TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

APRIL 30, 2022

PREPARED FOR:

CENTRAL AMERICAN MEDICAL OUTREACH, INC. 322 WESTWOOD AVE. ORRVILLE, OH 44667

PREPARED BY:

REA & ASSOCIATES, INC. 230 N. MARKET ST. WOOSTER, OH 44691

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MARCH 15, 2023

Form 8879-TE	IRS	e-file Signature A for a Tax Exemp	uthorization t Entity	-	OMB No. 1545-0047
		year beginning MAY 1 , 20		, 20 <u>2 2</u>	2021
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Keep t www.irs.gov/Form8879TE for			202 I
	L AMERICAN MEI	DICAL OUTREACH,		EIN or SSN	
INC.				34-174	0695
Name and title of officer or pe	TRE	GAN DURST ASURER			
Part I Type of I	Return and Return In	formation			
Form 5330 filers may enter or 10a below, and the amo	dollars and cents. For all count on that line for the retu	this Form 8879-TE and enter the other forms, enter whole dollars irn being filed with this form was f you entered -0- on the return, t	only. If you check the box or blank, then leave line 1b, 2	n line 1a, 2a, 3 a 2 b, 3b, 4b, 5b, 6	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	iere > X b To	tal revenue, if any (Form 990, F	Part VIII, column (A), line 12)	1	ь <u>3,903,731.</u>
2a Form 990-EZ che		tal revenue, if any (Form 990-E			b
3a Form 1120-POL of		tal tax (Form 1120-POL, line 22			b
4a Form 990-PF che		x based on investment income			b
5a Form 8868 check		lance due (Form 8868, line 3c)			b
6a Form 990-T check		tal tax (Form 990-T, Part III, line			b
7a Form 4720 check		tal tax (Form 4720, Part III, line			b
8a Form 5227 check		IV of assets at end of tax year	,		b
9a Form 5330 check		x due (Form 5330, Part II, line 1	,		b
10a Form 8038-CP ch		nount of credit payment reque uthorization of Officer or			0b
		n officer of the above entity or			t to (name
of entity)		•			amined a copy of the
entry to the financial institut financial institution to debi later than 2 business days payment of taxes to receiv	ution account indicated in t t the entry to this account. prior to the payment (settle e confidential information r	ury and its designated Financial he tax preparation software for r To revoke a payment, I must co ement) date. I also authorize the necessary to answer inquiries an or the electronic return and, if a	payment of the federal taxes ntact the U.S. Treasury Fina financial institutions involve d resolve issues related to th	owed on this re ncial Agent at 1- d in the process he payment. I ha	turn, and the 888-353-4537 no ing of the electronic ve selected a
	A & ASSOCIATES	S, INC.		to enter my PIN	40695
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state ager on the return's d As an officer or p return. If I have i	ncy(ies) regulating charities lisclosure consent screen. person subject to tax with r ndicated within this return	onically filed return. If I have ind as part of the IRS Fed/State pro espect to the entity, I will enter i that a copy of the return is being	ogram, I also authorize the a ny PIN as my signature on t g filed with a state agency(ie:	forementioned E he tax year 2021	turn is being filed RO to enter my PIN electronically filed
IRS Fed/State pi Signature of officer or person subject		on the return's disclosure conse	nt screen.	Date	•
	tion and Authenticat	ion			
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing	identification			
number (EFIN) followed by	your five-digit self-selected	PIN.	3453910772 Do not enter all zero		
		n is my signature on the 2021 el nents of Pub. 4163, Modernized			
ERO's signature 🕨 _ REA	& ASSOCIATES,	INC.	Date ▶11	/30/22	
	ERO N	Aust Retain This Form - 3	See Instructions		
		This Form to the IRS Un		o So	
LHA For Privacy act and		t Notice, see instructions.	•		Form 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print			Taxpayer		on number (TIN)	
File by the due date filing your return. See	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.		-	
instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
Form 990-T (corporation)			BBA			
 If the If thi box 1 th th	behone No. ► <u>330-683-5956</u> e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► _ request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization are group. Calendar year or X tax year beginning MAY 1, 2021 the tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta MAR(ganization's , an check rease	mption Number (GEN), I ch a list with the names and TINs of <u>CH 15, 2023</u> , to file return for: d ending <u>APR 30, 2022</u> on: Initial return	f this is fo all membe	r the whole ers the exte npt organiza 	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns	3c	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdrawa ions.	l (direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	9-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev. 1-2022)

123841 01-12-22

		_	EXTENDED TO MARCH 15, 2				
	0		Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047	
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (s) 2021	
-		(H) T	Do not enter social security numbers on this form a	is it may b	e made public.	Open to Public	
Depa Intern	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and a second	the latest	information.	Inspection	
AF	or th	e 2021 calenda	ar year, or tax year beginning $ { m MAY} 1 , 2021 $ and e	ending A	<u>PR 30, 2022</u>		
Bo	heck if	C Name of	organization		D Employer identific	ation number	
applicable: CENTRAL AMERICAN MEDICAL OUTREACH,							
	Addre Chang	ge INC.					
	Name]	ge Doing bu	isiness as		34-174069	95	
	Initial	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	n/ JZZ	WESTWOOD AVE.		330-683-5		
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,918,149.	
	Amer	UKKV	ILLE, OH 44667		H(a) Is this a group re	turn	
	Appli tion	F Name ar	nd address of principal officer: KATHRYN TSCHIEGG RN	, BBA	for subordinates?	? Yes 🔀 No	
	pend	14021	BURKHART RD, ORRVILLE, OH 44667		H(b) Are all subordinates ind	cluded? Yes No	
		kempt status: 🗌		r 📃 527	If "No," attach a	ist. See instructions	
			CAMO.ORG		H(c) Group exemption		
		of organization:	X Corporation	L Year of	of formation: 1993 M	State of legal domicile: OH	
Pa	art I						
đ	1	Briefly describ	e the organization's mission or most significant activities: CAMO '	S MIS	SION IS TO I	MPROVE THE	
Activities & Governance		QUALITY	OF LIFE OF PEOPLE IN CENTRAL AMERI	ICA BY	STRENGTHEN:	ING HEALTH	
srne	2	Check this box	If the organization discontinued its operations or dispose	ed of more	than 25% of its net ass		
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			8	
5	4	Number of ind	Number of independent voting members of the governing body (Part VI, line 1b) 4 Fotal number of individuals employed in calendar year 2021 (Part V, line 2a) 5				
es {	5						
viti	6					207	
Acti			business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
					Prior Year	Current Year	
е	8		and grants (Part VIII, line 1h)		4,047,362.	3,844,883.	
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.	
Sev	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		3,005.	2,984.	
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		139,985.	55,864.	
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,190,352.	3,903,731.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		593,819.	210,166.	
		•	o or for members (Part IX, column (A), line 4)		0.	0.	
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$	······	220,255.	271,793.	
sue	16a		Indraising fees (Part IX, column (A), line 11e)	·	0.	0.	
Expenses	b		ng expenses (Part IX, column (D), line 25) • 64, 43		2 072 060	2 714 000	
ш			s (Part IX, column (A), lines 11a-11d, 11f-24e)		2,973,860.	3,714,902.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,787,934.	4,196,861.	
<u> </u>	19	Revenue less e	expenses. Subtract line 18 from line 12		402,418.	-293,130.	
IS OF					ginning of Current Year	End of Year	
sset Bala	20	Total assets (P			1,509,005.	1,259,322.	
Net Assets or Fund Balances	21		(Part X, line 26)		279,887. 1,229,118.	<u>279,889.</u> 979,433.	
	22 art II		und balances. Subtract line 21 from line 20		1,229,110.	9/9,433.	
				and atotam -	nto and to the heat of mu	knowledge and halist it is	
			declare that I have examined this return, including accompanying schedules a			knowledge and bellet, it is	
uue,	corre	ici, and complete.	Declaration of preparer (other than officer) is based on all information of which	un preparer	nas any knowledge.		
<u>.</u>	_	Signature	of officer		Date		
Sigr		,			Duto		
Her	е		AN DURST, TREASURER				

