

# Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Change of address <input checked="" type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>CURAMERICAS</b>		<b>D</b> Employer identification number 56-1400098
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>224 E. MARTIN STREET</b>		<b>E</b> Telephone number 919-821-8000
		City or town, state or country, and ZIP <b>RALEIGH, NC 27601</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no )  527  
 OR  4947(a)(1)

(H and I are not applicable to section 527 orgs )

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A  Yes  No (if "No," attach a list )

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

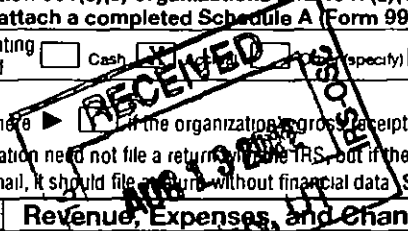
I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual (specify) ▶

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return



**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	447,888.	
	b	Indirect public support	1b	42,653.	
	c	Government contributions (grants)	1c	958,934.	
	d	Total (add lines 1a through 1c) (cash \$ 1,449,475. noncash \$ )	1d	1,449,475.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	8,564.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
			8a	65,554.	
	8b	Less cost or other basis and sales expenses	8b	91,046.	
		8c	Gain or (loss) (attach schedule)	8c	<25,492.>
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	<25,492.>	
Revenue	9a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
		9b	Less direct expenses other than fundraising expenses	9b	
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	1,987.	
		10b	Less cost of goods sold	10b	
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 2	1,987.
11	Other revenue (from Part VII, line 103)	11	1,122.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,435,656.		
Expenses	13	Program services (from line 44, column (B))	13	1,139,733.	
	14	Management and general (from line 44, column (C))	14	354,700.	
	15	Fundraising (from line 44, column (D))	15	17,084.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	1,511,517.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<75,861.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	176,322.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	4,710.
	21	Net assets or fund balances at end of year (combine lines 18 19 and 20)	21	105,171.	

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) cash \$785,258 - noncash \$	785,258.	785,258.	STATEMENT 6		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	166,000.	81,000.	85,000.	0.	
26	Other salaries and wages	143,634.	72,382.	64,239.	7,013.	
27	Pension plan contributions					
28	Other employee benefits					
29	Payroll taxes	53,425.	21,583.	30,715.	1,127.	
30	Professional fundraising fees					
31	Accounting fees					
32	Legal fees					
33	Supplies					
34	Telephone	22,098.	11,483.	7,898.	2,717.	
35	Postage and shipping	9,649.	1,632.	7,129.	888.	
36	Occupancy	24,060.	5,006.	18,306.	748.	
37	Equipment rental and maintenance					
38	Printing and publications	7,258.	2,557.	1,833.	2,868.	
39	Travel	59,534.	39,124.	19,557.	853.	
40	Conferences, conventions, and meetings	3,509.	1,787.	1,722.		
41	Interest	231.		231.		
42	Depreciation, depletion, etc (attach schedule)	3,215.		3,215.		
43	Other expenses (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 4	43e	233,646.	117,921.	114,855.	870.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,511,517.	1,139,733.	354,700.	17,084.

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>MEDICAL SERVICES</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 5	
(Grants and allocations \$ 785,258.)	1,139,733.
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )
f Total of Program Service Expenses (should equal line 44, column (B) Program services)	1,139,733.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	198,682.	45	64,626.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	8,741.		
	47 b Less allowance for doubtful accounts		47c	8,741.
	48 a Pledges receivable	11,200.		
	48 b Less allowance for doubtful accounts		48c	11,200.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	423.	52	
	53 Prepaid expenses and deferred charges	1,600.	53	2,004.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis			
	55 b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings and equipment basis	87,536.			
57 b Less accumulated depreciation	16,607.	57c	70,929.	
58 Other assets (describe )		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	235,303.	59	157,500.	
Liabilities	60 Accounts payable and accrued expenses	27,827.	60	52,329.
	61 Grants payable		61	
	62 Deferred revenue	31,154.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe )		65	
66 Total liabilities (add lines 60 through 65)	58,981.	66	52,329.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	81,920.	67	71,141.
	68 Temporarily restricted	70,445.	68	8,573.
	69 Permanently restricted	23,957.	69	25,457.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	176,322.	73	105,171.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	235,303.	74	157,500.	

