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Form 990

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization TIMMY GLOBAL HEALTH INC F/K/A THE TIMMY FOUNDATION		D Employer identification number 35-2012757
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 22 EAST 22ND STREET		E Telephone number (317) 920-1822
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46202		
<input type="checkbox"/> Application pending			G Gross receipts \$ 5,628,393
F Name and address of principal officer CHARLA CAIN 22 EAST 22ND STREET INDIANAPOLIS, IN 46202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.TIMMYGLOBALHEALTH.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1997	M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TIMMY GLOBAL HEALTH WAS FOUNDED IN 1997 TO EXPAND ACCESS TO HEALTHCARE WHILE EMPOWERING STUDENTS AND VOLUNTEERS TO ADDRESS TODAY'S MOST PRESSING GLOBAL HEALTH CHALLENGES TO ACHIEVE THESE GOALS, THE ORGANIZATION COORDINATES MEDICAL SERVICE TEAMS TO SUPPORT THE WORK OF INTERNATIONAL PARTNER ORGANIZATIONS, COLLECTS AND DISTRIBUTES IN-KIND MEDICINE AND MEDICAL SUPPLIES, FINANCES PUBLIC HEALTH PROGRAMS, PROVIDES FUNDS TO GROW THE OUTREACH AND CAPACITY OF OUR INTERNATIONAL PARTNERS, AND WORKS TO EMPOWER US UNIVERSITY AND HIGH SCHOOL STUDENTS TO ACTIVELY ELIMINATE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY THROUGHOUT FY 13-14, TIMMY SENT HUNDREDS OF STUDENT AND MEDICAL PROFESSIONAL VOLUNTEERS ABOARD TO SERVE IN TIMMY'S INTERNATIONAL MEDICAL CLINICS, SUPPORT ITS PARTNER ORGANIZATIONS, AND PROVIDE DIRECT, QUALITY MEDICAL CARE TO LOW-INCOME COMMUNITIES THROUGH 34 CONSISTENT PRIMARY CARE, SURGICAL, AND PUBLIC HEALTH MEDICAL AND HEALTH SERVICE TEAMS, TIMMY WAS ABLE TO TREAT OVER 14710 PATIENT

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	770
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

8 Contributions and grants (Part VIII, line 1h)	4,547,323	4,453,915
9 Program service revenue (Part VIII, line 2g)	834,940	984,802
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,557	1,722
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,483	132,286
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,449,303	5,572,725

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	216,112	297,318
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	296,032	361,408
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 94,252		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,147,209	4,798,330
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,659,353	5,457,056
19 Revenue less expenses Subtract line 18 from line 12	-210,050	115,669

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,304,207	1,391,748
21 Total liabilities (Part X, line 26)	233,915	205,787
22 Net assets or fund balances Subtract line 21 from line 20	1,070,292	1,185,961

Part II Signature Block

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

Sign Here	*****	2014-11-04
	Signature of officer	Date
	WILLIAM METZGER TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVEN R IMLER CPA	Preparer's signature	Date 2015-02-10	Check <input type="checkbox"/> if self-employed	PTIN P00270201
	Firm's name ► SIKICH LLP	Firm's EIN ► 36-3168081			
	Firm's address ► 8555 N RIVER RD STE 300 INDIANAPOLIS, IN 46240	Phone no (317) 842-4466			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