	Print/Type preparer's name	Preparer's signature	Date Check] PTIN				
Paid	ANDREA HOSTETLER, CPA	ANDREA HOSTETLER, (CP 11/30/22 self-employed	P00607721				
Preparer	Firm's name 🕨 REA & ASSOCIATES	, INC.	Firm's EIN 🕨 3	4-1310124				
Use Only	Firm's address 🖕 230 N. MARKET ST	•						
	WOOSTER, OH 4469	1	Phone no. 330	-264-0791				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
-				000				

132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	CENTRAL AMERICAN MEDICAL OUTREACH, 1990 (2021) INC. 34-1740695 Page 2
Par	rt 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?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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 \$3, 388, 947. including grants of \$) (Revenue \$)
	MEDICAL SERVICES: CAMO'S MEDICAL PROGRAMS IN HONDURAS PROVIDE SERVICES
	THAT OTHERWISE WOULD BE IMPOSSIBLE FOR PATIENTS TO RECEIVE IN A
	DEVELOPING COUNTRY. INSTEAD OF USING A BAND-AID APPROACH TO CARE, CAMO
	TREATS THE WHOLE INDIVIDUAL WITH DIGNITY, RESPECT, AND FOLLOW-THROUGH.
	THROUGH THE GENEROSITY OF DONORS IN THE USA AND HONDURAS, LIFE-SAVING
	SUPPLIES AND EQUIPMENT ARE INTEGRATED INTO OUR 25 MEDICAL PROGRAMS IN
	WOMEN'S HEALTH (ULTRASOUND, CERVICAL CANCER, MAMMOGRAPHY); SERVICES FOR
	DISABILITIES (AUDIOLOGY LAB, ORTHOTIC/ PROSTHETIC LAB, WHEELCHAIR
	REPAIR) GENERAL MEDICAL (NEUROLOGY, DENTISTRY, OPHTHALMOLOGY,
	PSYCHOLOGY, DERMATOLOGY) SURGICAL PROGRAMS (NEUROSURGERY, ENDOSCOPY,
	UROLOGY, PLASTIC SURGERY), AND MEDICAL EQUIPMENT/BIOMEDICINE.
4b	(Code:) (Expenses \$ 67 , 341 including grants of \$) (Revenue \$
	TRAINING AND EDUCATION: WHEN CAMO ESTABLISHES A SERVICE, IMPROVES A
	FACILITY OR INSTALLS NEW EQUIPMENT, EDUCATION AND TRAINING ARE ALWAYS
	PROVIDED. CAMO IS THE SOLE NATIONAL TRAINING CENTER FOR THE AMERICAN
	HEART ASSOCIATION IN HONDURAS, TRAINING 1500 PHYSICIANS, NURSES AND
	PARAMEDICS ANNUALLY IN CPR AND NEONATAL, PEDIATRIC, AND ADULT ADVANCED
	LIFE SUPPORT. TO ADDRESS THE LACK OF STANDARDIZED NURSING CARE, CAMO'S
	KATHRYN TSCHIEGG WROTE, PUBLISHED AND DISSEMINATED 1,100 NURSING
	PROTOCOL MANUALS THAT COVER 140 COMMON STANDARDIZED PROCEDURES.
	COMMONPLACE IN THE U.S., THESE MANUALS ARE NOW BEING USED IN HONDURAN
	UNIVERSITIES/HOSPITALS NATIONWIDE. DURING THE PANDEMIC, CAMO HONDURAS
	WAS CHOSEN TO ADMINISTER A \$1.6 MILLION CONTRACT WITH THE U.S.
	INTER-AMERICAN DEVELOPMENT BANK (USAID) AND THE MINISTER OF HEALTH TO
4c	
	COMMUNITY DEVELOPMENT: CAMO BELIEVES THAT HOLISTIC HEALTH INCLUDES
	LIVING IN A HEALTHY ENVIRONMENT. SINCE 2004, CAMO HAS PARTNERED WITH
	HONDURAN CITY LEADERS TO FILL GAPS IN THE COMMUNITY AND IMPROVE QUALITY
	OF LIFE. CAMO PROVIDES COMMUNITY DEVELOPMENT SERVICES TO THE REGION TO
	DEVELOP GOOD CITIZENS, COMBAT CRIME AND FEAR, AND PROMOTE SECURITY AND
	WELL-BEING THROUGH:
	PUBLIC DAYCARE FOR 90 LOW-INCOME, AT-RISK CHILDREN RECOGNIZED BY THE
	GOVERNMENT FOR BEST PRACTICES IN PREPARING KINDERGARTENERS AND
	INSTILLING POSITIVE BEHAVIOR AND ATTITUDES.
	DOMESTIC VIOLENCE SHELTER CAN HOUSE 100 WOMEN/CHILDREN WITH
	COMPREHENSIVE HOLISTIC PROGRAMMING (COOKING, NUTRITION, PARENTING AND
	ACCESS TO EDUCATION/JOB PLACEMENT, MEDICAL CARE, AND LEGAL ADVICE).
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 212,371. including grants of \$) (Revenue \$)
40	Total program service expenses $3,951,990.$
+0	Form 990 (202 ⁻
30000	CEE COUEDULE O EOD CONMINUATION (C)
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111	-
1	.30 755878 860133 2021.05000 CENTRAL AMERICAN MEDICAL 8601

34-1740695	Page 3
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Form	990 (2021) INC. 34-1740	695	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	990	(2021)

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Form	1990 (2021) INC. 34-174 (695	P	_{age} 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
2 4a	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</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Δ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Charlet if Ocherate to Complete Schedule August in the Det Market A			
	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 1a	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(2021)
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CENTRAL	AMERICAN	MEDICAL	OUTREACH,
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INC.

