Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning 2010, and ending D Employer Identification Number C Name of organization MEDICAL TOURISM ASSOCIATION, Check if applicable: 26-0753785 Address change Doing Business As Number and street (or P.O. box if mail is not delivered to street addr) Telephone number Name change 10130 NORTHLAKE BOULEVARD 214-315 (561) 791-2000 Initial return ZIP code + 4 City, town or country Terminated WEST PALM BEACH 33412 **G** Gross receipts \$ 522,349 Amended return FLH(a) Is this a group return for affiliates? F Name and address of principal officer: Application pending Yes No **H(b)** Are all affiliates included? Yes No JONATHAN EDELHEIT 10130 NORTHLAKE BOULEVA WEST PALM BEACH FL 33412 If 'No,' attach a list. (see instructions) 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or www.MedicalTourismAssociation.com Website: ► **H(c)** Group exemption number ▶ X Corporation M State of legal domicile: FL Form of organization: L Year of Formation: 2007 Summary Briefly describe the organization's mission or most significant activities: EDUCATION & PROMOTION OF GLOBAL HEALTHCARE Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 312,453 219,696. Program service revenue (Part VIII, line 2g) 228,008 246,653. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 84,752 56,000. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 625,213 522,349. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 172,636 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 206,283. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 445,142 297,440. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 617,778. 503,723. Revenue less expenses. Subtract line 18 from line 12 7,435 18,626. **End of Year Beginning of Current Year** 17,061. 50,687. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 15,000. 22 Net assets or fund balances. Subtract line 21 from line 20 17,061. 35,687. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here JONATHAN EDELHEIT President Type or print name and title. Print/Type preparer's name Date Preparer's signature Check **Paid** RAYMOND V STEPHANO, CPA, CFS self-employed Preparer ► Raymond V. Stephano, P.C., CPA Firm's name Use Only ▶ 550 Pinetown Road Suite 303 Firm's address Firm's EIN ► 283-5210 Fort Washington 19034 (215)

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

No

Yes

			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
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
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		Х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) MEDICAL TOURISM ASSOCIATION, INC Part IV Checklist of Required Schedules (continued)

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

BAA Form **990** (2010)

Form 990 (2010) MEDICAL TOURISM ASSOCIATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V	<u></u>		
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a	-		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country:			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a 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?	6a		х
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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2010) MEDICAL TOURISM ASSOCIATION, INC 26-0753785 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 3 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a 7h **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8_b X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9 Х **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a **10 a** Does the organization have local chapters, branches, or affiliates? 10b Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Does the organization have a written whistleblower policy? 13 Х 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х taxable entity during the year? **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Florida Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public

inspection. Indicate how you make these available. Check all that apply.

X Own website Another's website Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

_10130 NORTHLAKE BLVD WEST PALM BEACH FL _ 33412 _ _ _ (561) 791-2000

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X 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 hours per week (describe hours for related organiza- tions in Schedule O)	Po andividual trustee or director	tion anstitutional trustee	(check Officer	all Key employee	hat employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JONATHAN EDELHEIT CHIEF EXECUTIVE OFFICER	20.00	х		х						
(2) RENEE-MARIE STEPHANO										
PRESIDENT	40.00	Х		Х						
(3) BRAD COOK										
SECRETARY	1.00	Х		Х						
_(4) PREM_JAGYASI CHIEF STRATEGY OFFICER	5.00			Х						
(5) KEMAL CANLAR	3.00			Λ						
DIRECTOR	1.00	х								
(6) ALEX PIPER										
DIRECTOR	1.00	Х								
_(8)										
<u>(9)</u>										
<u>(10)</u>										
(11)										
(12)										
(13)										
<u>(14)</u>										
<u>(15)</u>										
<u>(16)</u>										
(17)										