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>▶ ANDEAN RURAL HEALTH CARE COUNCIL</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes" you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations	85a		N/A
a	Were substantially all dues nondeductible by members?	85b		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations	86a		N/A
a	Initiation fees and capital contributions included on line 12	86b		N/A
b	Gross receipts included on line 12, for public use of club facilities	86c		N/A
87	501(c)(12) organizations	87a		N/A
a	Gross income from members or shareholders	87b		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> section 4912 <u>0.</u> section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <b>▶ NONE</b>	90a		
b	Number of employees employed in the pay period that includes March 12, 2000	90b		12
91	The books are in care of <b>▶ CYNTHIA SEXTON</b> Telephone no <b>▶ (919) 821-8000</b> Located at <b>▶ 224 E. MARTIN ST RALEIGH NC</b> ZIP code <b>▶ 27601</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,564.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<25,492.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			01	1,987.	
103 Other revenue					
a MISCELLANEOUS			01	1,122.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<13,819.>	0.
105 Total (add line 104 columns (B), (D), and (E))				<13,819.>	<13,819.>

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Preparing schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge. (Important: See General Instruction W)

9.02 CYNTHIA SEXTON, FINANCE DIRECTOR

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CURAMERICAS

Employer identification number

56 140098

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4 a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

SEE STATEMENT 10

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc. 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). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,012,738.	1,095,315.	547,109.	1,551,388.	4,206,550.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose		1,290.	1,130.	2,732.	5,152.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,689.	3,235.	3,777.	36,433.	48,134.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	80.	1,264.	2,841.	66,050.	70,235.
23 Total of lines 15 through 22	1,017,507.	1,101,104.	554,857.	1,656,603.	4,330,071.
24 Line 23 minus line 17	1,017,507.	1,099,814.	553,727.	1,653,871.	4,324,919.
25 Enter 1% of line 23	10,175.	11,011.	5,549.	16,566.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					86,498.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.	SEE STATEMENT 12				3,262.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					4,324,919.
d Add: Amounts from column (e) for lines	18	19			
	48,134.				
	22	26b			
	70,235.	3,262.			121,631.
e Public support (line 26c minus line 26d total)					4,203,288.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.1877%
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) (1998) (1997) (1996)	N/A				
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) (1998) (1997) (1996)	N/A				
c Add: Amounts from column (a) for lines	15	16			
	17	20			
	21				
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (a)	N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to		
a	Students rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group
- Check here  If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

CURAMERICAS

Employer identification number

56-1400098

Organization type (check one)-Section  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000 aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (a) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**CURAMERICAS**

**56-140098**

**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
		70,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		325,000.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

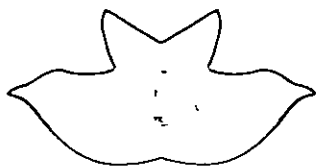
**CURAMERICAS**

**56-1400098**

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MEDICAL SUPPLIES	\$ 325,000.	06/01/01





curamericas  
HOPE THROUGH HEALTH

August 9, 2002

Internal Revenue Service  
Ogden, UT 84201-0027

RE     Curamericas Form 990, FYE 9-30-01

Dear Sirs

Enclosed please find the Curamericas Form 990, Return of Organization Exempt from Income Tax for our Fiscal Year Ended September 30, 2001, with an extended due date of August 15, 2002. Note that our name has officially changed from Andean Rural Health Corporation as of July 2001.

If you require additional information, please do not hesitate to call (919)821-8000 x 226, or contact me by e-mail at *Cynthia@curamericas.org*

Yours truly,

A handwritten signature in cursive script that reads "Cynthia Sexton".

Cynthia Sexton  
Finance Director

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
<b>Group: REMODELING</b>											
47	REMODELING	2/06/91	3,925.46	0.00	0.00	1,782.79	0.00	1,782.79	2,142.67	S/L	20.0
49	REMODELING ADDITIONS 1991	8/30/91	626.72	0.00	0.00	266.39	0.00	266.39	360.33	S/L	20.0
88	Leasehold Improvements-Raleigh L	8/17/01	12,753.49	0.00c	0.00	0.00	53.14	53.14	12,700.35	S/L	20.0
89	Lighting Fixtures	6/30/01	553.53	0.00c	0.00	0.00	13.84	13.84	539.69	S/L	10.0
95	Renovations-York Properties	6/25/01	8,802.95	0.00c	0.00	0.00	110.04	110.04	8,692.91	S/L	20.0
	REMODELING		26,662.15	0.00c	0.00	2,049.18	177.02	2,226.20	24,435.95		
	*Less Dispositions		4,552.18	0.00	0.00	2,049.18	0.00	2,049.18	2,503.00		
	Net REMODELING		22,109.97	0.00c	0.00	0.00	177.02	177.02	21,932.95		