Form 990 (2021)

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a	Х	
b	If "Yes," enter the name of the foreign country 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h				
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form	990 (2021) INC.		34-174		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and fo	ra "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
				. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No V
	Did the organization have local chapters, branches, or affiliates?			10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
					X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ Detor	e filing the form?	11a		
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	21	x
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			. 120		
U	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OH					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, a	nd finano	cial	
00	statements available to the public during the tax year.		d us a surd a 🔉 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's box KATHRYN TSCHIEGG RN, BBA $-$ 330-683-5956	oks and	a recoras 🗩			
	322 WESTWOOD AVENUE, ORRVILLE, OH 44667					
132000	12-09-21			Form	990	(2021)
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Part VII	Compensation of Officers,	, Directors, Trustees,	Key Employees,	Highest Compensated	
	Employees, and Independe	ent 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.

INC.

Form 990 (2021)

F

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus [:]	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHRYN TSCHIEGG RN BBA	55.00				-		<u> </u>			
FOUNDER AND DIRECTOR		1		x				102,737.	0.	0.
(2) RON TAGGART	1.00							·		
PRESIDENT		х		x				0.	0.	0.
(3) RUTH BROWN	1.00									
VICE PRESIDENT		х		X				0.	Ο.	0.
(4) BRENT DEVORE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MORGAN DURST	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) BETH MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(7) GLENDA LEHMAN ERVIN	1.00									
TRUSTEE		Х						0.	0.	0.
(8) JOHN MICHAEL WEEMAN	1.00									
TRUSTEE		Х						0.	0.	0.
		-								
		1								
		-								<u> </u>
		1								
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Form	990 (2021) CENTRAL A	MERICAN	IW	1ED	DIC	AL	0	UU	REACH,	34-1	740(595	Pa	
	t VII Section A. Officers, Directors, Trus	tees, Kev Emi	olov	ees.	anc	d Hie	ahes	st C	ompensated Employee		/ = 0 (555	10	ige u
	(A) Name and title	(B) Average hours per week	(do box	not c		C) itior more rson i	۱ than o is both	one n an	(D) Reportable compensation	(E) (E) Reportable compensatio from related	on	am	(F) imate ount c	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	comp fro orga and	orner pensat om the nization relate nization	e on ed
1h	Subtotal								102,737.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A				· · · · · · ·			0. 102,737.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable	э 		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								•	[3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors										<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		oensat			
	(A) Name and business	address	N	ONE	Ξ				(B) Description of s	ervices	C	(C ompen		1
2	Total number of independent contractors (ir	ncludina but n	ot lir	niter	d to t	thos	se lis	ited	above) who received mo	ore than				
-	\$100,000 of compensation from the organiz	•			0	(ere,eresonou ma					

Form 990 (2021)

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INC.

Form 990 (2021)

Pa	rt V		Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e 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
, Grants mounts	1 : 	b N	Federated campaigns 1a Membership dues 1b Fundraising events 1c					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	((1	e G f A	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 2	044.002				
Contribu and Oth	ļ	g N	imilar amounts not included above 1f 3, Ioncash contributions included in lines 1a-1f 1g \$2, Fotal. Add lines 1a-1f	844,883. 892,791. ►	3,844,883.			
				Business Code				
e	2 8	a						
e vic	1	b						
Sei	(c _						
am eve	(d _						
Program Service Revenue	(e _						
Pr	1	f A	All other program service revenue					
		gТ	Total. Add lines 2a-2f	►				
	3	h	nvestment income (including dividends, interes	st, and				
			other similar amounts)		2,503.	2,503.		
	4	h	ncome from investment of tax-exempt bond pr	oceeds 🕨 🕨				
	5	F	Royalties					
			(i) Real	(ii) Personal				
	6 8	a C	Gross rents 6a					
	I	b L	ess: rental expenses 6b					
	(c F	Rental income or (loss) 6c					
	(d١	Net rental income or (loss)	►				
	7 :	a (Gross amount from sales of (i) Securities	(ii) Other				
		а	ssets other than inventory 7a 481 .					
			ess: cost or other basis					
anu			ind sales expenses					
Revenue			Gain or (loss) 7c 481.		4.0.1			4.0.1
L			Net gain or (loss)	>	481.			481.
Othe	8 8	ir	Gross income from fundraising events (not ncluding \$ of contributions reported on line 1c). See					
				68,602.				
			Less: direct expenses	14,418.				
			Net income or (loss) from fundraising events	<u> </u>	54,184.			54,184.
			Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
			Gross sales of inventory, less returns	·····				
			and allowances					
	1		_ess: cost of goods sold 10b		1			
			Net income or (loss) from sales of inventory	►				
				Business Code				
Miscellaneous Revenue	11 a	a <u>1</u>	IISCELLANEOUS INCOME	900099	1,680.	1,680.		
ane	1	b _						
sells eve		c _						
Alisc		d A	All other revenue					
~	(Total. Add lines 11a-11d		1,680.			
	12	Т	Total revenue. See instructions	►	3,903,731.	4,183.	0.	54,665.
13200	9 12-0	9-21						Form 990 (2021)

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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

Form 990 (2021) Part IX Statement of Functional Expenses

INC.

	Check il Schedule O contains a respor			(0)	
	not include amounts reported on lines 6b, 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	210,166.	210,166.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	102,737.	42,122.	50,341.	10,274.
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	126,392.	51,821.	61,932.	12,639.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,186.	2,536.	3,031.	619.
9	Other employee benefits	9,733.	3,991.	4,769.	<u>619.</u> 973.
10	Payroll taxes	26,745.	10,965.	13,105.	2,675.
11	Fees for services (nonemployees):	-	- -		·
	Management				
	Legal	595.		595.	
	Accounting	10,363.		10,363.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	30,873.			30,873.
13	Office expenses	18,510.	7,589.	9,070.	1,851.
14	Information technology				
15	Royalties				
16	Occupancy	16,141.	6,618.	7,909.	1,614.
17	Travel	17,963.	17,963.		
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	9,927.	4,070.	4,864.	993.
23	Insurance	6,361.	2,608.	3,117.	636.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES & EQUIPMENT	3,163,093.	3,163,093.		
b	OTHER SPECIAL PROJECTS	299,905.	299,905.		
с	WOMENS SHELTER AND HEAL	66,455.	66,455.		
d	POSTAGE AND SHIPPING	54,459.	54,459.		
е	All other expenses	20,257.	7,629.	11,342.	1,286.
25	Total functional expenses. Add lines 1 through 24e	4,196,861.	3,951,990.	180,438.	64,433.
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 I if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)
		11			

