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990-PF

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For	or calendar year 2009, or tax year beginning				inning	10/1/2009 , and ending					9/:	30/2010			
G	Che	ck all ti	nat apply:	Initial	return	Initial re	turn of a for	mer pu	ıblıc ch	arıty	,		Final re	eturn	
_				Amer	ded return	Addre	ess change		□ N:	ame	e ch	nange			
Use the IRS Name of foundation										TA	E	mployer ide	ntification nu	ımber	
O.	lab			N ADEA I	HEALTH EDLIC	CATION CENTER			46-0354137						
o		wise,	Number and street (o				Ro	om/suite	T _B	B Telephone number (see page 10 of the instructions)					
	pri	nt		ander ii maii is not e	STE 9					(605) 665-9005					
	or type. 1000 WEST 4th STREET								J1L 3	1,	16.		·	ending, check here	
	•	ecific	•	id Zir Wde		SD		57078		1		-			
	Cha	tions.	YANKTON	Sootu	on 501(a)(3) av	empt private foundation				۲			anizations, che		
_ !	Sec	tion 40	947(a)(1) nonexen	nt charita	ble trust	Other taxable private foundation							and attach co	eting the 85% test moutation	▶□
<u> </u>					1					F				vas terminated	\
			t value of all asse	ts at end	J Accounting Other (s		∐ Cash	X X	Accrual				507(b)(1)(A), c		▶∟
		ear (<i>iro</i> 16) ▶	m Part II, col. (c), \$	047.740	(Part I, column	(d) must be	on cash bas	 is)		[507(b)(1)(B), (onth termination check here	► X
_	_		ysis of Revenue											(d) Disburser	
Pa	Ш		its in columns (b), (c), a			1 1-7	venue and nses per	(b) N	Net invest	men	t	(c) Adj	usted net	for chantat	ole
			ounts in column (a) (se				ooks		ıncome			inc	ome	purposes (cash basis o	
_						+	305,766	-				,	*	(Cash basis (Jilly)
	1		outions, gifts, grants, et				300,700							5 5 2.	, ,
	2		if the foundation	-			298				98			4, 7,	,
	3		st on savings and te				290		•		0			, x,	
	4		ends and interest fro	m securitie	S						0				7
	_	a Gross			0		, , , , , , , , , , , , , , , , , , , ,	, _{\$2} , '	,					1	1,48,3,1,4,1
ne			ental income or (loss			 	0	7,				,	**		. 34.21
Revenue		-	ain or (loss) from sa		0	<u>-</u>	*	,	P		ove an	and the same of the same		, , ,,, , , ,	- Z. Z.
eV(7		sales price for all asset al gain net income (f			,	·	4.	<u> </u>	A 1 2000 W.	Ó	EIVE	J 1		
ď	. 0	-	=		7, IIII C 2)		^	-	w -	-		L	0	<u> </u>	3. 3
	8		hort-term capital gai ne modifications	"		ļ			2 m	101	7			1 .	*****
			sales less returns and	allowances	1 (J	,		121		~		<u> #1</u>	- 30	,
			Cost of goods sold			2		-i		St er/Ville	- 4-				<u>.,</u>
ļ			s profit or (loss) (atta		le)		0	·	1 (JC.	ساز	,		-21200	
	11		income (attach sch				0			~	Ö		0)	5 ° . ° .
	12		. Add lines 1 throug	-	·		306,064			2	98		0		
	13		pensation of officers		trustees etc		000,007							<u> </u>	<u> </u>
xpenses	14	•	employee salaries			-									
ü	15		ion plans, employee	_			·								
Š			fees (attach schedu				0				0		C		0
ш		-	unting fees (attach s				23,395				0		C		0
Administrative			professional fees (a		dule) .		13,629				0		C)	0
컐	17	Intere													
ist	18	Taxes	(attach schedule) (see	page 14 of th	e instructions)		13,260				22		C)	0
	19		eciation (attach sche				2,737				0) ' ' ' ' '	* * , !
ᇦ	20	Occu	рапсу												
⋖	21	Trave	el, conferences, and	meetings		L	13,702								
and	22	Printi	ng and publications				34	_				ļ		1	
<u>а</u>	23	Other	expenses (attach s	chedule)			233,259				0			<u> </u>	0
Operating	24	Total	operating and adr	ninistrativ	e expenses.										
ī		Add I	ines 13 through 23	•			300,016				22]	0
þ	25	Conti	ributions, gifts, grant	s paid			0	,				<u> </u>	. , ,		0
0	26	Total	expenses and disburs	sements. Ad	d lines 24 and 25		300,016				22				0
	27		ract line 26 from line										5 556		. *4.;
			s of revenue over exp			<u> </u>	6,048	ļ <u>.</u>							ا خر _د ه
			nvestment income					ļ			276	ļ	·	- 4 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	* /
	I	c Adiu	sted net income (if	negative, e	enter -0-)	1 **	, .	i				l .	(ו וו	w - {