TIMMY GLOBAL HEALTH WAS FOUNDED IN 1997 TO EXPAND ACCESS TO HEALTHCARE WHILE EMPOWERING STUDENTS AND VOLUNTEERS TO ADDRESS TODAY'S MOST PRESSING GLOBAL HEALTH CHALLENGES TO ACHIEVE THESE GOALS, THE ORGANIZATION COORDINATES MEDICAL SERVICE TEAMS TO SUPPORT THE WORK OF INTERNATIONAL PARTNER ORGANIZATIONS, COLLECTS AND DISTRIBUTES IN-KIND MEDICINE AND MEDICAL SUPPLIES, FINANCES PUBLIC HEALTH PROGRAMS, PROVIDES FUNDS TO GROW THE OUTREACH AND CAPACITY OF OUR INTERNATIONAL PARTNERS, AND WORKS TO EMPOWER US UNIVERSITY AND HIGH SCHOOL STUDENTS TO ACTIVELY ELIMINATE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY THROUGHOUT FY 13-14, TIMMY SENT HUNDREDS OF STUDENT AND MEDICAL PROFESSIONAL VOLUNTEERS ABROAD TO SERVE IN TIMMY'S INTERNATIONAL MEDICAL CLINICS, SUPPORT ITS PARTNER ORGANIZATIONS, AND PROVIDE DIRECT, QUALITY MEDICAL CARE TO LOW-INCOME COMMUNITIES THROUGH 34 CONSISTENT PRIMARY CARE, SURGICAL, AND PUBLIC HEALTH MEDICAL AND HEALTH SERVICE TEAMS, TIMMY WAS ABLE TO TREAT OVER 14710 PATIENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$	1,439,793	including grants of \$	75,424) (Revenue \$	210,407)
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POP-WUJ CLINIC IN QUETZALTENANGO, GUATEMALA IN FY 13-14, TIMMY SUPPORTED POP-WUJ MEDICAL CLINIC WITH 38,000 OF FINANCIAL SUPPORT AND SPENT 37,000 ON MEDS AND SUPPLIES TO DONATE IN-KIND TO THE CLINIC, PATIENTS, AND PROGRAMS 7 MEDICAL TEAMS (CONSISTING OF 96 STUDENTS AND 40 MEDICAL PROFESSIONALS TOTAL) VOLUNTEERED ALONGSIDE TIMMY'S PARTNER ORG TO TREAT MORE THAN 2630 PATIENTS IN ADDITION TO PRIMARY CARE TEAMS, PROGRAMMING IN THE REGION INCLUDED TRAINING OF 310 COMMUNITY MIDWIVES IN INFANT RESUSCITATION, AND THE CONTINUATION OF A NUTRITION PROGRAM FOR 75 CHILDREN IN COMMUNITIES THAT TIMMY SERVES THROUGH EDUCATION, NUTRITIONAL SUPPLEMENTS, AND GROWTH CHART TRACKING, TIMMY WORKED TO INCREASE HEALTHY DEVELOPMENT FOR CHILDREN ENROLLED IN THE PROGRAM

4b	(Code) (Expenses \$	1,017,753	including grants of \$	63,310) (Revenue \$	286,768)
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STADLER RICHTER HOSPITAL IN ARCHIDONA, ECUADOR IN FY 13-14, TIMMY SUPPORTED PROGRAMS IN THE AMAZON BASIN WITH NEARLY 40,000 OF FINANCIAL SUPPORT AND SPENT APPROX 24,000 ON MEDS DONATED IN-KIND TO PATIENTS 11 MEDICAL & 2 WATER TEAMS (CONSISTING OF APPROXIMATELY 125 STUDENTS AND 78 MEDICAL PROFESSIONALS TOTAL) VOLUNTEERED ALONGSIDE OUR PARTNER ORG AND THE LOCAL MUNICIPAL ECUADORIAN GOVERNMENT TO TREAT MORE THAN 5460 PATIENTS IN ADDITION, TIMMY CONTINUED TRAINING OF COMMUNITY HEALTH WORKERS IN THE REGION AT A NEWLY CONSTRUCTED HEALTHCARE FACILITY FUNDED BY TIMMY, AND LAUNCHED A NEW SAFE WATER SOLUTIONS PROJECT TO ADDRESS PUBLIC HEALTH NEEDS COMBINED WITH WATER SANITATION AND HYGIENE EDUCATION, AND CUSTOMIZED WATER CHLORINATION SYSTEMS, TWO WATER INSTALLATIONS WERE COMPLETED IN THE YEAR