Tart VII Section A. Officers, Directors, 1145	1003, 1	\Cy		ipic	Jyc	c 3,	an	u riigiicat oon	ipensatea En	ibio	yccs	(001	11)
(A)	(B)			(0	-			(D)	(E)			(F)	
Name and title	Average hours	Posi					_	Reportable compensation from	Reportable compensation from			timated nt of oth	ner
	per week (describe	ndiv or di	nstit	Officer	Key	⊣igh empl	Former	the organization related organ (W-2/1099-MISC) (W-2/1099-		s	com	pensation om the	
	related	idua	utior	ď	emp	est c	er		,		ora	anization d related	ı İ
	zations	or trus	nal tr		employee	omp					orga	nization	S
	hours per week (describe hours for related organi- zations in Sch O)	stee	Institutional trustee		CD	Highest compensated employee							
			ő			ated							
40										+			
<u>(18)</u>	-												
(40)													
<u>(19)</u>													
(20)										\dashv			
(20)	-												
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(27)													
(28)													
(29)													
1 b Sub-total							>						
c Total from continuation sheets to Part VII, Section A										\perp			
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but not limited	to thos	e list	ted a	abov	/e) v	vho	rece	eived more than \$	100,000 in reporta	able o	compe	ensatio	n
from the organization 0											1	1	
										г		Yes	No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or truste	e, ke	еу е	mpl	oyee	e, or	hig	hest compensated	lemployee		3		37
,											3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable	com	pens	satio	on a	nd c	thei	r compensation fro	om				
such individual											4		Х
5 Did any person listed on line 1a receive or accrue co	mpensa	ation	fror	n ar	ny ui	nrela	ated	organization or in	ıdividual	Ī			
for services rendered to the organization? If 'Yes,' co	omplete	Sch	edul	le J	for s	such	per	rson			5		Χ
Section B. Independent Contractors									#100.000 f				
1 Complete this table for your five highest compensate compensation from the organization.	a indep	enae	ent c	contr	acto	ors t	nat	received more tha	n \$100,000 of				
(A)								(B)		((:)	
Name and business address	S							Description	of services	C	ompe	nsatio	n
								_					
2 Total number of independent contractors (including b	out not l	imite	ed to	tho	se I	isted	d ab	ove) who received	more than				
\$100,000 in compensation from the organization ►													

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	210.606			
<u>ы</u>	h Total. Add lines 1a-1f Business Code	219,696.			
Ī		-204.	-204.	0.	0
Ĕ	2a MHCC CONGRESS 611000 b MAGAZINE ADVERTISING 511000	99,857.	99,857.	0.	0.
CEI	c KHIDI CONGRESS 611000	147,000.	147,000.	0.	0.
ERV	d	147,000.	147,000.	•	•
S E					
GRA	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	246,653.			
OTHER REVENUE	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Ga Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b As Gross income from fundraising events (not including . \$				
	9a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a				
	b				
	c d All other revenue	56,000.	56,000.	0.	0.
	e Total. Add lines 11a-11d	56,000.	30,000.	0.	0.
	12 Total revenue. See instructions	522,349.	302-653	0.	0.

Page **10**

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

2	Grants and other assistance to governments		expenses	general expenses	expenses
_	and organizations in the U.S. See Part IV, line 21				
3	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	203,495.			
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,788.			
10	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion	763.			
	Office expenses	16,495.			
14	Information technology	4,305.			
15	Royalties				
16	Occupancy				
17	Travel	83,197.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	872.			
21	Payments to affiliates	0.044			
22 23	Depreciation, depletion, and amortization	2,241. 5,717.			
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а					
b					
c					
d					
e		100 004	100 004		
	All other expenses Add lines 1 through 24f	182,284. 503,723.	182,284.		
	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► if following	503,723.	182,284.		
26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Page **11**