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End (of year					
Г a.		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value					
	1	Cash—non-interest-bearing	17,117	-13,981	-13,981					
	2	Savings and temporary cash investments	204,492	201,177	201,177					
	3	Accounts receivable ► 52,958								
		Less allowance for doubtful accounts	0	52,958	52,958					
	4	Pledges receivable 0	* 1		* * 1.					
	1	Less allowance for doubtful accounts	0	0	0					
	5	Grants receivable	0	659,823	659,823					
	6	Receivables due from officers, directors, trustees, and other								
		disqualified persons (attach schedule) (see page 15 of the	_	_	_					
	i _	instructions)	0	0	0					
	7	Other notes and loans receivable (attach schedule)	and the same of th		ال السياسات المنتاء المنتاء المنتاء المسادا					
şţ		Less allowance for doubtful accounts	0	0	0					
Assets	8	Inventories for sale or use								
Ä	9	Prepaid expenses and deferred charges								
		a Investments—U S and state government obligations (attach schedule)	0	0	0					
	1	b Investments—corporate stock (attach schedule)	0	0	0					
		c Investments—corporate bonds (attach schedule)	0	0	0					
	11	Investments—land, buildings, and equipment basis		likala a a a a a a						
		Less accumulated depreciation (attach schedule)	0	0	0					
	12	Investments—mortgage loans .								
	13	Investments—other (attach schedule)	0	Contraction of the contraction o	0 U					
	14	Land, buildings, and equipment basis 20,508	المستند دارات ومنسالات علام	- La	47 774					
	45	Less accumulated depreciation (attach schedule) 2,737	0	17,771	17,771 0					
	15	Other assets (describe								
	10	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	221,609	917,748	917,748					
	17	Accounts payable and accrued expenses	1,152	24,347	ENIADA UNIDE					
	18	Grants payable .	1,102	<u></u>						
Liabilities	19	Deferred revenue	13,000	679,896						
=	20	Loans from officers, directors, trustees, and other disqualified persons	0	0,0,000	172					
ab	21	Mortgages and other notes payable (attach schedule)	0	0						
⊐	22	Other liabilities (describe)	0	0						
	23	Total liabilities (add lines 17 through 22)	14,152	704,243						
		Foundations that follow SFAS 117, check here								
es S		and complete lines 24 through 26 and lines 30 and 31.								
nces	24	Unrestricted	207,457	13,505						
ala	25	Temporarily restricted		200,000						
Ö	26	Permanently restricted .								
밀		Foundations that do not follow SFAS 117, check here								
Net Assets or Fund Bala	1	and complete lines 27 through 31.								
ō	27	Capital stock, trust principal, or current funds								
şţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund	·							
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds								
Ä	30	Total net assets or fund balances (see page 17 of the		0.40 =0=						
det		instructions)	207,457	213,505						
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	224 600	017 740						
D۵	rt III	Analysis of Changes in Net Assets or Fund Balances	221,609	917,748	<u> </u>					
	_	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with							
•		of-year figure reported on prior year's return)	(: -gi mili	1	207,457					
2		end-or-year tigure reported on prior years return) Enter amount from Part I, line 27a . 2								
3		Enter amount from Part I, line 27a Other increases not included in line 2 (itemize)								
4 Add lines 1, 2, and 3										
5				5	213,505 0					
6	Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30									