4c	(Code) (Expenses \$	992,569	including grants of \$	44,610) (Revenue \$	207,920)
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TIERRA NUEVA HOSPITAL IN QUITO, ECUADOR IN FY 13-14, TIMMY SUPPORTED TIERRA NUEVA HOSPITAL WITH NEARLY 30,000 OF DIRECT FINANCIAL SUPPORT AND SPENT APPROXIMATELY 16,650 ON MEDICATIONS DONATED IN-KIND TO PATIENTS THROUGHOUT THE YEAR, 6 MEDICAL TEAMS (CONSISTING OF APPROXIMATELY 72 STUDENTS AND 33 MEDICAL PROFESSIONALS IN TOTAL) VOLUNTEERED ALONGSIDE OUR PARTNER ORGANIZATION TO CARE FOR OVER 3,430 LOW-INCOME PATIENTS IN ADDITION TO THE MEDICAL TEAMS THAT SUPPORTED TIERRA NUEVA AND ITS PATIENTS, THE TIERRA NUEVA HOSPITAL ALSO SERVED AS MAIN PATIENT REFERRAL SITE FOR TIMMY PATIENTS THROUGHOUT ECUADOR TIERRA NUEVA PROVIDED THE MAJORITY OF THE FOLLOW UP AND ADVANCED SERVICES REQUIRED TO IMPROVE THE WELL-BEING OF TIMMY PATIENTS THROUGHOUT ECUADOR

(Code) (Expenses \$	1,691,795	including grants of \$	102,431) (Revenue \$	264,098)
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IN FY 13-14, TIMMY CONTINUED TO GROW OVERALL HEALTH PROGRAMMING VIA MEDICAL SERVICE TRIPS, NEW INTERNATIONAL PARTNERSHIPS, ENERGIZED STUDENT CHAPTERS, AND ENHANCED AUXILIARY PROGRAMS TO COMPLEMENT EXISTING EFFORTS IN THE REGIONS WHERE WE WORK OVER THE YEARS, WE'VE DETERMINED THAT TIMMY IS STRONGEST, AND OUR PATIENT OUTCOMES ARE BEST, WHEN OUR PROGRAMMING COMPLEMENTS THE EFFORTS OF OUR PARTNERS, STRENGTHENS LOCAL HEALTH SYSTEMS, AND BUILDS THE INFRASTRUCTURE TO TREAT VULNERABLE PATIENTS WITH THIS IN MIND, WE LAUNCHED TIMMY 2.0 A STRATEGIC PROGRAM MODEL IN WHICH EACH TIMMY SITE HAS A FOCUS ON THE ESSENTIAL PROGRAM AREAS THAT WE BELIEVE BEST STRENGTHEN OUR SERVICE PROVISION SPECIFICALLY, EACH SITE INCLUDED IN THE MODEL HAS A STRONG PARTNER ORGANIZATION, A ROBUST PATIENT REFERRAL PROGRAM, TRAINED COMMUNITY HEALTH PROMOTERS, A LOCAL MEDICAL PROFESSIONAL TO TREAT PATIENTS YEAR-ROUND, AND DATA-DRIVEN DECISIONS INFORMED BY OUR EMR TIMMYCARE ALONGSIDE THIS MODEL, TIMMY ALSO CAPITALIZED ON THE EFFORTS OF VOLUNTEERS AND FUNDING OF GENEROUS DONORS TO IMPLEMENT A VARIETY OF AUXILIARY PUBLIC HEALTH PROGRAMS THAT COMPLEMENT 2.0 WHETHER IT BE A SAFE WATER SOLUTIONS PROJECT IN THE AMAZON BASIN TO PROVIDE CLEAN WATER, A NUTRITION PROGRAM IN GUATEMALA TO TRACK AND TREAT MALNOURISHED CHILDREN, OR THE CONSTRUCTION OF A RURAL HEALTHCARE FACILITY IN THE ECUADORIAN AMAZON FOR COMMUNITY HEALTH PROMOTER TRAININGS, TIMMY THOUGHT STRATEGICALLY ABOUT NOT HOW TO JUST TREAT PATIENTS THROUGHOUT THE YEAR, BUT GET TO THE ROOT OF THEIR ILLNESS THROUGH SUCH PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses \$	1,691,795	including grants of \$	102,431) (Revenue \$	264,098)
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4e Total program service expenses ►