orm 990 Part X					74-7	L740695 Page 1
	Check if Schedule O contains a response or no	te to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			129,657.	1	220,405
2	Savings and temporary cash investments	585,654.	2	392,794		
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			1,800.	4	5,253
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disqual					
	under section 4958(f)(1)), and persons describe				6	
ω 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			270,303.	8	
¥ 9			_	16,744.	9	16,744
	a Land, buildings, and equipment: cost or other			- 1		- ,
	basis. Complete Part VI of Schedule D	10a	487,117.			
r	Less: accumulated depreciation		231,141.	265,942.	10c	255,976
11	Investments - publicly traded securities			,	11	
12	Investments - other securities. See Part IV, line			87,631.	12	87,631
13	Investments - program-related. See Part IV, line			0770010	13	017001
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	151,274.	15	280,519		
16	Total assets. Add lines 1 through 15 (must equ	1,509,005.	16	1,259,322		
17	Accounts payable and accrued expenses			29,887.	17	29,889
18	Grants payable		18			
19	Deferred revenue		I		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete		I		21	
00	Loans and other payables to any current or form		· · · · · · · · · · · · · · · · · · ·		21	
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
	Secured mortgages and notes payable to unrela				22	
23	Unsecured notes and loans payable to unrelate				23	
24	Other liabilities (including federal income tax, pa				24	
25	parties, and other liabilities not included on line	-				
	-	-		250,000.	25	250,000
26	of Schedule D Total liabilities. Add lines 17 through 25			279,887.	25 26	279,889
20	Organizations that follow FASB ASC 958, che	ok horo	N X	275,007.	20	275,005
s		eck nere				
	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			961,727.	27	805,174
27				267,391.	27	174,259
Net Assets or Fund Balances 8 25 8	Net assets with donor restrictions			207,351.	20	111,233
n	Organizations that do not follow FASB ASC 9	Jo, check				
	and complete lines 29 through 33.					
29 Si 20	Capital stock or trust principal, or current funds				29	
es 30	Paid-in or capital surplus, or land, building, or en				30	
₹ 31	Retained earnings, endowment, accumulated in			1,229,118.	31	070 / 22
	Total net assets or fund balances		I	1,509,005.	32	<u>979,433</u> 1,259,322
33	Total liabilities and net assets/fund balances			т, 509,005.	33	Form 990 (20)

132011 12-09-21

Form	1990 (2021) INC.	34-17	40695	Page	12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			[
				=				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,903					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,196					
3	Revenue less expenses. Subtract line 2 from line 1	3	-293 1,229					
4	······································							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7	· · -					
8	Prior period adjustments	8	45	,134				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		. – .		_			
	column (B))	10	979	,433	3.			
Pa	rt XII Financial Statements and Reporting			-				
	Check if Schedule O contains a response or note to any line in this Part XII				X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res N	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	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:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a	2	<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2021)

132012 12-09-21

(Form 99)	Department of the Treasury Internal Revenue Service Name of the organization CEN		Public Chai omplete if the organ 494 ► Go to www.irs.gov		OMB No. 1545-0047					
Name of	the organizati		RAL AMERICA	AN MEDICAL OU	JTREAC	CH,			identification number	
Part I	Reason	INC.	Charity Status	(All organizations must c	omploto th	nic part \ S	oo instruction		4-1740695	
								IS.		
1 2 3 4	A church, co A school des A hospital or	nvention of chi cribed in sect i a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se hjunction with a hospital	in sectio 1 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	ii).)(iii). Enter	the hospital's name,	
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describ								ed in	
6 7 X 8 9	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	university:			· · · · · · · · · · · · · · · · · · ·			,	0		
10										
11 12 a b c d	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 									
			с с	ation generally must sati nplete Part IV, Sections	•		•			
e 🗌	Check this	box if the orga	anization received a v	written determination from nally integrated supporting	m the IRS	that it is a		II, Type III		
f Ente	er the number	of supported o	organizations							
	vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) is the ora	inization listed	(v) Amount o	fmonstant	(vi) Amount of other	
	organizatior			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)	
				above (see instructions))	Yes	No				
Total										

34-1740695 Page 2

	(Form 990) 2021 IN	1C.		3 4-1740695 _{Ра}
Part II	Support Schedule for C	rganizations Described in Se	ctions 170(b)(1)(A)(iv) and 170(b	o)(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 Pa	art III. If the organization
	faile to gualify under the tested	isted below, places complete Dort III.)		

fails to qualify un	der the tests listed below, please complete Part III.)	
		-

Calendary year (or fice1 year beginning in) ► [a] 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, so the organization's benefit and ether paids to or expended on its behalt 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. 2 Tax revenues levied for the organization's benefit and ether paids to or expended on its behalt 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. 3 The value of services or facilities 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. 5 The portion of fotal contributions 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. 5 Public support. 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. 6 Cosis income from intext. [a] 2017 (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total 7 Amounts from intext. [a] 2017 (b) 2018 (c) 2019 (c) 2021 (c) 2021 (f) Total 6 Cosis income from intext. [a] 2017	Sec	ction A. Public Support							
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2 Tax memous level for the organization's benefit and either paid to or expanded on its behalf 3 The value of services or facilities trunnished by a government unit to the organization without charge 4 Total. Addines through 3 2 Total. Addines through 3 0 The particip of total contributions by each person (sther than a government) unit to publicly supported organization without charge 4 Total. Addines through 3 2 E0026025. 2228122. 1513300. 4047362. 3844883. 14236292. Section B. Total Support Calined user or field variable priming in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2602625. 2228122. 1513300. 4047362. 3844883. 14236292. Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calender user (risel yar biogning in) (b) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 2602625. 2228122. 1513300. 4047362. 3844883. 14236		membership fees received. (Do not							
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Schedule A (Form 990) 2021

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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

Sei	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
							>
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box o	on line 14, and lin	e 15 is more than 3	83 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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Schedule A (Form 990) 2021

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1

2

3a

3b

3c

4a

Yes No

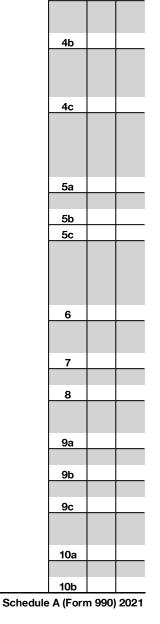
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations (continued) Ves No. 11 Has the organization accepted a gift or contribution from any of the following persons? A presen with endropy or indexed controls. (the above in organization?) In the the organization is accepted organization? In the internet of a person described on line 11a and 11a is internet. Internet is internet of a person described on line 11a and 12a bove? Internet is internet. Internet is internet. Internet is internet. Internet is internet. Int	Sche	dule A (Form 990) 2021 INC . 34 – 1	74069	5 Ра	age 5
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		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

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CENTRAL	AMERICAN	MEDICAL	OUTREACH,

	edule A (Form 990) 2021 INC .		3	34-1740695 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 INC .				4-1740695 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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			AMERICAN	MEDICAL	OUTREACH,	
Schedule A	(Form 990) 2021	INC.				34-1740695 Page 8
Part VI	Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9œ ırt IV, Section E, Iir	c, 11a, 11b, and nes 1c, 2a, 2b, 3	11c; Part IV, Section B, li a, and 3b; Part V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
132028 01-04-2	2			21		Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Name of the	organization	
	CI	Ĥ