		RURAL AREA HEALTH EDUCA						46-	0354137	Page 3
	(a) List and describe the	I Losses for Tax on Investn kind(s) of property sold (e g , real estate, e, or common stock, 200 shs MLC Co)	ne	nt incor	(b) How acquired P—Purchase D—Donation		Date aco		(d) Date (mo , da	
1a					D Donation	<u> </u>		<u>-</u>		
b										
C										
d e										
	(e) Gross sales price	(f) Depreciation allowed (g) Cost or control (or allowable) (g) Cost or control (plus expension)								
а	0	0			C					(
<u>b</u>	0	0			0	 				
_c d	0	0			0	_				
e	0	0			<u>_</u>					
	Complete only for assets show	ng gain in column (h) and owned by	the	foundation	n on 12/31/69		(I) Ga	ains (Col	(h) gain minu	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exces	s of col (i) (j), if any		coi (k	, but not	less than -0-) om col (h))	
а	0	0			C					(
b	0	0			0	_				(
<u>c</u> d	0	0			<u>C</u>	_				
e	0	Ö			<u>_</u>	_				
	Capital gain net income or (net capital loss) $\begin{cases} If gain, also \\ If (loss), entor (loss) as defined in sections 1.$	er ·	-0- ın Par	t I, line 7	2				C
Ŭ		ne 8, column (c) (see pages 13				3				(
P	art V Qualification Unde	er Section 4940(e) for Redu	се	d Tax o	n Net Investm	ent l	ncome	<u> </u>		
(Fo	or optional use by domestic p	rivate foundations subject to the	se	ection 494	10(a) tax on net	invest	ment ır	come))	
lf s	ection 4940(d)(2) applies, lea	ave this part blank.								
		e section 4942 tax on the distribition to the distribition (1940)				the I	pase pe	eriod?	Yes [∛ No
1	Enter the appropriate amo	unt in each column for each yea	r, s	see page	18 of the instruc	tions	before	making	any entrie	S.
	(a) Base period years	(b)	Ť	<u> </u>	(c) f noncharitable-use a			Disti	(d)	-
	alendar year (or tax year beginning in) 2008		ᇷ			1,623	السلسا	col (b) d	ivided by col	(c))) 000000
	2007		히			1,626				000000
	2006	5,70				3,694				023880
	2005	10,00	0		220	5,784			(044095
	2004		0		22:	2,070				000000
							2		(0.067975
3	3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .						3		(013595
4	Enter the net value of nonch	arıtable-use assets for 2009 from	m F	Part X, lin	e5		4			745,039
5	Multiply line 4 by line 3		•			•	5			10,129
6	Enter 1% of net investment	income (1% of Part I, line 27b)					6			3
7	Add lines 5 and 6						7			10,132

the Part VI instructions on page 18.

0

46-0354137

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 o	of the ir	stru	ctior	15)					
1 8	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐	" " " Sale Laboration								
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	* * *			\$123 \$4					
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		·	6	22.9					
	here ▶ and enter 1% of Part I, line 27b .				paper i Veda					
•	C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			1						
	of Part I, line 12, col (b)									
2										
3	Add lines 1 and 2									
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)									
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-									
6	Credits/Payments	3	3.5	Ĭ,	^					
•	a 2009 estimated tax payments and 2008 overpayment credited to 2009	130 g			3					
	Exempt foreign organizations—tax withheld at source		44-00		ak," ∵ti					
	C Tax paid with application for extension of time to file (Form 8868)	" 'H-1()			J.					
	Backup withholding erroneously withheld	业。建筑	W. E.	柯	ξiα,					
7	Total credits and payments Add lines 6a through 6d			6						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			의	_					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0	_					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11			<u> </u>	—					
11			1	<u> </u>						
	rt VII-A Statements Regarding Activities	- in			_					
1 8	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	,	 	_	10					
	participate or intervene in any political campaign?	1:	a	+	<u>X</u>					
•	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		.		v					
	instructions for definition)?	1	D D	.4 B B.J	<u>X</u>					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			* 1	.,					
		. 1		<u> </u>	X					
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	` <u> </u>	7 54	(T. 19)	<u> </u>					
•	(1) On the foundation \$\(\begin{align*} \$ \text{\$ \te	0								
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<u>ت</u> ا								
•	on foundation managers \$\begin{align*} \begin{align*} ali	, j								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	380 315	TT 8 535	X					
_	If "Yes," attach a detailed description of the activities	2 to	4 5							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1.5	* 18							
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	3		X					
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	a		Х					
	b If "Yes," has it filed a tax return on Form 990-T for this year?	4	b N	/A						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 5	; [\Box	X					
	If "Yes," attach the statement required by General Instruction T	\$ 1.00m		S Z						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	7			4					
	By language in the governing instrument, or									
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 			数 [2	P					
	that conflict with the state law remain in the governing instrument?	<u> </u>)	\Box						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	(V 7	<u>' </u>		A 1 244					
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	1								
	instructions) ► SD	(, Š.					
ı	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	23.		<u></u>						
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8			113					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				1435.					
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?				v					
40	If "Yes," complete Part XIV	- 5	'	+-	<u>X</u>					
10					Х					
	their names and addresses	11	U I	_ I .	\sim					