5,141,910

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

- 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
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	34		No
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	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
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	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 TIMMY GLOBAL HEALTH INC 22 EAST 22ND STREET
INDIANAPOLIS, IN 46202 (317) 920-1822

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee			
(1) MATT MACGREGOR PAST EXEC DI	40 00	X		X			89,950	0	4,763
(2) MARK WISE CHAIRMAN	5 00	X		X			0	0	0
(3) CHUCK DIETZEN PRESIDENT	5 00	X		X			0	0	856
(4) CHRIS BARTENBACH TREASURER	1 00	X		X			0	0	0
(5) ANN GRAYSON BOARD MEMBER	1 00	X					0	0	0
(6) ANDREAS SASHEGYI BOARD MEMBER	1 00	X					0	0	0
(7) MERCY OBEIME BOARD MEMBER	1 00	X					0	0	0
(8) RAJIV SOOD BOARD MEMBER	1 00	X					0	0	0
(9) BETH DODSON BOARD MEMBER	1 00	X					0	0	0
(10) BRIAN EGAN BOARD MEMBER	1 00	X					0	0	0
(11) AMADOU YATTASSAYE BOARD MEMBER	1 00	X					0	0	0
(12) EMILY KRUEGER BOARD MEMBER	1 00	X					0	0	0
(13) CHARLA CAIN INTERIM EXEC	40 00	X		X			0	0	0
(14) ANNA BUTTERBAUGH FINANCE/OPER	40 00			X			40,083	0	6,708

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

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

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

Section B. Independent Contractors

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,453,915		
	g Noncash contributions included in lines 1a-1f \$		3,816,913		
	h Total. Add lines 1a-1f		4,453,915		
Program Service Revenue	2a SERVICE TRIP FEES	Business Code			
	b		984,802	984,802	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		984,802		
	3 Investment income (including dividends, interest, and other similar amounts)		1,722		1,722
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a	186,827				
b Less direct expenses	b	55,668			
c Net income or (loss) from fundraising events			131,159		
9a Gross income from gaming activities See Part IV, line 19					
a					
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE		1,127			1,127
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,127			
12 Total revenue. See Instructions		5,572,725	984,802		2,849

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	11,543	11,543		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	285,775	285,775		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,240	55,363	50,312	31,565
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	175,816	70,933	64,455	40,428
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,352	16,670	8,010	5,672
10 Payroll taxes	18,000	5,027	8,093	4,880
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,417		10,417	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,838		15,462	3,376
12 Advertising and promotion	2,298	14	2,096	188
13 Office expenses	37,128	20,964	12,619	3,545
14 Information technology				
15 Royalties				
16 Occupancy	12,331		12,331	
17 Travel	2,055	1,443	438	174
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,312		6,312	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,434		12,434	
23 Insurance	12,153		12,153	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPORT PROGRAMS	3,769,168	3,769,168		
b SERVICE TRIP COSTS	833,739	833,739		
c CONFERENCES AND RETREAT	47,287	47,287		
d VOLUNTEERS EXP	16,095	16,095		
e All other expenses	18,075	7,889	5,762	4,424
25 Total functional expenses. Add lines 1 through 24e	5,457,056	5,141,910	220,894	94,252
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 ► if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	57,191	1 114,579
	2 Savings and temporary cash investments	814,404	2 945,200
	3 Pledges and grants receivable, net	100,000	3
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	44,696	9 52,262
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	384,942
	b Less accumulated depreciation	10b	105,235
		287,916	10c 279,707
	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		14
	15 Other assets See Part IV, line 11		15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,304,207	16 1,391,748
Liabilities	17 Accounts payable and accrued expenses	13,222	17 7,413
	18 Grants payable		18
	19 Deferred revenue	78,857	19 64,263
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	141,836	23 134,111
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	233,915	26 205,787
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	803,914	27 889,644
	28 Temporarily restricted net assets	266,378	28 296,317
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	1,070,292	33 1,185,961
	34 Total liabilities and net assets/fund balances	1,304,207	34 1,391,748

