: 4/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
93	Warehouse Garage Door Repairs	6/24/13	2,000	67	67
94	iMac Computer	8/22/13	1,124	33	33
95	Computer	9/17/13	701	20	20
96	Intermec CN3 Mobile Computer/Scanner	10/25/13	874	25	25
97	Towmotor	2/03/15	2,850	285	257
98	Parking Lot Stone & Grading	6/06/14	1,061	47	47
			<u>8,610</u>	<u>477</u>	<u>449</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	0	0
4	Warehouse	4/30/99	148,074	3,702	0
5	Sign	5/01/99	600	15	0
6	Building Improvements	6/01/99	4,985	125	0
7	Building Addition	3/01/04	3,426	86	0
8	Garage Door Opener	9/16/04	620	15	0
9	Office Renovations	10/31/07	1,119	28	0
10	Misc. Office Furniture	10/01/95	490	0	0
11	Misc. Office Furniture	9/05/96	898	0	0
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
25	Power Point Projector (Epson Proj., software)	6/18/02	1,742	0	0
27	CPU (three)	1/13/04	1,579	0	0
28	Monitor	12/15/03	450	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
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
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
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	0	0
74	Dinning Room Upgrade	2/16/10	343	0	0
75	Flat Screen TV	2/16/10	1,632	0	0
76	Office Furniture	2/23/10	352	0	0
77	Warehouse Renovations	10/06/09	91,282	2,282	0
87	Website Project	9/22/11	1,550	0	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	23
101	Siding for Warehouse	3/04/16	4,515	116	57

Future Depreciation Report **FYE: 4/30/19**

FYE: 4/30/2018

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
102	Repair Towmotor	5/20/15	1,195	120	120
	Total Other Depreciation		<u>458,402</u>	<u>9,047</u>	<u>2,211</u>
	Total ACRS and Other Depreciation		<u>458,402</u>	<u>9,047</u>	<u>2,211</u>
Listed Property:					
89	1998 Dodge Caravan	6/01/11	1,116	0	0
99	2002 Dodge Caravan (donated)	7/11/14	1,300	260	215
100	Ford Van	11/24/15	23,389	1,975	1,975
			<u>25,805</u>	<u>2,235</u>	<u>2,190</u>
Amortization:					
67	Website Design	9/15/08	7,000	0	0
			<u>7,000</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>499,817</u>	<u>11,759</u>	<u>4,850</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 05/01/17 , ending 04/30/18		

Name

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Taxpayer Identification Number

**** - *** 0695**

		2016	2017	Differences
R e v e n u e	1. Contributions, gifts, grants	2,505,951	2,602,625	96,674
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	3,282	4,241	959
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	45,054	71,484	26,430
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	15,934	75,464	59,530
	12. Total revenue. Add lines 1 through 11	2,570,221	2,753,814	183,593
E x p e n s e s	13. Grants and similar amounts paid	388,447	108,740	-279,707
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	106,664	140,079	33,415
	16. Salaries, other compensation, and employee benefits	191,931	158,274	-33,657
	17. Professional fundraising fees			
	18. Other professional fees	34,046	22,512	-11,534
	19. Occupancy, rent, utilities, and maintenance	10,406	10,009	-397
	20. Depreciation and Depletion	15,124	14,741	-383
	21. Other expenses	1,742,407	1,842,315	99,908
	22. Total expenses. Add lines 13 through 21	2,489,025	2,296,670	-192,355
	23. Excess or (Deficit). Subtract line 22 from line 12	81,196	457,144	375,948
O t h e r I n f o r m a t i o n	24. Total exempt revenue	2,570,221	2,753,814	183,593
	25. Total unrelated revenue			
	26. Total excludable revenue	19,216	79,705	60,489
	27. Total assets	987,838	1,350,276	362,438
	28. Total liabilities	386,288	270,656	-115,632
	29. Retained earnings	601,550	1,079,620	478,070
	30. Number of voting members of governing body	9	7	
	31. Number of independent voting members of governing body	9	7	
32. Number of employees	9	7		
33. Number of volunteers	298	466		