**Group: US EQUIPMENT & FURNITURE**

1	MISC	1/01/86	50.02	0.00	0.00	50.02	0.00	50.02	0.00	S/L	5.0
2	MISC	1/01/86	237.04	0.00	0.00	237.04	0.00	237.04	0.00	S/L	5.0
3	COPIER	1/01/86	1,951.85	0.00	0.00	1,951.85	0.00	1,951.85	0.00	S/L	5.0
4	2 IBM SELECTRIC TYPEWRITER	1/01/86	925.97	0.00	0.00	925.97	0.00	925.97	0.00	S/L	5.0
5	MISC	1/01/86	48.01	0.00	0.00	48.01	0.00	48.01	0.00	S/L	5.0
6	HEATER	1/01/86	41.99	0.00	0.00	41.99	0.00	41.99	0.00	S/L	5.0
7	CHAIRS	4/01/87	165.00	0.00	0.00	165.00	0.00	165.00	0.00	S/L	5.0
8	TABLES	4/01/87	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	5.0
9	CHESTS	4/01/87	75.00	0.00	0.00	75.00	0.00	75.00	0.00	S/L	5.0
10	SOFA	4/01/87	40.00	0.00	0.00	40.00	0.00	40.00	0.00	S/L	5.0
11	FILING CABINET	4/01/87	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	5.0
12	CHAIRS	4/01/87	20.00	0.00	0.00	20.00	0.00	20.00	0.00	S/L	5.0
13	TYPING TABLES	4/01/87	25.00	0.00	0.00	25.00	0.00	25.00	0.00	S/L	5.0
14	DESKS	4/01/87	240.00	0.00	0.00	240.00	0.00	240.00	0.00	S/L	5.0
15	PHONES	4/01/87	175.00	0.00	0.00	175.00	0.00	175.00	0.00	S/L	5.0
16	ITT COMM SYSTEM	4/01/87	750.00	0.00	0.00	750.00	0.00	750.00	0.00	S/L	5.0
17	REFRIGERATOR	4/01/87	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	5.0
18	COMPUTER RAMFACTOR	5/01/87	305.00	0.00	0.00	305.00	0.00	305.00	0.00	S/L	5.0
19	MISC FURNITURE	7/01/87	28.00	0.00	0.00	28.00	0.00	28.00	0.00	S/L	5.0
20	MISC FURNITURE	8/01/87	75.00	0.00	0.00	75.00	0.00	75.00	0.00	S/L	5.0
21	MISC FURNITURE	8/01/87	267.80	0.00	0.00	267.80	0.00	267.80	0.00	S/L	5.0
22	COMPUTER SOFTWARE	12/01/87	4,704.92	0.00	0.00	4,704.92	0.00	4,704.92	0.00	S/L	5.0
23	COMPUTER	7/22/88	749.23	0.00	0.00	749.23	0.00	749.23	0.00	S/L	5.0
24	BINDING MACHINE	8/26/88	279.97	0.00	0.00	279.97	0.00	279.97	0.00	S/L	5.0
25	TYPEWRITER	9/21/88	146.87	0.00	0.00	146.87	0.00	146.87	0.00	S/L	5.0
26	FILE CABINET	9/21/88	348.26	0.00	0.00	348.26	0.00	348.26	0.00	S/L	5.0
27	DESK	10/09/88	83.98	0.00	0.00	83.98	0.00	83.98	0.00	S/L	5.0
28	HEATERS	10/09/88	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	5.0
29	CABINET	10/09/88	157.50	0.00	0.00	157.50	0.00	157.50	0.00	S/L	5.0
30	DESK	11/16/88	128.68	0.00	0.00	128.68	0.00	128.68	0.00	S/L	5.0
31	SANYO RECORDER	2/01/89	94.12	0.00	0.00	94.12	0.00	94.12	0.00	S/L	5.0
32	FILING CABINETS	10/31/88	410.00	0.00	0.00	410.00	0.00	410.00	0.00	S/L	5.0
33	DICTAPHONE	9/19/90	7,100.00	0.00	0.00	7,100.00	0.00	7,100.00	0.00	S/L	5.0
34	TOSHIBA COMPUTER & PRINTE	12/05/90	512.91	0.00	0.00	512.91	0.00	512.91	0.00	S/L	5.0
35	FAX MACHINE	12/10/90	393.59	0.00	0.00	393.59	0.00	393.59	0.00	S/L	5.0
36	3 FILING CABINETS		6,998.00	0.00	0.00	6,998.00	0.00	6,998.00	0.00	S/L	5.0
	MINOLTA COPIER	12/20/90	6,998.00	0.00	0.00	6,998.00	0.00	6,998.00	0.00	S/L	5.0