Part XI Reconciliation of Net AssetsCheck 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	5,572,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,457,056
3	Revenue less expenses Subtract line 2 from line 1	3	115,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,070,292
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,185,961

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization**TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION**Employer identification number**

35-2012757

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,510,014	2,067,315	2,964,458	4,547,323	4,453,915	15,543,025
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,510,014	2,067,315	2,964,458	4,547,323	4,453,915	15,543,025
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15,543,025

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,510,014	2,067,315	2,964,458	4,547,323	4,453,915	15,543,025
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	127	336	809	1,557	1,722	4,551
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				2,167	1,127	3,294
11 Total support (Add lines 7 through 10)						15,550,870
12 Gross receipts from related activities, etc (see instructions)					12	1,171,629
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 950 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99 950 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

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

Return Reference

Explanation

PART II, LINE 10

OTHER INCOME 3,294

2013

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)
and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION**Employer identification number**

35-2012757

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation 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 form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,900			27,900
b Buildings		251,100	50,792		200,308
c Leasehold improvements		61,585	17,141		44,444
d Equipment		36,499	29,444		7,055
e Other		7,858	7,858		
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					279,707

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	6,151,870
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	579,145
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	579,145
3	Subtract line 2e from line 1	3	5,572,725
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,572,725

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,036,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	579,145
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	579,145
3	Subtract line 2e from line 1	3	5,457,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,457,056

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE ARE THE 2009, 2010 AND 2011 TAX YEARS. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS. MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2014 OR 2013.

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2013

Open to Public
InspectionSCHEDULE 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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION

Employer identification number

35-2012757

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

Yes No

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA		5	PROGRAM SERVICES	HEALTHCARE	163,988
(2) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCTN & HEALTHCARE	14,585
(3) CENTRAL AMERICA		1	PROGRAM SERVICES	HEALTHCARE	75,424
(4) CARIBBEAN		2	PROGRAM SERVICES	HEALTHCARE	29,778
(5)					
3a Sub-total		8			283,775
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		8			283,775

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

Cat No 50082W

Schedule F (Form 990) 2013

Part II. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ► _____

Part 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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of 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 information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	SOUTH AMERICA 163,988 0 SUB-SAHARAN AFRICA 14,585 0 CENTRAL AMERICA 75,424 0 CARIBBEAN 29,778 0

Additional Data**Software ID:****Software Version:****EIN:** 35-2012757**Name:** TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		SOUTH AMERICA	HEALTHCARE	27,960	WIRE & CASH	16,650	MEDICINE/SUPPLY	FMV
		CENTRAL AMERICA	HEALTHCARE	37,729	WIRE & CASH	37,695	MEDICINE/SUPPLY	FMV
		SOUTH AMERICA	HEALTHCARE	39,533	WIRE & CASH	23,777	MEDICINE/SUPPLY	FMV
		CARIBBEAN	HEALTHCARE	10,700	WIRE & CASH	15,097	MEDICINE/SUPPLY	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SUB-SAHARAN AFRICA	EDU & HEALTHCARE	13,500	WIRE		MEDICINES	FMV
		SOUTH AMERICA	HEALTHCARE	43,335	WIRE & CASH			
		SOUTH AMERICA	HEALTHCARE			8,938	MEDICINE/SUPPLY	FMV