Form **990****Tax Projection Worksheet****2017 & 2018**

Name

**CENTRAL AMERICAN MEDICAL OUTREACH,
INC.**

Taxpayer Identification Number

****_***0695**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 2,602,625	2,602,625	
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 4,241	4,241	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 71,484	71,484	
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 75,464	75,464	
	12. Total revenue. Add lines 1 through 11	12. 2,753,814	2,753,814	
E x p e n s e s	13. Grants and similar amounts paid	13. 108,740	108,740	
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 140,079	140,079	
	16. Salaries, other compensation, and employee benefits	16. 158,274	158,274	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 22,512	22,512	
	19. Occupancy, rent, utilities, and maintenance	19. 10,009	10,009	
	20. Depreciation and Depletion	20. 14,741	14,741	
	21. Other expenses	21. 1,842,315	1,842,315	
	22. Total expenses. Add lines 13 through 21	22. 2,296,670	2,296,670	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 457,144	457,144	
O t h e r	24. Total exempt revenue	24. 2,753,814	2,753,814	
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 79,705	79,705	
	27. Total assets	27. 1,350,276	1,350,276	
	28. Total liabilities	28. 270,656	270,656	
	29. Retained earnings	29. 1,079,620	1,079,620	
	30. Number of voting members of governing body	30. 7	7	
	31. Number of independent voting members of governing body	31. 7	7	
	32. Number of employees	32. 7	7	
	33. Number of volunteers	33. 466	466	

