

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

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning, 2004, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: Serve Healthcare International Ministries, P.O. Box 794151, Dallas TX 75379

D Employer Identification Number: 75-2863425, E Telephone number: (972) 497-4441, F Accounting method: Accrual

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

G Web site: www.servinghim.org

J Organization type: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 350,531.

H (a) Is this a group return for affiliates? No, H (b) If 'Yes,' enter number of affiliates, H (c) Are all affiliates included? Yes, H (d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number, M Check if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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 (att sch) (cash \$ 51,500. non-cash \$ 6,296.)	57,796.	57,796.		
23	Specific assistance to individuals (att sch)	500.	500.		
24	Benefits paid to or for members (att sch)	0.	0.		
25	Compensation of officers, directors, etc	20,000.	6,000.	7,000.	7,000.
26	Other salaries and wages	0.	0.	0.	0.
27	Pension plan contributions	0.	0.	0.	0.
28	Other employee benefits	996.	299.	348.	349.
29	Payroll taxes	1,530.	459.	536.	535.
30	Professional fundraising fees	0.	0.	0.	0.
31	Accounting fees	0.	0.	0.	0.
32	Legal fees	0.	0.	0.	0.
33	Supplies	4,605.	4,274.	118.	213.
34	Telephone	3,798.	303.	3,495.	0.
35	Postage and shipping	1,426.	556.	805.	65.
36	Occupancy	0.	0.	0.	0.
37	Equipment rental and maintenance	0.	0.	0.	0.
38	Printing and publications	3,394.	0.	1,024.	2,370.
39	Travel	161,851.	161,851.	0.	0.
40	Conferences, conventions, and meetings	0.	0.	0.	0.
41	Interest	0.	0.	0.	0.
42	Depreciation, depletion, etc (attach schedule)	2,057.	0.	2,057.	0.
43	Other expenses not covered above (itemize):				
a	Bank Service Charges	941.	0.	941.	0.
b	Website	8,495.	0.	8,495.	0.
c	Insurance	3,316.	2,312.	1,004.	0.
d	Gifts to translators	344.	344.	0.	0.
e	See Other Expenses Stmt	7,926.	7,659.	367.	-100.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	278,975.	242,353.	26,190.	10,432.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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? <input type="checkbox"/> Medical and Dental care for Indigent people w/Christian Evangelism	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Grant to Braila Baptist Church in Braila Romania to partially fund the building of a larger medical and dental facility next door to the church. (Grants and allocations \$ 45,000.)	52,831.
b Cash grant to Braila Baptist church in Braila Romania to support their wholly owned clinic and to support several teams of dentists and doctors sent to Romania in summer of 2004. Includes autoclave and fibert optic head lamps. (Grants and allocations \$ 8,296.)	184,522.
c Grant to Braila Baptist church in Braila Romania and associate pastor. (Grants and allocations \$ 4,500.)	5,000.
d (Grants and allocations \$)	
e Other program services. (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	242,353.

Part IV Balance Sheets (See Instructions)

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	58,018.	45	61,003.
	46 Savings and temporary cash investments	164,645.	46	191,978.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	845.	53	3,122.
	54 Investments — securities (attach schedule) . . L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54	4,582.
	55 a Investments — land, buildings, & equipment: basis	55 a	0.	
	b Less: accumulated depreciation (attach schedule)	55 b	0.	55 c
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57 a	3,548.		
b Less: accumulated depreciation (attach schedule) L-57. Stmt	57 b	2,057.	57 c	
58 Other assets (describe ► See Line 58 Stmt)	31,200.	58	31,200.	
59 Total assets (add lines 45 through 58) (must equal line 74)	254,708.	59	293,376.	
LIABILITIES	60 Accounts payable and accrued expenses	0.	60	6,449.
	61 Grants payable	0.	61	0.
	62 Deferred revenue	0.	62	0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0.	63	0.
	64 a Tax-exempt bond liabilities (attach schedule)	0.	64 a	0.
	b Mortgages and other notes payable (attach schedule)	0.	64 b	0.
	65 Other liabilities (describe ►)	0.	65	0.
66 Total liabilities (add lines 60 through 65)	0.	66	6,449.	
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	254,708.	67	286,927.
	68 Temporarily restricted	0.	68	0.
	69 Permanently restricted	0.	69	0.
	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; column (B) must equal line 21)	254,708.	73	286,927.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	254,708.	74	293,376.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ _____		
(2)	Donated services and use of facilities . . . \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) . . . ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 . . \$ _____		
(3)	Losses reported on line 20, Form 990 . . \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) . . . ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(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 and other allowances
Kevin Seidler 16330 Sunset Valley Dallas, TX 75248	President 20	0.	0.	0.
Robert Mirabito 4013 Halifax Plano, TX 75023	Vice President 20	0.	0.	0.
Richard D. White 5907 Twin Coves Dallas, TX 75248	Treasurer 10	0.	0.	0.
Marina Walker 6314 Bordeaux Avenue Dallas, TX 75209	Exec. Director 40	20,000.	0.	0.
David Judy 2915 Saint Andrews Drive Richardson, TX 75082	Director 5	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