Form	990-PF (2009) YANKTON RURAL AREA HEALTH EDUCATION CENTER 46-03	54137	Page 3
Par	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11	х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	$\frac{1}{x}$
	Website address www.yrahec.org		
14	The books are in care of ► Lanette Hinckley Telephone no ► (605) 668-	8479	
	Located at ► 1000 West 4th Street, Ste 9 Yankton SD ZIP+4 ► 57078		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	f,	Yes No
1a	During the year did the foundation (either directly or indirectly)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		"5" , J. (6")
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	14,40	
	for the benefit or use of a disqualified person)?	1 4.3	."
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 3	
	if the foundation agreed to make a grant to or to employ the official for a period	1.37	Secretary Company
	after termination of government service, if terminating within 90 days)	1.00	1 1
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	نا شيسما	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	<u>V/A</u>
	Organizations relying on a current notice regarding disaster assistance check here	1837	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	<i>€</i> 332 £	X
2		1c	X 7 5 5 5 5 1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d		
	and 6e, Part XIII) for tax year(s) beginning before 2009?	37.	
	If "Yes," list the years 20		. 'K\$
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2)	22.3	لتقاند
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	75. P.S. 2014PT / 195.4
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
0	20 , 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No		
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	\$ F	
b	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	18 to 18	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		
	If the foundation had excess business holdings in 2009)	3b	<i>≦</i> 222 2222 V/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	34.75	***
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

	990-PF (2009) YANKTON RURAL AREA HI			anning (continued		-0354	137	P.	age
	t VII-B Statements Regarding Activit		n 4/20 Way be K	equirea (continuea)	<u> </u>	3.	THE P	· '4	1 1
эа	During the year did the foundation pay or incur and (1) Carry on propaganda, or otherwise attempt	•	(section 4945(e)\2	Yes	$ \mathbf{x} $	No .	* 1		
	(2) Influence the outcome of any specific public			163		' '			
	on, directly or indirectly, any voter registration	•	1955), or to carry	Yes	X	No F			
	, , ,			Yes	=		٥		ٵۅڲؙڡۣ۫ٳ
	(3) Provide a grant to an individual for travel, str	X	No		179.4	74			
	(4) Provide a grant to an organization other that in section 509(a)(1), (2), or (3), or section 49	•				N. (6		4.4	
	, , , , , , , , , , , , , , , , , , , ,			Yes	X	NO 🔓			y I
	(5) Provide for any purpose other than religious educational purposes, or for the prevention	•		□v	X	[;]		3,11	Ž.
h	, , , , ,	•		tes		NO	, · .	, : `	, ,
U	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53 4945 or in a current notice	·	•			-	5b	N/A	
	Organizations relying on a current notice regarding	• •	, , ,	or the instructions;		H	20	- NVA	
С	If the answer is "Yes" to question 5a(4), does the	~			الــا `			å\	<u>.</u>
C	tax because it maintained expenditure responsibilities	•	puon nom me	Yes		No !		(1,,	i mari Grita
	If "Yes," attach the statement required by Regulat	•	 i(d)	L1es	ш			空氣	
6a	Did the foundation, during the year, receive any fu					j.		132 -1134 134 -1134	
- Ou	premiums on a personal benefit contract?	inas, ancony or mancon	iy, to pay	Yes	X	No.			
b	Did the foundation, during the year, pay premiums	s directly or indirectly o	on a personal benefit		ىك		6b	2.000	X
~	If "Yes" to 6b, file Form 8870	,, o . , ,	,			,	7		\$ ** I
7a	At any time during the tax year, was the foundation	in a party to a prohibited	d tax shelter transacti	on? Yes	X	No 🖫	17 4		, i, ;
b	If yes, did the foundation receive any proceeds or	have any net income a	ttributable to the trans	saction?			7b		
Р	Information About Officers	, Directors, Truste	es. Foundation	Managers, Highly	Paid	Emp	love	es.	
	and Contractors	·	<u> </u>			•		•	
1	List all officers, directors, trustees, found	lation managers an	d their compensa	tion (see page 22 of	the ir	nstruct	tions	s).	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	\Box	(e) E>	pense	accou	unt,
	(a) Name and address	hours per week devoted to position	-0-)	employee benefit plans and deferred compensat		oth	er allo	wance	S
Sec	Attached Statement								
		00	0		0				(
		00		1					

1 List all officers, directors, trustees, found				1134 40401137.
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement	00	0	0	0
	.00	0	0	0
	00	0	0	0
	.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If 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	employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
Total number of other employees paid over \$50,000				▶