2013

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION

Employer identification number

35-2012757

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

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>ANNUAL DINNER</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>2</u> (total number)	
1	Gross receipts . . .	147,929	17,184	21,714	186,827
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	147,929	17,184	21,714	186,827
4	Cash prizes . . .				
5	Noncash prizes . . .	390			390
6	Rent/facility costs . . .	23,822	3,500	846	28,168
7	Food and beverages . . .	1,305	501	885	2,691
8	Entertainment . . .				
9	Other direct expenses . . .	15,675	1,975	6,769	24,419
10	Direct expense summary Add lines 4 through 9 in column (d)				(55,668) ►
11	Net income summary Subtract line 10 from line 3, column (d)				131,159 ►

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

► **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

TIMMY GLOBAL HEALTH INC

F/K/A THE TIMMY FOUNDATION

Employer identification number

35-2012757

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLRSHP-MEDICAL SERVICE	16	10,250			
(2) SCHOLRSHIP-LOCAL HEALTH	3	1,293			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	TIMMY GLOBAL HEALTH HAS FUNDS SET ASIDE FOR THE PURPOSE OF ASSISTING STUDENTS AND ALUMNI IN PARTICIPATING IN TIMMY'S GLOBAL INITIATIVES. CANDIDATES ARE AWARDED SCHOLARSHIPS BASED ON NEED AND MERIT, WITH SCHOLARSHIP APPLICATIONS AVAILABLE IN 3 CYCLES THROUGHOUT THE YEAR AND POSTED ONLINE THROUGH TIMMY'S WEBSITE. IN FY 13-14 FUNDS WERE DISTRIBUTED FOR STUDENT TRAVEL TO ALL OF OUR INTERNATIONAL SITES (VIA 16 STUDENTS), AND FOR HIGH IMPACT VOLUNTEER OPPORTUNITIES IN ECUADOR AND THE DOMINICAN REPUBLIC.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public
InspectionDepartment 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.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION

Employer identification number

35-2012757

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3,856,063	3,785,032	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(AUCTION ITEMS)	X	178	30,632	FAIR MARKET VALUE
26 Other ►(EQUIPMENT)	X	1	1,249	FAIR MARKET VALUE
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

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

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

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	NUMBER OF MEDICAL & DRUG SUPPLIES IS REPORTED IN UNITS CONTRIBUTED

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATION**Employer identification number**