Pa	<u>ırt X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			7,830.	1	35,032.
	2	Savings and temporary cash investments		•	2	•	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		F		4	
	5	Description from ourrent and former officers, directors	tructo	aa kay amplayaaa			
)	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	I of Sch	iedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contri sponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting e	employers and byees' beneficiary		6	
Ā	7	Notes and loans receivable, net				7	
A S S E T S		Inventories for sale or use		F		8	
Ţ	8			<u> </u>		9	
S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,489.			
	b	Less: accumulated depreciation	10b	8 , 587.	6,261.	10 c	12,902.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets			2,970.	14	2,753.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		17,061.	16	50,687.
	17	Accounts payable and accrued expenses			•	17	•
	18	Grants payable				18	
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability. Complete Part IV	of Sch	nedule D		21	
L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal control of the design of the compensated employees.	sons. Co	omplete Part II	0	22	15,000
I E S		of Schedule L		T	0.	22	15,000.
S	23	Secured mortgages and notes payable to unrelated thi		F		23	
	24	Unsecured notes and loans payable to unrelated third		The state of the s		24	
	25	Other liabilities. Complete Part X of Schedule D				25	4
	26	Total liabilities. Add lines 17 through 25			0.	26	15,000.
N E T		27 through 29 and lines 33 and 34.	ап	u complete illies			
	27	Unrestricted net assets				27	
ASSETS	27						
Ī	28	Temporarily restricted net assets		T T		28	
O R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check her lines 30 through 34.	re 💆	X and complete			
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment				31	
Ļ	32	Retained earnings, endowment, accumulated income,			17,061.	32	35 , 687.
BALANCES	33	Total net assets or fund balances		T	17,061.	33	35,687.
Ĕ	34	Total liabilities and net assets/fund balances			17,061.	34	50,687.
	. 	Total habilities and het assets/fulla balances			17,001.	-	30,001

BAA Form **990** (2010)

Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI					
 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 	1 2		22,3 03,7		
3 Revenue less expenses. Subtract line 2 from line 1	3		18,6		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,0		
5 Other changes in net assets or fund balances (explain in Schedule O)	5				
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))					
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII					
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
b Were the organization's financial statements audited by an independent accountant?		2b		X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?		2c	х		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of separate basis, consolidated basis, or both:	on a				
▼ Separate basis					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle 	3a		Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3b		l	
BAA		Form	990 (2010)	

TEEA0112 12/21/10

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

ME	DICAL TOURISM ASSOCIATION, INC	26-0753785					
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if						
the organization answered 'Yes' to Form 990, Part IV, line 6.							
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	oor advised Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a purpose conferring impermissible private benefit?	nny other					
Pa	rt II Conservation Easements. Complete if the organization answered 'Yes'	to Form 990. Part IV. line 7.					
	Purpose(s) of conservation easements held by the organization (check all that apply).						
		of an historically important land area					
		of a certified historic structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	ne form of a conservation easement on the					
		Held at the End of the Tax Year					
	a Total number of conservation easements	2a					
	b Total acreage restricted by conservation easements	2b					
	c Number of conservation easements on a certified historic structure included in (a)	2c					
•	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2					
3	Number of conservation easements modified, transferred, released, extinguished, or terminate tax year ►	d by the organization during the					
4	Number of states where property subject to conservation easement is located >						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements • \$	during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?						
9	In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	expense statement, and balance sheet, and scribes the organization's accounting for					
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.					
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuart, historical treasures, or other similar assets held for public exhibition, education, or researce in Part XIV, the text of the footnote to its financial statements that describes these items.	ue statement and balance sheet works of th in furtherance of public service, provide,					
ا	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	tatement and balance sheet works of art, furtherance of public service, provide the					
	(i) Revenues included in Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X	≻ \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	r financial gain, provide the following					
	a Revenues included in Form 990, Part VIII, line 1						
	h Assets included in Form 990. Part X	►\$					