**Book Asset Detail 10/01/00 - 9/30/01**

Asset Group	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
96	TELEPHONE NETWORK-RALEIG	7/11/01	8,205 63	0 00c	0 00	0 00	205 14	205 14	8,000 49	S/L	10 0
97	HP LASERJET 4100TN	6/15/01	1,599 95	0 00c	0 00	0 00	106 66	106 66	1,493 29	S/L	5 0
	US EQUIPMENT & FURNITURE		151,920 82	0 00c	0 00	76,897 18	3,038 24	79,935 42	71,985 40		
	*Less Dispositions		86,494 57	0 00	0 00	63,505 49	0 00	63,505 49	22,989 08		
	Net US EQUIPMENT & FURNITURE		65,426 25	0 00c	0 00	13,391 69	3,038 24	16,429 93	48,996 32		
	Grand Total		178,582 97	0 00c	0 00	78,946 36	3,215 26	82,161 62	96,421 35		
	Less Dispositions		91,046 75	0 00	0 00	65,554 67	0 00	65,554 67	25,492 08		
	Net Grand Total		87,536 22	0 00c	0 00	13,391 69	3,215 26	16,606 95	70,929 27		

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT    1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTER EQUIPMENT	VARIOUS	10/01/00	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	65,554.	91,046.	0.	0.	<25,492.>
TO FM 990, PART I, LN 8	65,554.	91,046.	0.	0.	<25,492.>

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	1,987	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,987
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		1,987

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		
12. INVENTORY AT END OF YEAR . . . . .	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
DONATED SERVICES & MATERIALS	4,710.
TOTAL TO FORM 990, PART I, LINE 20	4,710.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	67,088.	34,121.	32,967.	
INSURANCE	3,881.	282.	3,599.	
GENERAL OFFICE EXPENSE	19,666.	5,901.	13,720.	45.
PROPERTY & EQUIPMENT	4,546.	2,423.	2,123.	
PHOTOGRAPHY	76.		30.	46.
CONSTRUCTION, REPAIRS & MAINTENANCA	5,122.	364.	4,758.	
EDUCATION & TRAINING	3,209.	536.	2,673.	
CRAFTS	779.			779.
RELOCATION EXPENSE	41,825.		41,825.	
PERSONNEL RECRUITMENT	11,496.		11,496.	
TEMPORARY EMPLOYEES	8,848.	8,848.		
WORK TEAM EXPENSE	60,879.	60,879.		
PUBLICITY	4,207.	4,207.		
MEMBERSHIP FEES	360.	360.		
MISCELLANEOUS	1,664.		1,664.	
TOTAL TO FM 990, LN 43	233,646.	117,921.	114,855.	870.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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## DESCRIPTION OF PROGRAM SERVICE ONE

TO PROVIDE PREVENTATIVE & CURATIVE HEALTH SERVICES FOR ALL FAMILIES IN SERVICE AREAS, WORK TO IMPROVE WATER & SANITATION, AND TRAIN HEALTH CARE WORKERS. DONATED SERVICES & MEDICAL SUPPLIES UTILIZED FOR THESE PROGRAMS TOTALED \$593,265