Form 990	Tax Return History	2017
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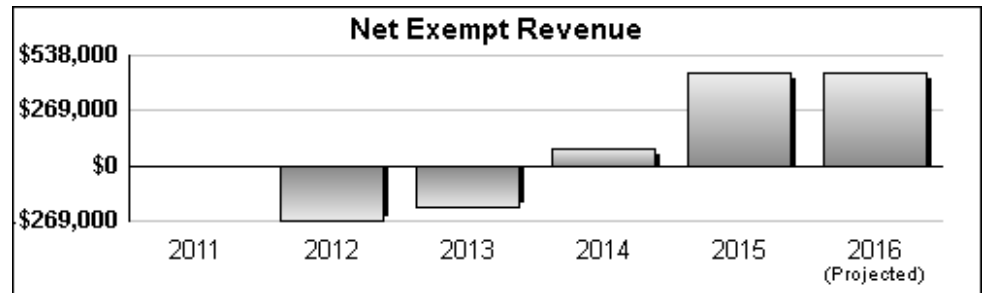
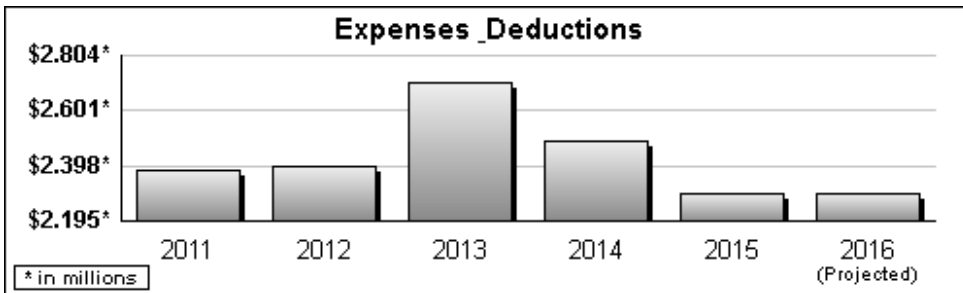
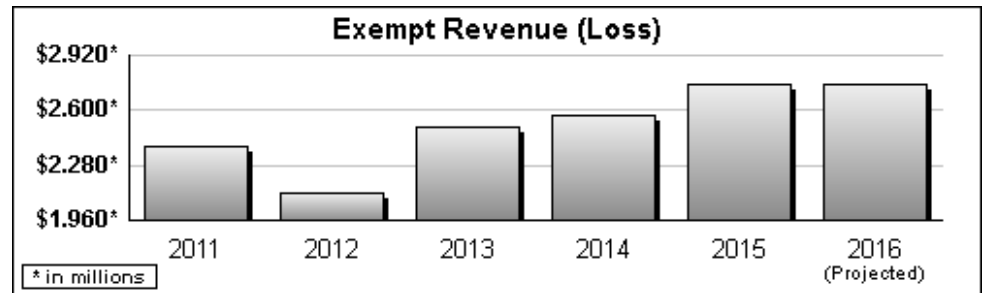
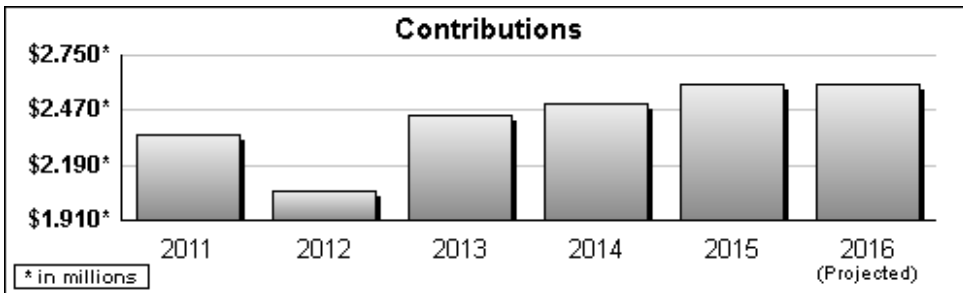
Name CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Employer Identification Number **_***0695
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	2,343,748	2,055,070	2,448,049	2,505,951	2,602,625	2,602,625
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	3,456	1,649	1,157	3,282	4,241	4,241
Fundraising revenue (income/loss)	31,516	37,936	40,790	45,054	71,484	71,484
Gaming revenue (income/loss)						
Other revenue	7,462	28,443	13,909	15,934	75,464	75,464
Total revenue	2,386,182	2,123,098	2,503,905	2,570,221	2,753,814	2,753,814
Grants and similar amounts paid	213,780	325,289	181,436	388,447	108,740	108,740
Benefits paid to or for members						
Compensation of officers, etc.	69,819	69,769	76,485	106,664	140,079	140,079
Other compensation	165,000	168,671	407,488	191,931	158,274	158,274
Professional fees	47,656	31,792	36,545	34,046	22,512	22,512
Occupancy costs	19,170	12,041	11,828	10,406	10,009	10,009
Depreciation and depletion	12,198	10,478	12,637	15,124	14,741	14,741
Other expenses	1,856,502	1,774,347	1,974,784	1,742,407	1,842,315	1,842,315
Total expenses	2,384,125	2,392,387	2,701,203	2,489,025	2,296,670	2,296,670
Excess or (Deficit)	2,057	-269,289	-197,298	81,196	457,144	457,144
Total exempt revenue	2,386,182	2,123,098	2,503,905	2,570,221	2,753,814	2,753,814
Total unrelated revenue						
Total excludable revenue	10,918	30,092	15,066	19,216	79,705	79,705
Total Assets	1,110,270	760,256	837,473	987,838	1,350,276	1,350,276
Total Liabilities	125,882	45,157	317,119	386,288	270,656	270,656
Net Fund Balances	984,388	715,099	517,801	601,550	1,079,620	1,079,620

Form 990T	Tax Return History	2017
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Name CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Employer Identification Number **-***0695
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	2013	2014	2015	2016	2017	2018
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						
Total trade or business income.						
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						