Part III Organizations Maintai	ning Conection	S OI AIL, HISLO	ricai ireasures, oi	Other Similar ASS	eis (continu	ieu)
3 Using the organization's acquisitio items (check all that apply):	n, accession, and o		,	hat are a significant use	of its collection	n
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	tions					
4 Provide a description of the organi Part XIV.	ization's collections	and explain how	they further the organiz	ation's exempt purpose	in	
5 During the year, did the organizati assets to be sold to raise funds ra	ther than to be mai	ntained as part of	the organization's colle	ction?		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangements 290 unt on Form	. Complete if o), Part X, line :	organization answe 21.	red 'Yes' to Form 9	990, Part IV,	line
1 a Is the organization an agent, trusti	ee, custodian, or ot	her intermediary for	or contributions or other	r assets not	Yes	No
b If 'Yes,' explain the arrangement in						
b if tes, explain the arrangement in	ITT art XIV and Con	ipiete the following	, table.		Amount	
c Beginning balance				1с	7 imount	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an an					Yes	No
b If 'Yes,' explain the arrangement in						
Part V Endowment Funds. Co	mplete if the or	ganization ans	wered 'Yes' to For	m 990, Part IV, line	e 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	-					
a Board designated or quasi-endowr	ment •	8				
b Permanent endowment	%					
c Term endowment ►						
3a Are there endowment funds not in	the possession of	the organization th	at are held and adminis	stered for the		
organization by:					Yes	No
(i) unrelated organizations					3a(i)	-
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related or	•	•			. 3b	<u> </u>
4 Describe in Part XIV the intended Part VI Land, Buildings, and E						
Description of investment		est or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	مرياد
Description of investment	(a) CC	investment)	basis (other)	depreciation	(u) DOOK V	aiue
1 a Land						
b Buildings						
c Leasehold improvements						
• •	d Equipment 21,489. 8,587. 12,902.					
e Other						
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X, col	umn (B), line 10(c).)			<u>,902.</u>
BAA				Sched	dule D (Form 99	90) 2010

Schedule **D** (Form 990) 2010

5	Page 3
ue	
ue	
) Book va	lue

Part VII	Investments—Other Securities. See F	orm 990, Part X, li	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation: rket value
	cial derivatives			
	y-held equity interests			
(3) Other				
<u>(A)</u>				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(l)				
	umn (b) must equal Form 990 Part X, column (B) line 12.) ►			
	I Investments-Program Related. (See		line 13)	
-	(a) Description of investment type	(b) Book value	(c) Method of valua	ation:
			Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. (See Form 990, Part X,	line 15)		
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	olumn (b) must equal Form 990, Part X, column(B)	line 15)	-	
Part X	Other Liabilities. (See Form 990, Part			1
	(a) Description of liability	(b) Amount		
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	mn (h) must equal Form 990, Part Y, column (R) line 25)	•		
		F 1		

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

BAA Schedule **D** (Form 990) 2010 TEEA3303 12/20/10

Sche	edule D (Form 990) 2010 MEDICAL TOURISM ASSOCIATION, INC	26-0753785	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
á	a Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		
	Prior year adjustments 2b		
	Cother losses 2c		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
<i>J</i>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
7	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	rt XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compadditional information.	t IV, lines 1b and 2b; plete this part to provide	

Schedule D	(Form 990) 2010 MEDICAL TOURISM ASSOCIATION, INC	26-0/53/85	Page 5
Part XIV	Supplemental Information (continued)		
I di CAIV	Cappiemental information (continued)		