	CENTRAL AMERICAN MEDICAL OUTREACH, INC.	34-1740695
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

	B (Form 990) (2021)		Page 2
			Employer identification number
INC.	AL AMERICAN MEDICAL OUTREACH,		34-1740695
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1	JC TABET		Person X
	4910 MERRITT RD	\$80,0	00. (Complete Part II for
	SACHSE, TX 75048		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2	AUGUSTA NATIONAL GOLF CLUB		Person Payroll
	2604 WASHINGTON ROAD	\$346,2	39. Noncash X
	AUGUSTA, GA 30904		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)			Page 3
CENTR	rganization AL AMERICAN MEDICAL OUTREACH,			er identification number
INC. Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed		-1740695
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	CLOTHING			
		\$346,2	39.	_10/13/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
123453 11-11	I-21			Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)				Page 4		
	organization				Employer identification number		
	AL AMERICAN MEDICAL OUT	REACH,					
INC.					34-1740695		
Part III	from any one contributor. Complete columns (a) through (e) and the following line	e entry. For ord	anizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	0 or less for the	e year. (Enter this info. on	nce.) ► \$		
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
		(e) Transfer of	aift				
		(0) 112.0000 01	5				
	Transferee's name, address, a	nd ZIP + 4	Rel	lationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I				(4) 200			
		(a) Transfer of					
		(e) Transfer of	gint				
	Transferee's name, address, a	nd 7IP + 4	Rel	lationshin of tra	ansferor to transferee		
			110				
(a) No. from	(b) Purpose of gift	(c) Use of gift			cription of how gift is held		
Part I				(u) Des			
		() - ()-					
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee				
			nei				
		[
(a) No. from				() =			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
		(e) Transfer of	gift				
	_						
	Transferee's name, address, a	nd ZIP + 4	Rel	lationship of tra	ansferor to transferee		
123454 11-11	l 1-21				Schedule B (Form 990) (2021)		
0.0+ 11-1							

10591130 755878 860133

	(Form 990) (Form 990) Bart IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			омв №. 1545-004 2021		
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	nation	Open to Publi Inspection	IC
	e of the organizatio				Employer identification num	nber
	J	INC.	· · · · ·		34-1740695	
Par	't I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acc		
	organization	n answered "Yes" on Form 990, Part IV, line	e 6.		•	
			(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at er	nd of year				
2		f contributions to (during year)	114,110.			
3		f grants from (during year)				
4		t end of year	185,630.			
5		on inform all donors and donor advisors in v		ed funds	3	
	-	n's property, subject to the organization's e	-			No
6		on inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
	impermissible priva	ate benefit?	· · · ·			No
Par		ation Easements. Complete if the org				
1		ervation easements held by the organization		· · · ·		
		of land for public use (for example, recreat		f a histor	ically important land area	
		f natural habitat	, <u> </u>		ed historic structure	
		of open space				
2		through 2d if the organization held a qualifi	ied conservation contribution in the form	of a cons	servation easement on the last	
-	day of the tax year	o o .			Held at the End of the Tax	
а		onservation easements		- F	2a	
b					2b	
	•	vation easements on a certified historic stru			2c	
		vation easements included in (c) acquired a			20	
u		al Register			2d	
3		vation easements modified, transferred, rele				
4	Number of states v	where property subject to conservation eas	ement is located			
5	Does the organizat	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer	r hours devoted to monitoring, inspecting, I				
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion ease	ements during the year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i))	
	and section 170(h)	(4)(B)(ii)?			Yes 🗌	No
9		be how the organization reports conservation				
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statem	ents that	describes the	
	organization's acco	ounting for conservation easements.	-			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Sir	milar Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balar	nce sheet works	
	of art, historical tre	asures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtheranc	ce of public	
		Part XIII the text of the footnote to its finan				
b	If the organization	elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance s	sheet works of	
	-	ures, or other similar assets held for public				
		ng amounts relating to these items:	. ,		. ,	
	•	ded on Form 990, Part VIII, line 1			► \$	
					► \$	
2	.,	received or held works of art, historical trea				
-		unts required to be reported under FASB AS		J, PI		
а	-	on Form 990, Part VIII, line 1	-		▶ \$	
		Form 990, Part X			► \$	
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2	2021
	10-28-21					
.0200			26			

CENTRAL AMERICA	N MEDICAL	OUTREACH,
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Scho	dule D (Form 990) 2021 INC.	AMERICAN M	IEDICAL OU	IREACH,			34-17	40695	5 0	2
	t III Organizations Maintaining Co	ollections of Art	t. Historical Tre	asures, or	Other	Simila	r Assets	Contin	v Pa	ige 🗠
3	Using the organization's acquisition, accessic							Contin	ueu)	
	collection items (check all that apply):	···, -···	-, ,	j		,				
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е		0 1 0						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	•		•						
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Par		C C							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asse	ts not ir	ncluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
		·	0					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • •		_]
Par						0.				
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	years	back
1a	Beginning of year balance	72,688.	45,678.	35,	678.		34,615.		31,	537.
b	Contributions	114,110.	16,250.	11,	625.					175.
с	Net investment earnings, gains, and losses	-389.	11,070.	-1,	383.		1,235.		З,	069.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	779.	310.		242.		172.			166.
g	End of year balance	185,630.	72,688.	45,	678.		35,678.		34,	615.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	%	,,						
b	Permanent endowment	%								
с		%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administere	d for the	e organiza	ation			
	by:	0				0		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, I	Part X, I	ine 10.				
	Description of property	(a) Cost or of	ther (b) Cost	t or other	(c) Ac	cumulate	ed	(d) Bool	k valu	e
		basis (investm	nent) basis	(other)	dep	reciation		. ,		
1a	Land		5	5,602.				55	5,6)2.
	Buildings									
	Leasehold improvements									
	Equipment		43	1,515.	2	31,1	41.	200),3'	74.
	Other									
	Add lines 1a through 1e. (Column (d) must equiv		X column (B) line 1	00)				255	5.9	76.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 INC.		34-	1740695 Page 3
Part VII Investments - Other Securities.	a Form 000 Dart IV line 1	1h Cap Form 000 Part V line 10	
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	or-year market value
(1) Financial derivatives	87,631.	COST	
(2) Closely held equity interests	07,031.	0001	
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	87,631.		
Part VIII Investments - Program Related.	0,,0021		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		1d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) ENDOWMENT FUND HELD BY OTH			185,630.
(2) CASH SURRENDER VALUE OF LI	FE INS.		94,889.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			200 E10
Total. (Column (b) must equal Form 990, Part X, col. (B) line T Part X Other Liabilities.	15.)		280,519.
Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
			(b) Book value
1. (a) Description of liability (1) Federal income taxes			
(1) Federal income taxes (2) SUPPLEMENTAL BENEFIT PLAN			250,000.
			230,000.
(3)			
(4) (5)			
(5) (6)			
(7) (8)			
(8) (9)			
	25 \		250,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	<u> </u>		100,000