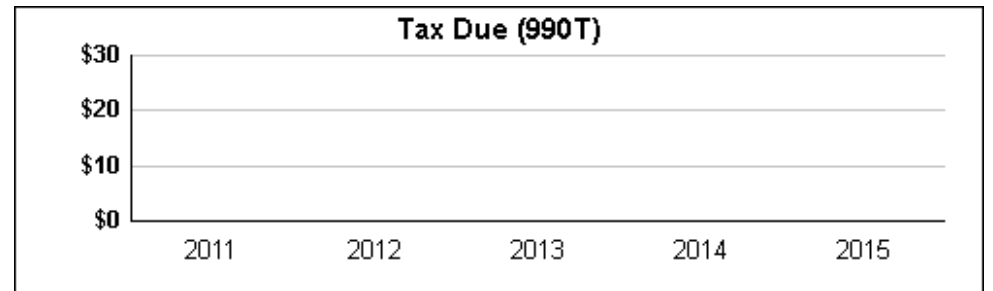
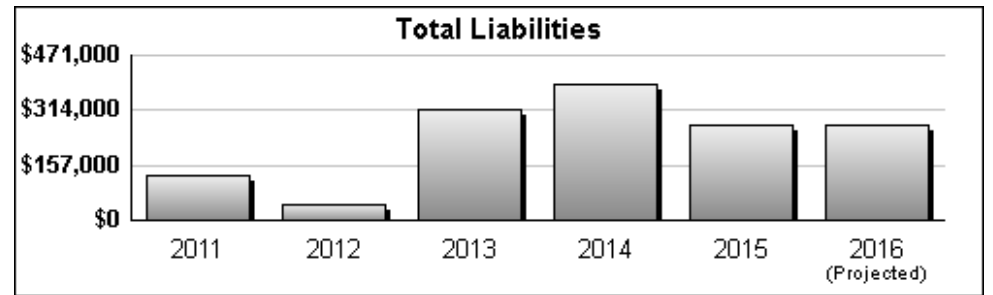
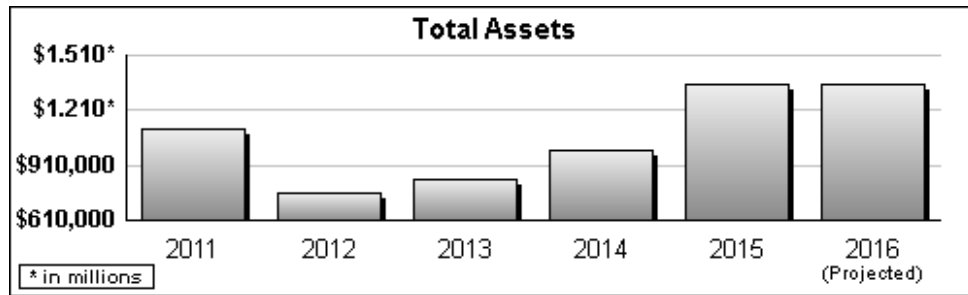


Form 990T	Tax Return History	2017
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Name CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Employer Identification Number **-***0695
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments	153					
Balance due/Overpayment	-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
	\$ 6,582	\$	\$ 6,582	\$
TOTAL	\$ 6,582	\$ 0	\$ 6,582	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
WOMENS SHELTER & HEALTH	\$ 28,312	\$ 28,312		
COMMUNICATIONS	10,847	4,447	5,315	1,085
VEHICLE EXPENSES	9,451	9,451		
BAD DEBT	8,901	8,901		
MISCELLANEOUS	2,261		2,261	
SUPPLIES	102	102		
TOTAL	\$ 59,874	\$ 51,213	\$ 7,576	\$ 1,085

Federal Statements**Schedule A, Part II, Line 10(e)**

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

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 4,241
GOLF OUTING	37,120
SALSA SIZZLE	59,397
20TH ANNIVERARY EVENT	_____
TOTAL	\$ <u> 100,758</u>