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open 1

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

varie of the organization						Employer identi	ication number
MEDICAL TOURISM ASSO	CIATION, II	NC				26-07537	85
			e United St	tates. Comple			n answered 'Yes'
to Form 990, Part	IV, line 14b.						
1 For grantmakers. Does the grantees' eligibility for the d	organization mair	ntain records to si	ubstantiate th	e amount of the g	rants or as	sistance, the	. X Yes No
grantees eligibility for the (grants or assistant	ce, and the select	ion criteria us	ed to award the g	rants or as	sistance?	. X tes No
2 For grantmakers. Describe	in Part V the orga	anization's proced	ures for moni	toring the use of	grant funds	outside the L	Inited States.
3 Activities per Region. (The	following Part I, lin	ne 3 table can be	duplicated if	additional space i	s needed.)		
		4 S N					
(a) Region	(b) Number of offices in the	(c) Number of employees,		es conducted in		vity listed in	(f) Total expenditures for
	region	agents, and	fundrais	by type) (e.g., sing, program	service	program , describe	and investments
	3 -	independent	services	, investments,	specif	ic type of	in region
		contractors in region	grants	to recipients in the region)	service(s) in region	
		iii icgioii	located	in the region)			
(1) Central America	1	3	PROGRAM	SERVICES	MARKET	ING	14,400.
(2) East Asia and Pacific	3	3	PROGRAM	SERVICES	MARKET	ING	0.
(3) Middle East	2	2	DDOCDAM	SERVICES	MARKET	TNC	0.
(3) MIGGIE EASC			FROGRAM	DERVICED	MAKKEI	ING	0.
40. 7	_	_	DD00D314	a========		T170	•
(4) Europe	3	3	PROGRAM	SERVICES	MARKET	ING	0.
(5) South America	3	3	PROGRAM	SERVICES	MARKET	ING	0.
(6)							
,,							
(7)							
(/)							
(0)							
(8)							
(9)							
(10)							
(11)							
(12)							
(1-)							
(13)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a Sub-total	12	14					14,400.
	12						11/100.
b Total from continuation							
sheets to Part I							

c Totals (add lines 3a and 3b)

12

14,400.

	Grants and Other Assistan Form 990, Part IV, line 15, Part II can be duplicated if	ce to Organization for any recipient	ons or Entities who received n	Outside the U	Inited States. Coool. Check this	Complete if the box if no one	organization au recipient receiv	nswered 'Yes' to	5,000 ►
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
the	ter total number of recipient organize grantee or counsel has provided a	section 501(c)(3) equi	valency letter						
BAA	ter total number of other organizatio	ns or entities							F (Form 990) 2010

Schedule **F** (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
(9)							
<u>(</u> 10)							
<u>(11)</u>							
(12)							
<u>(13)</u>							
<u>(</u> 14)							
<u>(</u> 15)							
<u>(</u> 16)							
<u>(</u> 17)							
(18)							7 (5 000) 0010

	edule F (Form 990) 2010 MEDICAL TOURISM ASSOCIATION, INC	26-0753785	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' to 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)		X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cer 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)	rtain	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certa Foreign Corporations. (see instructions for Form 5471)	ain <u> </u>	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualitelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	a	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	s Yes	X No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete t his part to provide any additional information (see instructions).	t
Pt I Line 2	

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(7) (8) (9) (10) **Transactions With Interested Persons**

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 2010

Open to Public Inspection

	e organization						ployer ic			mber				
	AL TOURISM ASSOCIATION,						-075							
Part I	Excess Benefit Transactions Complete if the organization answer	s (sected the sected in the se	tion 50 ' on Forr	1(c)(3) and section n 990, Part IV, line 25a o	501(c)(4 or 25b, or F	l) organiza form 990-EZ,	tions Part V	only ', line	/). 40b.					
1	(a) Name of disqualified person				(h) Description	n of transaction					(c) Corrected			
	(a) Hamo of allequations person.				. or transaction	******					No			
(1)												<u> </u>		
(2)												ļ——		
(3)														
(4)														
(5) (6)														
			I											
2 Ent	ter the amount of tax imposed on the ore	ganizati	ion man	agers or disqualified pers	sons durin	g the year un	der	. ► s						
	ter the amount of tax, if any, on line 2, a													
Part II	Loans to and/or From Interes													
	Complete if the organization answere				Form 990-	EZ. Part V. lir	ne 38a.	_						
	• · · · · · · · · · · · · · · · · · · ·					, ,								
(á	(a) Name of interested person and purpose (b) Loan to or fr the organization		to or from anization?	(c) Original principal amount (d) Balance du		lance due	e (e) In default?			(f) Approved by board or committee? (g) W agreer				
		То	From	_			Yes	No	Yes	No	Yes	No		
(1) REN	EE MARIE STEPHAN WORKING CAPITAL	Х		15,000.		15,000.		Х	Х		Х			
(2)				·		,								
(3)														
(4)														
(5)										<u> </u>		<u> </u>		
(6)										<u> </u>		 		
<u>(7)</u>			-							-		-		
(8)			1							-				
(9)														
(10)			1	<u> </u>		15,000.				1				
Part III	Grants or Assistance Benefi	ttina	nteres	•		15,000.								
i artiii	Complete if the organization	answe	ered 'Y	es' on Form 990, P	art IV, li	ne 27.								
	(a) Name of interested person			nship between interested person the organization	1) Amoun	t and ty	pe of as	sistance	e			
				the organization										
(1)														
(2)														
(3)														
(4)														
(5) (6)														
(17)														