All other program-related investments. See page 24 of the instructions

Total. Add lines 1 through 3

Form 990-PF (2009)

0

▶

qualifies for the section 4940(e) reduction of tax in those years

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 1a а 1b 209,287 Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions) 1c 547.098 c 1d d Total (add lines 1a, b, and c) 756,385 Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 756,385 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 of the instructions) 11,346 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 745,039 6 Minimum investment return. Enter 5% of line 5 37,252 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here \bullet \subseteq \ldots \subseteq \ldots \rdots \ 1 Minimum investment return from Part X, line 6 37,252 2a Tax on investment income for 2009 from Part VI, line 5 2a 2b Income tax for 2009 (This does not include the tax from Part VI) b 2c 6 C Add lines 2a and 2b 3 Distributable amount before adjustments Subtract line 2c from line 1 3 37.246 4 Recoveries of amounts treated as qualifying distributions 4 5 37,246 5 Add lines 3 and 4 6 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 line 1 37,246 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1a 0 Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 1b 0 Program-related investments—total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a а 3b 0 Cash distribution test (attach the required schedule) 4 0 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions) 5 0 6 0 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Ра	Undistributed income (see page 26 of t	ne instructions)		ı	-
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	·······			37,246
2	Undistributed income, if any, as of the end of 2009				
	a Enter amount for 2008 only		ļ	10,559	
	b Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
	a From 2004 0				
	b From 2005			,	
	C From 2006 0				
	d From 2007 0				
	e From 20080	0			
4	Total of lines 3a through e		-		,
4	Qualifying distributions for 2009 from Part XII, line 4 \$ 0				
	XII, line 4 \$0 a Applied to 2008, but not more than line 2a	(4)7 ·		0	
	b Applied to undistributed income of prior years			<u> </u>	
	(Election required—see page 26 of the instructions)		0	र 5	** · *
	c Treated as distributions out of corpus (Election	*			***
	required—see page 26 of the instructions)	lo			*
	d Applied to 2009 distributable amount .				(
	e Remaining amount distributed out of corpus	0			•
5	Excess distributions carryover applied to 2009	0	 		
•	(If an amount appears in column (d), the				,
	same amount must be shown in column (a))				, , , , , , , , , , , , , , , , , , , ,
6	Enter the net total of each column as), *	134	<i>§.</i>	
_	indicated below:				(,,)
	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
	b Prior years' undistributed income Subtract	3 / 3 / 3		',	, , , , , , ,
	line 4b from line 2b	<u></u>	l o	,	, ""
	c Enter the amount of prior years' undistributed			``	₹g55 yaa
	income for which a notice of deficiency has			l &,	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	3			, at 2
	d Subtract line 6c from line 6b Taxable			\$ the second	, *** *
	amount—see page 27 of the instructions	,	il o		
	e Undistributed income for 2008 Subtract line	,			
	4a from line 2a Taxable amount—see page 27 of the		,		*
	instructions .	**		10,559	, ,, ,,
	f Undistributed income for 2009 Subtract	,*			
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010	,	4 3	^	37,246
7	Amounts treated as distributions out of				,
	corpus to satisfy requirements imposed by				ξ,
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				\$1
	the instructions)			· ·	
8	Excess distributions carryover from 2004				~ -,
	not applied on line 5 or line 7 (see page 27 of the			ĺ ,	, Pi
	instructions) .	0)		
9	Excess distributions carryover to 2010.				The state of the s
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9.		, ,	· ^ ,	
	a Excess from 2005 0	, each 2		الله الله الله الله الله الله الله الله	
	b Excess from 2006 . 0	**************************************	,		
	C Excess from 2007 . 0	** , **		[*	
	d Excess from 2008 . 0] _	1	· ,	* * * *
	e Excess from 2009 . 0	<u> </u>			<u>.</u>

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

46-0354137

Form 990-PF (2009)

Part XV Supplementary Information (continued)

3 (Frants and Contributions Paid During the		r Future Pay	ment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Containadaon	
a	Paid during the year				
	Total	<u> </u>	, · . ·	▶ 3 a	0
b	Approved for future payment				
	Total			<u>.</u> ▶ 3b	0