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	785,258.	1,139,733.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
OVERSEAS OPERATIONS	CONSEJO DE SALUD RURAL ANDINO	CASILLA 13387, LAPAZ BOLIVIA	AFFILIATE	785,258.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				785,258.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
LOSS ON SALE OF ASSETS	25,492.
TOTAL TO FORM 990, PART IV-B	25,492.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
LOSS ON SALE OF ASSETS	<25,492.>
TOTAL TO FORM 990, PART IV-A	<25,492.>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALBERT ANDERSON PHD 35 TECHNOLOGY PARKWAY SO STE 170 NORCROSS GA 30092	DIRECTOR .54	0.	0.	0.
RICHARD L FOX II 240 SUMMERTIME RD FAYETTEVILLE NC 28303	DIRECTOR .54	0.	0.	0.
JOE HOLMES MS 5237 SKY LAKE DR PLANO TX 75093	DIRECTOR .54	0.	0.	0.
TOM GIBSON MSPH JD PO BOX 726 MARION NC 28752	DIRECTOR .54	0.	0.	0.
LEE HOUGEN DR PH 1588 HARBOR RD WILLIAMSBURG VA 23185	DIRECTOR .54	0.	0.	0.
ROB H GAGE JD 207 AVERY AVE MORGANTON NC 28680	DIRECTOR .54	0.	0.	0.
FRANK HOUSER MD ONE PARK PLAZA II-4 WEST NASHVILLE TN 37203	DIRECTOR .54	0.	0.	0.
YUNG KRALL 1455 MONTREAL RD TUCKER GA 30084	DIRECTOR .54	0.	0.	0.
PETER MILLARD MD 22 POND ST ORONO ME 04473	DIRECTOR .54	0.	0.	0.
DAVID SHANKLIN 6335 CEDAR WATERS RALEIGH, NC 27607	DIRECTOR OF PROGRAMS 37.5	81,000.	0.	0.
DAVID PATTON 5538 GOODWIN AVE DALLAS TX 75206	DIRECTOR .54	0.	0.	0.

BAKER PERRY BOX 353550 SEATTLE WA 98195-3550	DIRECTOR .54	0.	0.	0.
LYNNE RANDALL 2421 BLUFFTON DR PLANO TX 75075	DIRECTOR .54	0.	0.	0.
CURT SCHAEFFER 350 EUREKA DR NE ATLANTA GA 30305	DIRECTOR .54	0.	0.	0.
DON SPEAKS 101 WEST PONCE DE LEON AVE DECATUR PLAZA STE 300 DECATUR GA 30030	CHAIRMAN .54	0.	0.	0.
DORY STORMS 323 TUSCANY RD BALTIMORE MD 21210	DIRECTOR .54	0.	0.	0.
JENNIFER BABULA 500 N. DUKE STREET #56-202 DURHAM, NC 27701	EXECUTIVE DIRECTOR 37.5	85,000.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>166,000.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 10

OFFICERS, DIRECTORS, AND OTHER EMPLOYEES ARE REIMBURSED FOR ACTUAL EXPENSES INCURRED BY THEM IN CONDUCTING ORGANIZATION ACTIVITIES.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER INCOME	80.	1,264.	2,841.	66,050.
TOTAL TO SCHEDULE A, LINE 22	<u>80.</u>	<u>1,264.</u>	<u>2,841.</u>	<u>66,050.</u>

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>CURAMERICAS</b>	Employer identification number <b>56-1400098</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>224 E. MARTIN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>RALEIGH, NC 27601</b>	

Check type of return to be filed (File a separate application for each return)

Form 990     Form 990 EZ     Form 990 T (sec 401(a) or 408(a) trust)     Form 1041 A     Form 5227     Form 8870

Form 990 BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until AUGUST 15, 2002

5 For calendar year \_\_\_\_\_, or other tax year beginning OCT 1, 2000 and ending SEP 30, 2001

6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO OBTAIN ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 5/2/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name <b>CRISP HUGHES EVANS LLP</b>
	Number and street (include suite, room, or apt no) Or a P O box number <b>500 RIDGEFIELD COURT</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ASHEVILLE, NC 28806</b>

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>ANDEAN RURAL HEALTH CORPORATION, INC</b>	Employer identification number <b>56-1400098</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 216</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LAKE JUNALUSKA, NC 28745</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **MAY 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning **OCT 1, 2000**, and ending **SEP 30, 2001**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ **CRA** Date ▶ **2/7-02**

LHA For Paperwork Reduction Act Notice, see instruction