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 INC •			34-3	1740695	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,532	,556.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,689.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	630,514.			
е	Add lines 2a through 2d			2e	628	<u>,825.</u>
3	Subtract line 2e from line 1			3	3,903	<u>,731.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,903	<u>,731.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per l	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	4,809	<u>,905.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	613,044.			
е	Add lines 2a through 2d			2e		,044.
3	Subtract line 2e from line 1			3	4,196	<u>,861.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,196	,861.
Pa	rt 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 X, LINE 2:

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 OF TAX POSITIONS TAKEN OR EXPECTED
TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX
POSITION MUST 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
132054 10-28-21 Schedule D (Form 990) 202 29
591130 755878 860133 2021.05000 CENTRAL AMERICAN MEDICAL 8601

CENTRAL AMERICAN MEDICAL OUTREACH, Schedule D (Form 990) 2021 INC. Part XIII Supplemental Information (continued)	34-1740695 Page 5
CODE AND EXEMPT FROM OHIO INCOME TAXES. HOWEVER, INSSA, CAMO	'S FOR PROFIT
SUBSIDIARY, HAS A TAX PROVISION IN THE AMOUNT OF \$3,192 AND	\$3,931
INCLUDED IN INSSA'S EXPENSES FOR THE YEARS ENDED APRIL 30, 2	021 AND 2020,
RESPECTIVELY	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INSSA SALES	630,514.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INSSA DEPRECIATION	4,326.
INSSA PROGRAM EXPENSES	608,718.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	613,044.
	Schedule D (Form 990) 2021

SC		Stateme	OM	IB No. 1545-0047				
(Fo	rm 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part I	V, line 14b, 1	5, or 16.	2	<u></u>
	tment of the Treasury al Revenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. Attach to Form 990 for instructions and the latest	information.		Open Inspe	to Public ction
	e of the organization					Employer	identifi	cation number
	NTRAL AMERICA	AN MEDICA	L OUTREA	CH,		2/ 17	1060	F
		ormation on A	ctivities Out	side the United States. Comple	te if the organ	34-17		
	Form 990, Part				te il tile organ			
1			n maintain record	ds to substantiate the amount of its grar	nts and other a	assistance,		
	the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the g	grants or assis	tance?	🖂	Yes X No
2	For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ce outsi	de the
3				an be duplicated if additional space is ne			())	
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in gram service		(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to	-	specific typ		for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the reg	lion	in the region
			Ŭ					
3 0	Subtotal	0	0					0.
	Total from continuation	-						· · ·
-	sheets to Part I		0					0.
с	Totals (add lines 3a	_	_					
LHA	and 3b) For Paperwork Reduc	0 ction Act Notice.	0 see the Instruc			Sche	dule F (l	0. Form 990) 2021

132071 12-20-21

34-1740695

Schedule F (Form 990) 2021

Part II

I 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)
		HONDURAS	OPERATIONAL SUPPORT	210,166.	ETF	٥.		
2 Enter total number of	recipient organization	ns listed above that are a	ecognized as charities by the f	oreian country	recognized as a tax			
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			

Page 2

CENTRAL AMERICAN ME	DICAL OUTREACH,
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Schedule F (Form 990) 2021	INC.			34	-1740695		Page
Part III Grants and Other Assistant	ce to Individuals Outside	e the United Sta	ites. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede	d.					
(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)

Schedule F (Form 990) 2021

Page 3

Sched	ule F (Form 990) 2021 INC •	34-1740695	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

CENTRAL AMER	ICAN MEDIC	AL OUTREACH,
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Schedule F	(Form 990) 2021 INC •	34-1740695	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting	method); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional	al information. See instructions.	
132075 12-20-2	1	Schedule F (Form S	90) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990)	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.							or if the	2021
Department of the Treasury		-	tach to Form 990						Open to Public
Internal Revenue Service						the latest informati	on.	Employer id.	Inspection entification number
Name of the organization	INC.	AMERICAN	MEDICAL	00.1.1	(EA(.н,		34-174(
	ing Activities.		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
1 Indicate whether th			any of the followin	g activ	rities. (Check all that apply.			
a Mail solicitat					•	overnment grants			
b Internet and c Phone solici	email solicitations tations	i	f Solicita g Special			nment grants events			
d 🔲 In-person so	licitations		• <u> </u>		0				
2 a Did the organization							tees,		
b If "Yes," list the 10			•			undraising services? ments under which the	ne fur	Ye [] Ndraiser is to b	
compensated at le	ast \$5,000 by the	organization.			-				
(i) Name and addres	s of individual			(iii) fundr	Did	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
or entity (fund		(ii) A	ctivity	have c or con contribu	ustody itrol of	from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi				contrib	utions	or has been notified	it is e	exempt from re	egistration
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ce, see the Instru	ictions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

CENTRAL AMERICAN MEDICAL OUTREACH,

INC.

Schedule G (Form 990) 2021

Pa	ırt I	I Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				SALSA SIZZLE		col. (c))
Ð			(event type)	(event type)	(total number)	
enu			24.056	27 246		
Revenue	1	Gross receipts	31,256.	37,346.		68,602.
_						
	2	Less: Contributions				
	_		31,256.	37,346.		68,602.
	3	Gross income (line 1 minus line 2)	51,250.	57,540.		00,002.
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ						
ens	6	Rent/facility costs				
Direct Expenses						
sct I	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses		1,190.		14,418.
		Direct expense summary. Add lines 4 through				14,418.
Da	<u>11</u> rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dart IV/ line 10 ar		54,184.
10		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or l	reported more than	
		\$13,000 011 0111 330°EZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
(0	2	Cash prizes				
Jse:						
bei	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	N o	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		►	
						•
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b) If "I	No," explain:				
		re any of the organization's gaming licenses re			/ear?	Yes No
b) If "`	Yes," explain:				
1320	32 10	-21-21			Sche	dule G (Form 990) 2021

CENTRAL	AMERICAN	MEDICAL	OUTREACH,
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Sch	edule G (Form 990) 2021 INC •				34-	1740	695	Page 3
11	edule G (Form 990) 2021 LNC . Does the organization conduct gaming activiti	ies with nonmembe	ers?				Yes	No
	Is the organization a grantor, beneficiary or tru	ustee of a trust, or a	member of a pa	rtnership or other	entity formed		Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming activity con						162	
	The organization's facility					13a		%
	An outside facility							%
	Enter the name and address of the person wh							
	Name							
	Address							
15a	Does the organization have a contract with a	third party from who	om the organizat	ion receives gamin	g revenue?	🗀	Yes	No No
b	If "Yes," enter the amount of gaming revenue	received by the org	anization 🕨 \$		and the amount			
	of gaming revenue retained by the third party	▶\$						
c	If "Yes," enter name and address of the third	party:						
	Name 🕨							
	Address ►							
10								
10	Gaming manager information:							
	Name							
	Gaming manager compensation 🕨 💲							
	Description of services provided 🕨							
	Director/officer Emplo	oyee	Independent	contractor				
17	Mandatory distributions:							
	Is the organization required under state law to	make charitable di	stributions from	the gaming procee	eds to			
	retain the state gaming license?						Yes	🗌 No
b	Enter the amount of distributions required uno	der state law to be c	distributed to oth	er exempt organiza	ations or spent in the			
	organization's own exempt activities during th							
Ра	rt IV Supplemental Information. P 15b, 15c, 16, and 17b, as applicable.					ırt III, lin	ies 9, 9	b, 10b,
1000	22 10 21 21				Coho		Form	990) 2021
1320	33 10-21-21		~ ~		Scher	ane a (500) 202 I