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

Schedule **L** (Form 990 or 990-EZ) 2010

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Staring or organization (e) Staring or organization (e) Staring or organization (e) Staring or organization (e) Staring organization
(1) WMT&GHC, INC
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information
(3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information
(4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information
(5) (6) (7) (8) (9) (10) Part V Supplemental Information
(6) (7) (8) (9) (10) Part V Supplemental Information
(8) (9) (10) Part V Supplemental Information
(9) (10) Part V Supplemental Information
(10) Part V Supplemental Information
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on schedule L (see instituctions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

MEDICAL TOURISM ASSOCIATION, INC	26-0753785
Pt_VI-B, Line 10b EXPRESSED_IN_REGIONAL_REPRESENTATIVE_ADVISORY	BOARD AGREEMENT
Pt_VI-B, Line 11a REVIEWED_BY PRESIDENT	
Pt_VI-A, Line 2 TWO OFFICERS_ARE MARRIED	
Pt_VI-A, Line 6 MEMBERS	
Pt_VI-A, Line 7a MEMBERS OF THE GOVERNING BODY ARE ELECTED BY T	HE
OTHER MEMBERS OF THE GOVERNING BODY	
	. – – – – – – – – – –

Form **4562**

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization (Including Information on Listed Property)

 OMB No. 1545-0172

2010

Attachment Sequence No. 67

Name(s) shown on return Identifying number 26-0753785 MEDICAL TOURISM ASSOCIATION, INC Business or activity to which this form relates Form / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Maximum amount (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 9 10 **10** Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 2,024 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (a) (b) Month and (e) (f) Method (g) Depreciation Classification of property year placed in service Recovery period Convention deduction only - see instructions) 19 a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property ... S/L 25 yrs g 25-year property. 27.5 yrs h Residential rental MM S/L 27.5 yrs MM S/L i Nonresidential real S/L 39 yrs MM MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life . . S/L **b** 12-year . 12 yrs S/L **c** 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 2,024. For assets shown above and placed in service during the current year, enter

Page 2

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

Type of preprighest in services (a) Date present process (a) East for description of the present processor of the reason of the research of the processor of th		columns	(a) through (c)	of Section A,	all of Sec	ction B, ar	nd Sec	tion C it	appi	icable.							
The deposits of the place states of the process of twentiatistics of the process of twentiatists of the process of the														-		-	_
Type of special depreciation allowance for qualified business use: 25 Special depreciation allowance for qualified lited property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used more than 50% in a qualified business use: 28 Add amounts in column (n), lines 25 through 27. Enter here and on line 21, page 28 29 29 Add amounts in column (n), lines 25 through 27. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 29 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 20 Add amounts in column (n), lines 26. Enter here and on line 7, page 29 29 20 Add amounts in column (n), lines 26. Enter here and on line 7, page 20 20 20 Add amounts in column (n), lines 26. Enter here and on line 7, page 20 20 20 Add amounts in column (n), lines 26. Enter here and on line 7, page 20 20 20 Add amounts in column (n), lines 26. Enter here and on line 7, page 20 20 30 Total business/inves/ment miles driven during the year (do not include commuting miles) 31 Total miles driven during the year. Add lines 30 through 32 20 20 20 20 32 Total other personal (amountmuting) 20 20 20 20 20 20 20 2	24 8											s,' is the	evidence		•	-1	No
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43 Amortization of costs that began before your 2010 tax year		Des			Date an	nortization		Amortizab			Code)	Amo pe	ortization riod or		mortizatio	
	42	Amortization of	f costs that begi	ns during your	2010 tax	year (see	e instru	uctions):	<u> </u>								
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	43		-	-		-											217