35-2012757

Return Reference	Explanation
FORM 990 - ORGANIZATIONS MISSION	TIMMY GLOBAL HEALTH WAS FOUNDED IN 1997 TO EXPAND ACCESS TO HEALTHCARE WHILE EMPOWERING STUDENTS AND VOLUNTEERS TO ADDRESS TODAY'S MOST PRESSING GLOBAL HEALTH CHALLENGES TO ACHIEVE THESE GOALS, THE ORGANIZATION COORDINATES MEDICAL SERVICE TEAMS TO SUPPORT THE WORK OF INTERNATIONAL PARTNER ORGANIZATIONS, COLLECTS AND DISTRIBUTES IN-KIND MEDICINE AND MEDICAL SUPPLIES, FINANCES PUBLIC HEALTH PROGRAMS, PROVIDES FUNDS TO GROW THE OUTREACH AND CAPACITY OF OUR INTERNATIONAL PARTNERS, AND WORKS TO EMPOWER US UNIVERSITY AND HIGH SCHOOL STUDENTS TO ACTIVELY ELIMINATE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY THROUGHOUT FY 13-14, TIMMY SENT HUNDREDS OF STUDENT AND MEDICAL PROFESSIONAL VOLUNTEERS ABOARD TO SERVE IN TIMMY'S INTERNATIONAL MEDICAL CLINICS, SUPPORT ITS PARTNER ORGANIZATIONS, AND PROVIDE DIRECT, QUALITY MEDICAL CARE TO LOW-INCOME COMMUNITIES THROUGH 34 CONSISTENT PRIMARY CARE, SURGICAL, AND PUBLIC HEALTH MEDICAL AND HEALTH SERVICE TEAMS, TIMMY WAS ABLE TO TREAT OVER 14710 PATIENTS, MONITOR 4680 PATIENTS WITH CHRONIC ILLNESSES, AND REFER OVER 2000 PATIENTS TO A LOCAL SPECIALIST FOR FOLLOW-UP CARE. IN ADDITION TO DIRECT SERVICES, MUCH NEEDED MEDICINES AND MEDICAL SUPPLIES WERE DONATED TO TIMMY GLOBAL HEALTH INTERNATIONAL PARTNERS, PATIENTS, AND HEALTHCARE NON-PROFITS IN THE LOCAL INDIANAPOLIS COMMUNITY. THESE DONATIONS HAD AN ESTIMATED VALUE EXCEEDING 3 78 MILLION DOLLARS, GREATLY ENHANCING TIMMY'S OVERALL IMPACT ON HEALTH DISPARITIES. BEYOND MEDICAL SERVICE TEAMS, TIMMY ALSO WORKED TO IMPROVE THE OUTREACH OF OUR INTERNATIONAL PARTNER ORGANIZATIONS THROUGH 225K OF DIRECT FINANCIAL SUPPORT FOR PUBLIC HEALTH PROGRAMS, TRAININGS OF LOCAL MEDICAL PROFESSIONALS AND COMMUNITY HEALTH WORKERS, AND OTHER CAPACITY BUILDING ACTIVITIES. TIMMY ALSO SUPPORTED OUR 50 NATIONAL STUDENT CHAPTERS TO ENGAGE IN GLOBAL HEALTH ADVOCACY AND SERVICE ACTIVITIES IN THE US AND ABOARD.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>IN FY 13-14, TIMMY CONTINUED TO GROW OVERALL HEALTH PROGRAMMING VIA MEDICAL SERVICE TRIPS, NEW INTERNATIONAL PARTNERSHIPS, ENERGIZED STUDENT CHAPTERS, AND ENHANCED AUXILIARY PROGRAMS TO COMPLEMENT EXISTING EFFORTS IN THE REGIONS WHERE WE WORK. OVER THE YEARS, WE'VE DETERMINED THAT TIMMY IS STRONGEST, AND OUR PATIENT OUTCOMES ARE BEST, WHEN OUR PROGRAMMING COMPLEMENTS THE EFFORTS OF OUR PARTNERS, STRENGTHENS LOCAL HEALTH SYSTEMS, AND BUILDS THE INFRASTRUCTURE TO TREAT VULNERABLE PATIENTS. WITH THIS IN MIND, WE LAUNCHED TIMMY 2.0-A STRATEGIC PROGRAM MODEL-IN WHICH EACH TIMMY SITE HAS A FOCUS ON THE ESSENTIAL PROGRAM AREAS THAT WE BELIEVE BEST STRENGTHEN OUR SERVICE PROVISION. SPECIFICALLY, EACH SITE INCLUDED IN THE MODEL HAS A STRONG PARTNER ORGANIZATION, A ROBUST PATIENT REFERRAL PROGRAM, TRAINED COMMUNITY HEALTH PROMOTERS, A LOCAL MEDICAL PROFESSIONAL TO TREAT PATIENTS YEAR-ROUND, AND DATA-DRIVEN DECISIONS INFORMED BY OUR EMR TIMMY CARE. ALONGSIDE THIS MODEL, TIMMY ALSO CAPITALIZED ON THE EFFORTS OF VOLUNTEERS AND FUNDING OF GENEROUS DONORS TO IMPLEMENT A VARIETY OF AUXILIARY PUBLIC HEALTH PROGRAMS THAT COMPLEMENT 2.0. WHETHER IT BE A SAFE WATER SOLUTIONS PROJECT IN THE AMAZON BASIN TO PROVIDE CLEAN WATER, A NUTRITION PROGRAM IN GUATEMALA TO TRACK AND TREAT MALNOURISHED CHILDREN, OR THE CONSTRUCTION OF A RURAL HEALTHCARE FACILITY IN THE ECUADORIAN AMAZON FOR COMMUNITY HEALTH PROMOTER TRAININGS, TIMMY THOUGHT STRATEGICALLY ABOUT NOT HOW TO JUST TREAT PATIENTS THROUGHOUT THE YEAR, BUT GET TO THE ROOT OF THEIR ILLNESS THROUGH SUCH PROGRAMS.