Part XV			INIEN		46-035	4137 Page 12
		1	iness income	Excluded by section	n 512, 513, or 514	(e)
_	oss amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
_	HEC Grant		0	03	0	291,139
b C	NA Institute Grant		0	03	0	10,000
c C	NA Registration Fees		0	03	0	125
d N	etwork Grant		0	03	0	3,222
e <u>S</u> i	usan G Komen Grant		0	03	0	741
f _			0			0
g Fe	ees and contracts from government agencies					
2 Memb	pership dues and assessments					
3 Intere	est on savings and temporary cash investments			14		298
4 Divide	ends and interest from securities .	3 W C 4 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The arrays has a way to be a	14		F SURFINED LOL. WHICH SI GOLD WAS
5 Net re	ental income or (loss) from real estate					
a De	ebt-financed property					
b No	ot debt-financed property .					
6 Net re	ental income or (loss) from personal property					
7 Other	r investment income					
8 Gain	or (loss) from sales of assets other than inventory				0	
9 Net in	ncome or (loss) from special events		·		·	ļ <u>.</u>
10 Gross	s profit or (loss) from sales of inventory					
11 Other	**		0		0	
	onvention Fee Reimbursement		0		0	
с <u>В</u>	ook Reimbursement		0	03	0	
d			0		0	<u>_</u>
. e _			0	[#******	0	
	otal Add columns (b), (d), and (e)		0		0	
	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify calci 	ulations \			13	306,064
			of Exampt D			
Part XV	<u> </u>				an artantly to	
Line No. ▼	the accomplishment of the foundation's exempt page 28 of the instructions)					
1 a	AHEC grant addresses critical health profession	onal workforce ne	eds and impro	ve South Dakota	ans' health statu	ıs,
	including access to essential primary medical	care. This will o	ccur primarily by	/ lınkıng higher e	education, and	
	specifically health professions programs, with					
	to build a network to link/bridge K-12 schools,	healthcare profe	ssionals and or	<u>ganizations to e</u>	ncourage stude	ents to
	pursue healthcare careers.					
	<u> </u>					
1 b&c						
	The project focused on all aspects of the healt	incare profession	, especially in L	inderserved are	as	
1d	The Career Connections Network commenced	l its project via co	ordination mee	tings and conta	cting school sys	stems
	to build a network to link/bridge K-12 schools,	healthcare profe	ssionals and or	ganizations to e	ncourage stude	ents to
	pursue healthcare careers					
						
1e	The Susan G Komen "Breast Health Care Trou					1.
	particularly primary and preventative care, by					
	through community/academic educational part					
	needs of health professionals, with a focus on	tnose practicing	in rurai/remote	areas and to pro	oviae opportuni	ues
	for continuing education in health professions	-	,·			
	<u> </u>				·	
	1					

Firm's name (or yours if self-employed), address, and ZIP code

PO Box 341, Menno, SD 57045-0341

	99U-FF			HEALTH EDUCA					40-0334		ı ug	
Par	t XVII	Information Reg Exempt Organiz	_	sfers To and Tr	ansactions a	and Rel	ationships W	ith No	oncharit	able		
	D:-1			nagao in art. of th	o following with	h any att	or organization	doco	ihad		Yes	No
	in sect	e organization directly ion 501(c) of the Code zations?								, , ,	res	140
а	Transf	ers from the reporting	foundation to	a noncharitable ex	xempt organiza	ation of:				4	, 	
	(1) Ca	ash								1a(1)		<u> X</u>
	(2) Ot	her assets					•			1a(2)		X
b		transactions:										- '
		ales of assets to a non						•	•	1b(1)		<u>X</u>
		irchases of assets from								1b(2)		
		ental of facilities, equip							• •	1b(3)	\vdash	<u>X</u>
	• •	eimbursement arrange					•			1b(4) 1b(5)		x
		eans or loan guarantee erformance of services						•	•	1b(6)	 	$\hat{\mathbf{x}}$
_		ig of facilities, equipme						•		1c	 	$\frac{\hat{x}}{x}$
		•	_						Dow the fo		kot I	
đ	value d	answer to any of the a of the goods, other as in any transaction or s	sets or service	ces aiven by the re	portina founda	ition If th	ne foundation re	ceived	l less thar	n fair n	narket	i d.
(a) l	_ine no	(b) Amount involved		of nonchantable exempt	organization	(d) Des	cription of transfers,	transac	tions, and sh	anng ar	rangem	ents
			None									
		<u> </u>				<u> </u>						
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	descri	foundation directly or bed in section 501(c) s," complete the follow	of the Code (d	other than section !	d to, one or m 501(c)(3)) or in	ore tax-en section	exempt organiza 527?	tions	. 🗆	es [] No	
	11 100	(a) Name of organization	ing concadio.		of organization		(c) Des	cription	of relationsh	ııp		
Nor	ne _											
			 .									
					<u> </u>							
		 							<u>-</u>			
	Lind	er penalties of perjury, I decl	are that I have exa	amined this return, include	ling accompanying	schedules	and statements, and	to the	best of my kr	nowledg	e and	
	belie	ef, it is true, correct, and com	plete Declaration	of preparer (other than t	axpayer or fiduciar	ry) is based	on all information of	which p	reparer has	any kno	wledge	
9	Sir	gnature of officer or trustee		/ 		ate	Tit		i yr i i casu	101		
운	 	, :		$\overline{}$	Date				Preparer's ic	lentifying	3	
⊑	_o _]			Date		Check if		number (see		-	
Sign Here	Paid Preparer's Use Only	Preparer's signature	Solden	Blembera	4/5/201	11	self-employed ▶		page 30 of the	ne instru	ictions)	
	Las S	Firm's name (or yours if	A. Jo Wo	Hienberg, PO				EIN	>			
		I salf ampleusel) address					····					