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

nternal Revenu	e Service	riie a sep	arate applic	Cation for each return.			
If you ar	e filing for an Auto	omatic 3-Month Extension, comp	plete only P	art I and check this box		► X	
-	-			complete only Part II (on page 2 of this tic 3-month extension on a previously file	•		
		. ,					
corporation equest an e Associated \	required to file For extension of time t With Certain Perso	m 990-T), or an additional (not a	automatic) 3 art I or Part st be sent to	a 3-month automatic extension of time to 3-month extension of time. You can elect II with the exception of Form 8870, Inforo the IRS in paper format (see instruction charities & Nonprofits.	ronically file Form & mation Return for T	868 to ransfers	
				nit original (no copies needed).			
				nonth extension – check this box and con	mplete Part I only		
	porations (includir	, -		d trusts must use Form 7004 to request a	•		
	Name of exempt orga	anization				Employer identification number	
ype or orint			26-0753785				
ile by the		MEDICAL TOURISM ASSOCIATION, INC Number, street, and room or suite number. If a P.O. box, see instructions.					
ue date for ling your		,	·				
eturn. See nstructions.		'HLAKE BOULEVARD, #2. ice, state, and ZIP code. For a foreign addr		rtions			
	,		633, 366 mara	olons.	FL 3341	2	
	WEST PALM	BEACH			FL 3341		
Enter the Re	eturn code for the	return that this application is for	(file a sepa	rate application for each return)		01	
Application s For			Return Code	Application Is For			
orm 990			01	Form 990-T (corporation)	on)		
orm 990-B			02	Form 1041-A			
orm 990-E			03	Form 4720			
orm 990-P			04	Form 5227			
	(section 401(a) or	` ' '	05	Form 6069			
orm 990-T	(trust other than a	bove)	06	Form 8870		12	
Telephon If the org If this is check th	ne No. ► <u>(561)</u> ganization does no for a Group Retur	ot have an office or place of busin n, enter the organization's four d	igit Group E	United States, check this box	this is for the whole	group,	
until _	Aug 15 , 2 , 2 , 2 , 2 , 3 , 2 , 2 , 2 , 2 , 2	$20 \ \underline{11}$, to file the exempt organization's return for:	anization re	to file Form 990-T) extension of time turn for the organization named above. g, 20			
_	ax year entered in ange in accountin	l line 1 is for less than 12 months g period	s, check rea	sson: Initial return Fin	al return		
nonref	undable credits. S		<u> </u>		3a \$	0.	
payme	ents made. Include	any prior year overpayment allo	wed as a ci	ny refundable credits and estimated tax redit	3b \$	0.	
EFTPS	(Electronic Fede	ral Tax Payment System). See in	structions	th this form, if required, by using	3c \$	0.	
Caution. If y		ake an electronic fund withdrawa	al with this F	Form 8868, see Form 8453-EO and Form	8879-EO for		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
AUTOMOBILE	949.	949.		
BANK SERVICE FEES	4,816.	4,816.		
MARKETING	64,591.	64,591.		
VENUE EXPENSE				
POSTAGE & DELIVERY	27,230.	27,230.		
COMPUTER REPAIRS	8,550.	8,550.		
TELEPHONE	11,866.	11,866.		
DUES & SUBSCRIPTIONS	801.	801.		
MAGAZINE	30,963.	30,963.		
MEALS & ENTERTAINMENT	2,284.	2,284.		
SUPPLIES				
THIRD PARTY EMBEZZLEMENT	22,867.	22,867.		
BOOKS	3,000.	3,000.		
PRINTING	3,737.	3,737.		
REPAIRS	630.	630.		