CENTRAL	AMERICAN	MEDICAL	OUTREACH,
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Schedule G	G (Form 990) INC .	34-1740695 Page 4
Part IV	a (Form 990) INC . Supplemental Information (continued)	
		Schedule G (Form 990)
22004 11 10	21	
32084 11-18-		

(Form 990)								
Department of the Treasury Internal Revenue Service	 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 							
Name of the organization	CENTRAL AMER	ICAN M	EDICAL OU	TREACH,	E			
Part I Types of	Property				I			
		(a) Check if	(b) Number of	(c) Noncash contribution				

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

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Open to Public ction

ov/Form990 for instructions and the latest information.		Inspe
ERICAN MEDICAL OUTREACH,	Employer	identificatio

ICAN M	CAN MEDICAL OUTREACH,		Employer identification number 34-1740695
(a)	(b)	(c)	(d) Mathed of datarmining

		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de	etermin	•	c .
		applicable		Form 990, Part VIII, line 1g	Honcash contrib	ution ai	nount	5
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 SUPPL</u>)	X	1	2,892,791.	CATALOG/ESI	'IMA'	ΓE	
26	Other \blacktriangleright (<u>TEDDY BEARS A</u>)	Х	1	346,239.	ESTIMATE			
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by		• • • • •		-			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				1

contributions?

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

Schedule M (Form 990) 2021

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132141 11-17-21

Schedule M	(Form 990) 2021	INC.	, 34-1740695 Page 2
Part II	Supplemental is reporting in Part	Information. Provide the information required by Part I, lines 3(1, column (b), the number of contributions, the number of items rec additional information.	Db, 32b, and 33, and whether the organization eived, or a combination of both. Also complete
	this part for any ac		
132142 11-17-2	1		Schedule M (Form 990) 2021
		41	
		1 1	

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SCHEDULE O (Form 990)

(FOITH 990)

Department of the Treasury Internal Revenue Service Name of the organization

TNC.

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. CENTRAL AMERICAN MEDICAL OUTREACH,



34-1740695

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

CARE SYSTEMS AND PROMOTING SUSTAINABLE COMMUNITY DEVELOPMENT.

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUED) FORM 990, CAMO WAS FOUNDED IN 1993 BY KATHRYN TSCHIEGG, RN, BBA AFTER SERVING AS PEACE CORPS NURSE AT THE HOSPITAL DE OCCIDENTE. TODAY, CAMO IS ONE OF THE MOST RECOGNIZED NON-PROFIT ORGANIZATIONS IN WESTERN HONDURAS. CAMO HONDURAS' ANNUALLY, 55-MEMBER STAFF PROVIDES 120,000 DIRECT SERVICES. OVER THE PAST NEARLY THREE DECADES, IT IS ESTIMATED THAT AS MANY AS 2.9 MILLION LIVES HAVE BEEN SAVED DIRECTLY AND INDIRECTLY AS A RESULT OF CAMO'S 22 MEDICAL SERVICES INCLUDING NEUROSURGERY PROSTHETICS AND CERVICAL CANCER. CAMO TRAINS MEDICAL OPHTHALMOLOGY, PERSONNEL IN SURGERY, ORTHOPEDICS, RESPIRATORY CARE, EMERGENCY CARE ADVANCED LIFE SUPPORT, NUTRITION, AND NURSING PROTOCOLS. CAMO'S EDUCATION PROGRAM PROVIDES TEACHER PROFESSIONAL DEVELOPMENT AND TEXTBOOKS TO 13 RURAL VILLAGES. CAMO PARTNERS WITH HONDURAN CITY LEADERS IN COMMUNITY DEVELOPMENT AND EDUCATION TO IMPROVE THE QUALITY OF LIFE MAKING SANTA ROSA DE COPN ONE OF THE SAFEST CITIES. INSTEAD OF CAMO'S SUCCESSFUL COMMUNITY FALLING INTO VIOLENT STREET LIFE, DEVELOPMENT INITIATIVES PROMOTE POSITIVE CHANGE AND EQUITABLE SOCIETY YOUTH TAKE ADVANTAGE OF HEALTHY ACTIVITIES AT THE COMMUNITY GYM, ENRICH THEIR ARTISTIC CREATIVITY AT THE CULTURAL CENTER, AND LEARN VALUABLE SKILLS AT THE TRADE SCHOOL. CHILDREN RECEIVE A SAFE, NUTRITIOUS HEAD START AT THE PUBLIC DAYCARE CENTER. WOMEN AND CHILDREN ARE SAFE AT CAMO'S DOMESTIC VIOLENCE SHELTER AND ARE EMPOWERED LEARNING SKILLS VIA MICROBUSINESSES.

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Schedule O (Form 990) 2021	Page 2				
Name of the organization CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Employer identification number 34-1740695				
CAMO USA, LOCATED IN ORRVILLE, OHIO, UTILIZES 5 STAFF AND	HUNDREDS OF				
VOLUNTEERS TO RAISE FUNDING AND SECURE DONATED MEDICAL SUB	PLIES (VALUED				
AT \$2 MILLION ANNUALLY AND SHIPPED IN TEN CONTAINERS/YEAR.					
CAPITAL IMPROVEMENTS					
CAMO HAS INVESTED NEARLY \$4 MILLION IN CAPITAL IMPROVEMENT	IS IN SANTA				
ROSA DE COPAN, HONDURAS, TO COMBAT CRIME AND FEAR AND PROM	IOTE A SAFE,				
EQUITABLE AND HEALTHY SOCIETY IN THE FOLLOWING AREAS:					
MEDICAL SYSTEM FACILITIES:					
AT THE PUBLIC HOSPITAL (SERVING 35,000/YEAR), CAMO RENOVA	ATED THE				
FOLLOWING DEPARTMENTS: PEDIATRIC, EMERGENCY, X-RAY & DIAGN	NOSTIC, NICU				
(SERVING 2,000 NEWBORNS ANNUALLY), ENDOSCOPY, KITCHEN, LAUNDRY AND CAMO					
INSTALLED NEW ELECTRICAL SYSTEM WITH BACK-UP GENERATORS AND MEDICAL					
COMPRESSED AIR. CAMO CONSTRUCTED AND MAINTAINS THE INFRASTRUCTURE FOR					
THE COUNTRY'S LARGEST PUBLIC HEALTH CENTER, SERVING 800 PA	ATIENTS PER				
DAY IN SANTA ROSA DE COPAN (PROJECT COST - \$680,235).					
EDUCATION FACILITIES:					
CAMO BUILT AN ACADEMY HIGHER LEARNING IN 2017 WITH NINE					
STATE-OF-THE-ART CLASSROOMS, EQUIPPED WITH VIDEO-CONFERENCING, A					
COMPUTER LAB, A NURSING PROTOCOL LAB/CLASSROOM, A LAB/CLASSROOM WITH					
BIOMEDICAL MODALITIES, AND A LARGE CONFERENCE ROOM THAT IS RENTED BY					
OUTSIDE ASSOCIATIONS/GROUPS. NOW THE ACADEMY IS BEING RUN BY A					
NON-PROFIT CALLED YO QUIERO SER. THE ACADEMY ALLOWS TALENTED STUDENTS					
FROM RURAL AND URBAN HONDURAS TO RECEIVE TRAINING WHO WOUI	D OTHERWISE				
NOT HAVE ACCESS. UPON SUCCESSFUL PROGRAM COMPLETION, THESE	E STUDENTS				
PROVIDE THE IMPORTANT AND NECESSARY LEADERSHIP AND TECHNIC	CAL SKILLS TO				
THE HONDURAN HEALTHCARE WORKFORCE.					
COMMUNITY DEVELOPMENT FACILITIES:					