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	ORGANIZATION IS PROVIDED WITH A COPY OF THE 990 PRIOR TO FILING. THIS COPY IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE BEING MAILED FOR FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	IT SHALL BE THE RESPONSIBILITY OF ALL KEY LEADERS TO SCRUTINIZE THEIR TRANSACTIONS WITH OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES TO THE CHAIRPERSON OF KEY LEADER'S CORRESPONDING BOARD WHO SHALL CAUSE SAID BOARD TO REVIEW AND DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE AS TO THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSES. ALL MEMBERS OF THE BOARD, KEY LEADERS, THE FINANCE COMMITTEE AND ALL EMPLOYEES AND PERSONS MAKING FINANCIAL DECISIONS FOR THE ORGANIZATION SHALL COMPLETE AT THE BEGINNING OF EACH FISCAL YEAR A CONFLICT OF INTEREST AND RELATED-PARTY QUESTIONNAIRE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE TIMMY BOARD OF DIRECTORS, GIVEN THAT HE OR SHE IS NOT DIRECTLY INVOLVED WITH THE REVIEW AND APPROVAL OF THEIR COMPENSATION. THE EXECUTIVE DIRECTOR'S SEMIANNUAL PERFORMANCE EVALUATION (WITH THE CHAIRMAN OF THE BOARD) IS ALSO TAKEN INTO CONSIDERATION. IN ADDITION, THE FINANCIAL SITUATION OF THE ORGANIZATION (I E. CONTRIBUTION PROJECTIONS AND CASH FLOW) ARE TAKEN INTO ACCOUNT AS WELL AS A COMPARISON OF OTHER EXECUTIVES AT SIMILARLY-SIZED ORGANIZATIONS.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR A TIMMY EMPLOYEE IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN RECOMMENDED TO THE CHAIRMAN OF THE BOARD. COMPENSATION FOR ALL EMPLOYEES ARE APPROVED BY THE TIMMY BOARD OF DIRECTORS, GIVEN THAT HE OR SHE IS NOT DIRECTLY INVOLVED WITH THE REVIEW AND APPROVAL OF THEIR COMPENSATION. PERFORMANCE EVALUATIONS (WITH THE EXECUTIVE DIRECTOR) ARE ALSO TAKEN INTO CONSIDERATION PRIOR TO CHANGES IN COMPENSATION. IN ADDITION, THE FINANCIAL SITUATION OF THE ORGANIZATION (IE CONTRIBUTION PROJECTIONS AND CASH FLOW) ARE TAKEN INTO ACCOUNT.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE TO PUBLIC UPON REQUEST

Form 4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2013

Attachment
Sequence No 179

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
TIMMY GLOBAL HEALTH INC
F/K/A THE TIMMY FOUNDATIONBusiness or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

35-2012757

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13	13		

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	3,763

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	8,670
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► □		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs		S/L		
h Residential rental property		27 5 yrs	MM	S/L		
		27 5 yrs	MM	S/L		
i Nonresidential real property		39 yrs	MM	S/L		
			MM	S/L		

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	12,433
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

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

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					

43 Amortization of costs that began before your 2013 tax year		43
44 Total. Add amounts in column (f) See the instructions for where to report		44