Phone no (605) 387-5302

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization YANKTON RURAL AREA HEALTH EDUCATION CENTER 46-0354137 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

• ,			
Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
	organization N RURAL AREA HEALTH EDUCATION CENTER		Employer identification number 46-0354137
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Sanford School of Medicine, University of SD 1400 West 22nd Street Sioux Falls SD 57105 Foreign State or Province Foreign Country	\$ 291,139	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Foreign Country (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	1	1	1

6

Foreign State or Province.
Foreign Country

(Complete Part II if there is

a noncash contribution)

Person Payroll Noncash

ATTACHMENT TO 2009 FORM 990-PF

Yankton Rural Area Health Education Center EIN: 46-0354137

Part I, line 1

Itemization of contributions, gifts, grants, etc.

AHEC grant	\$ 291,139.10
CNA Institute grant income	10,125 00
Network grant services	3,221 40
Susan G. Komen Grant	741 05
Total	\$ 305,226.55

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16b (99)
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		23,395	0	0	0
					Disbursements
		Revenue and			for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
-	Avera Education & Staffing	21,576			
7	A Jo Wohlenberg, CPA, PC	1,809			
က	SD Secretary of State	10			
4					
2					
9					
-					
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6					
9					
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Line 16c (990-PF) - Other Fees

		13,629	0	0)
		Revenue and			Disbursements for Charitable
	Name of Organization or Person Providing Service	Expenses per	Net Investment	Adjusted Net	Purposes
-	Kenagy & Associates, LLC	8,965			
7	Jim Beddow	2,470			
က	Rhonda Engebretson	741			
4	Jason J Kemnitz	321			
2	Matt Owens	1,132			
9					
7					
8					
6					
10					

Line 18 (990-PF) - Taxes

		13,260	22	0	0
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
Inves	nvestment Income Tax	22	22		
Sales	Tax	13,238			

YANKTON RURAL AREA HEALTH EDUCATION CENTER

Amount of depreciation included in cost of goods sold

Line 19 (990-PF) - Depreciation and Depletion

0			_		\neg							\neg
	Adjusted Net	Income										
0	Net											
2,737	Revenue and Expenses	per Books	2,737									
	Beginning	Depreciation	lo	0	0	0	0	0	0	0	0	0
	Cost or	Other Basis										
	Asset	Life										
	Method of	Computation										
	Cate	Acquired										
		Description	See Attached Depreciation Schedule									
			1	2	က	4	s	ھ	7	8	6	10

YANKTON RURAL AREA HEALTH EDUCATION CENTER

Line 23 (990-PF) - Other Expenses

		233,259	0	0	0
L		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Amortization. See attached statement	0	0	0	0
2	Administrative Support	192,315			
အ	CNA Institute Expense	9,281			
4	Communication	814			
2		8,799			
9	Promotion/Advertising	4,531			
7	Board Expense	713			
8	Memberships	2,925			
6	Web Based Technology	4,500			
10	10 Data Collection & Resource Development	9,381			