CAMO BUILT AND CONTINUES TO MAINTAIN THE LARGEST DOMESTIC VIOLENCE 132212 11-11-21 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization CENTRAL AMERICAN MEDICAL OUTREACH, INC.	Page 2 Employer identification number 34-1740695
SHELTER IN CENTRAL AND SOUTH AMERICA, HOUSING OVER 44 IND	IVIDUALS AT
ONE TIME. CAMO REBUILT THE COMMUNITY GYM IN 2004 WHICH SEF	RVES 600
PEOPLE DAILY AND CREATES ENOUGH REVENUE STREAMS TO BE SELF	-SUSTAINING.
CAMO ALSO SUPPORTS THE PUBLIC DAYCARE CENTER WITH FOOD, ME	EDICINE, AND
EMPLOYS A FULL-TIME TEACHER.	
RELATIONSHIPS MAKE CAMO UNIQUE. CAMO BUILDS MULTI-DISCIPLI	INARY NETWORKS
AMONG MEDICAL EXPERTS, TRADE PROFESSIONALS, AND THOSE IN I	JEADERSHIP
DEVELOPMENT. CAMO-USA PROFESSIONALS COMMIT TO LONG-TERM CO	DUNTERPART
RELATIONSHIPS WITH CAMO'S HONDURAN PROFESSIONALS TO PROMOT	TE POSITIVE,
FORWARD CHANGE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
COORDINATE THE COVID-19 RESPONSE, ADMINISTER HEALTH CARE A	AND TRIAGE
CENTERS, HIRE PANDEMIC PERSONNEL IN THREE STATES OF HONDUF	RAS, PURCHASE
PPE AND MEDICAL SUPPLIES FOR CLINICS/HOSPITALS, AND EDUCAT	ſE
PATIENTS/STAFF IN COVID. IN ADDITION, CAMO PROVIDED FIVE	HOSPITALS
WITH VENTILATORS, C-PAP MACHINES AND RESPIRATORY SUPPLIES	SAVING
THOUSANDS OF LIVES. SINCE RESPIRATORY THERAPISTS DO NOT E	EXIST IN
HONDURAS, CAMO USA RESPIRATORY VOLUNTEERS REMOTELY TRAINED) HONDURAN
MEDICAL STAFF IN VENTILATOR USE.	
CAMO COLLABORATES WITH THE TECHNICAL SCHOOL OF ARTS AND TH	RADES SERVING
WESTERN HONDURAS IN PROVIDING TECHNICAL TRAINING TO MEET 7	THE DEMANDS OF
THE LABOR FORCE. ANNUALLY, 600 TEENAGERS AGES 13-18 YEARS	OLD COMPLETE
PROGRAMS IN AREAS SUCH AS WELDING, CARPENTRY, COMPUTER, AN	ND CULINARY.
CAMO'S HEALTH AND EDUCATION PROGRAM PROVIDES TEACHER PROFE	ESSIONAL
DEVELOPMENT AND TEXTBOOKS TO 13 RURAL VILLAGES. LAST YEAR	R, CAMO
PROVIDED 2,130 DENTAL, NUTRITIONAL, OPHTHALMOLOGICAL, AND	
132212 11-11-21 44 501130 755979 960133 2021 05000 כבאותסאו אארס	Schedule O (Form 990) 2021

2021.05000 CENTRAL AMERICAN MEDICAL 860133_1

Schedule O (Form 990) 202	21					Page 2
Name of the organization	CENTRAL	AMERICAN	MEDICAL	OUTREACH,	Employer iden	tification number
	INC.				34-174	0695

SERVICES IN REMOTE SCHOOLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY RECREATION CENTER SERVING 600/DAY AND 1000/WEEKEND (ONLY GYM

FOR 1 MILLION PEOPLE) WITH TRANSPORTATION FROM SCHOOLS, INTRAMURALS,

WEIGHT ROOM AND AEROBIC CLASSES.

YOUTH MENTORING CENTER WITH BOYS/GIRLS CLUB AND CHARACTER DEVELOPMENT

PROGRAMS, A CAFETERIA WITH MICROBUSINESS, NUTRITION, AND HEALTH

PROGRAMS.

AS A RESULT OF THESE SUCCESSFUL CAMO INITIATIVES, SANTA ROSA DE COPAN

HAS BEEN NAMED THE "SAFEST CITY" IN HONDURAS A COUNTRY THAT IS DEEMED

VERY VIOLENT BASED ON ITS MURDER RATE.

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

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

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

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH CONFLICT OF INTEREST

IN ACCORDANCE WITH THE ORGANIZATION'S WRITTEN POLICY. OTHER POLICIES

INCLUDE WHISTLE BLOWING POLICY, DONOR PRIVACY POLICY AND RETENTION OF

RECORD POLICY.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE

DIRECTOR AND OTHER TOP MANAGEMENT OFFICIALS WAS COMPLETED INACCORDANCE WITH

THE ORGANIZATION'S WRITTEN POLICY. THE PROCESS FOR DETERMINING COMPENSATION

FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES WAS COMPLETED IN

ACCORDANCE WITH THE ORGANIZATION'S WRITTEN POLICY.

132212 11-11-21

Schedule O (Form 990) 2021

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Schedule O (Form 990) 202	21				Page 2
Name of the organization	CENTRAL	AMERICAN	MEDICAL	OUTREACH,	Employer identification number
	INC.				34-1740695

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS DID NOT CHANGE FROM LAST YEAR.

Schedule 0 (Form 990) 2021

132212 11-11-21