d Equipment
s, and l
Buildings
) - Land, E
4 (990-PF)
4
Line
Part II,

		20,508	0	2,737	0	17,771	
			Accumulated	Accumulated Accumulated			
		Cost or	Depreciation	Depreciation	Book Value	Book Value	Σ. Έ
	Item or Category	Other Basis	Beg. of Year	End of Year	Beg. of Year	End of Year	End of
1	Office Equipment	20,508	0	2,737	0	17,77	17,771
7					0		
3					0	0	
7					0	0	
9					0	0	
9					0	0	
2					0	0	
8					0	0	:
6					0	0	
10					0	0	
11					0	0	
12					0	0	
13					0	0	
14					0	0	
15					0	0	
16					0	0	
21					0	0	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name	if Business	Street	Cıty	State	Zip Code	Country	Title	Hours
-	Gale Walker	Ť	401 West Glynn Dr.	Parkston	SD	99829		President	0
7	Michael Healy		1811 Cedar	Yankton	SD	82029		Secy/Treas	0
က	Dr. Lori Hansen		1108 West 8th Street	Yankton	SD	87078		Director	0
4	Greg Henderson		1808 Summit Street	Yankton	SD	82078		Director	0
2	Georgia Pokorney		315 N Washington	Viborg	SD	57070		Director	0
9	Dusty Anderson			Parkston	SD	57366		Director	0
7									
8									
6									
10									

YANKTON RURAL AREA HEALTH EDUCATION CENTER

	0	Explanation										
	0	Expense Account										
:	0	Benefits										
)	Compensation										
Part			7	7	က	4	2	9	7	8	6	9

Part XVI-A, Lines 1a-1f (990-PF) - Program Service Revenue

`			usiness Income	Exclud	ed by Section 512,	513, or 514
		Business		Exclusion		Related or Exempt
<u> </u>	Program Service Revenue	Code	Amount	Code	<u>Amount</u>	Function Income
	EC Grant			03		291,139
	A Institute Grant			03		10,000
3 CN/	A Registration Fees			03		125
	work Grant			03		3,222
5 Sus	san G Komen Grant			03		741
6						
7						
8						
9						
10			· ·			
11						
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17						
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19						
20						

Part XVI-A, Lines 11a-11e (990-PF) - Other Revenue

	TO ATTACK		usiness Income	Exclude	ed by Section 512	, 513, or 514
	Program Service Revenue	Business Code	Amount	Exclusion Code	Amount	Related or Exempt Function Income
1	Exhibit Fee Reimbursement		7 11 12 20112	03	CHIOCH	25
2	Convention Fee Reimbursement			03		350
3	Book Reimbursement			03		164
4						
5						
6		· · · · · · · · · · · · · · · · · · ·				
7						
8					· · · · · · · · · · · · · · · · · · ·	
9						
10						
11						
12						•
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14						
15						
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Part XVI-B (990-PF) - Relationship of Activities

	VI-B (330-PF) - Relationship of Activities
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Number	Explanation
	AHEC grant addresses critical health professional workforce needs and improve South Dakotans' health status,
	including access to essential primary medical care. This will occur primarily by linking higher education, and
	specifically health professions programs, with rural/underserved communities
	to build a network to link/bridge K-12 schools, healthcare professionals and organizations to encourage students to
	pursue healthcare careers.
1 b&c	Sponsored a Certified Nursing Assistant Institute for 8 students to prepare them for passing the CNA exam.
	The project focused on all aspects of the healthcare profession, especially in underserved areas
1d	The Career Connections Network commenced its project via coordination meetings and contacting school systems
	to build a network to link/bridge K-12 schools, healthcare professionals and organizations to encourage students to
	pursue healthcare careers.
1e	The Susan G Komen "Breast Health Care Troupe Program" will enhance access to quality health care,
	particularly primary and preventative care, by improving the supply and distribution of health care professionals
	through community/academic educational partnerships. Programs were developed to address training/education
	needs of health professionals, with a focus on those practicing in rural/remote areas and to provide opportunities
	for continuing education in health professions

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AHEC Yankton Rural Area Health Education Cent 46-0354137 Book Asset Detail 10/01/09 - 9/30/10 FYE: 9/30/2010

Asset t	d Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
- c 4	Laptop Computers Computer Software Telephone System	10/22/09 10/31/09 3/31/10	2,634.00 1,874.08 2,281.20	0.00c 0.00c 0.00c	0.00	0.00	482.90 343 58 114.06	482.90 343.58 114.06	2,151 10 1,530.50 2,167.14	S/L S/L S/L	5 0 5 0 10.0
		Equipment	6,789.28	0 000	0.00	000	940 54	940.54	5,848.74		
2	Office Furniture	10/22/09	13,718.51	0.00c	0.00	0.00	1,796.47	1,796.47	11,922.04	S/L	7.0
		Furn & Fixtures	13,718 51	0.00c	0.00	00 0	1,796.47	1,796 47	11,922 04		
		Grand Total	20,507 79	0 00°c	00 0	0.00	2,737 01	2,737.01	17,770.78		