Yes	No
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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?	78 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b		
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?	80 a		X
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a 0.			
b Did the organization file Form 1120-POL for this year?	81 b		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?	82 a	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 in Part III.) 82 b			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 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.	85 b		
c Dues, assessments, and similar amounts from members 85 c			
d Section 162(e) lobbying and political expenditures 85 d			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85 e			
f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85 f			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86 a			
b Gross receipts, included on line 12, for public use of club facilities 86 b			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87 a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b			
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>n/a</u> ; section 4912 ▶ <u>n/a</u> ; section 4955 ▶ <u>n/a</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.	89 b	N/A	
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 ▶			
90 a List the states with which a copy of this return is filed ▶ <u>Texas</u>			
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90 b 0			
91 The books are in care of ▶ <u>Richard White</u> Telephone number ▶ <u>(214) 957-0790</u> Located at ▶ <u>5907 Twin Coves, Dallas, TX</u> ZIP + 4 ▶ <u>75248-3856</u>			
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			

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a Missionary trips to Romania					216,671.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					0.
g Fees & contracts from government agencies					0.
94 Membership dues and assessments					0.
95 Interest on savings & temporary cash invmnts.			14	985.	0.
96 Dividends & interest from securities			14	11.	0.
97 Net rental income or (loss) from real estate:					
a debt-financed property					0.
b not debt-financed property					0.
98 Net rental income or (loss) from pers prop					0.
99 Other investment income					0.
100 Gain or (loss) from sales of assets other than inventory			18	-129.	0.
101 Net income or (loss) from special events					-14,887.
102 Gross profit or (loss) from sales of inventory					0.
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				867.	201,784.
105 Total (add line 104, columns (B), (D), and (E))					202,651.

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 (See instructions.)

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).
93a	Serving HIM's main function is to provide dental and medical care to people who cannot afford health care and to spread the GOSPEL in conjunction with the providing of care. We accomplish this
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(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 (See instructions.)

- 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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: Richard D. White Director
 Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Non-Paid Preparer

EIN: _____

Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Serve Healthcare International Ministries

Employer identification number

75-2863425

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 and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶	None			

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		

Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities (See instructions.)

Yes No

<p>1 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2 a		X
<p>b Lending of money or other extension of credit?</p>	2 b		X
<p>c Furnishing of goods, services, or facilities?</p>	2 c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2 d		X
<p>e Transfer of any part of its income or assets?</p>	2 e		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3 a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3 b		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4 a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4 b		X

Part IV Reason for Non-Private Foundation Status (See 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.)
- 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.)
- 11 a** 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.)
- 11 b** 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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	221,787.	149,308.	146,027.	182,113.	699,235.
16 Membership fees received	0.	0.	0.	0.	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	114,182.	74,660.	0.	0.	188,842.
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	413.	730.	638.	2.	1,783.
19 Net income from unrelated business activities not included in line 18.	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0.	0.	0.	0.	0.
23 Total of lines 15 through 22.	336,382.	224,698.	146,665.	182,115.	889,860.
24 Line 23 minus line 17.	222,200.	150,038.	146,665.	182,115.	701,018.
25 Enter 1% of line 23.	3,364.	2,247.	1,467.	1,821.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24 ▶					26 a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶					26 b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26 c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26 b _____ ▶					26 d
e Public support (line 26c minus line 26d total) ▶					26 e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶					26 f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ 231,423. (2002) _____ 158,924. (2001) _____ 76,348. (2000) _____ 129,385.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. 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: (2003) _____ 0. (2002) _____ 0. (2001) _____ 1,000. (2000) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 699,235. 16 _____ 0. 17 _____ 188,842. 20 _____ 0. 21 _____ 0. ▶					27 c 888,077.
d Add: Line 27a total 596,080. and line 27b total 1,000. ▶					27 d 597,080.
e Public support (line 27c total minus line 27d total). ▶					27 e 290,997.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27 f 889,860.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27 g 32.70 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27 h 0.20 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
 (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 (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
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	41		
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)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Serve Healthcare International Ministries

Employer identification number

75-2863425

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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 during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

**Depreciation and Amortization
(Including Information on Listed Property)**

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

Name(s) shown on return

Serve Healthcare International Ministries

Identifying number

75-2863425

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12. ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,739.
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	5.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004.	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		808.	5.0 yrs	HY	200DB	162.
c 7-year property		753.	7.0 yrs	HY	200DB	108.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	43.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,057.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

Table with 9 columns (a-i) and rows 24a-29. Row 24a: Do you have evidence to support the business/investment use claimed? [X] Yes [] No. Row 24b: If 'Yes,' is the evidence written? [] Yes [X] No. Row 25: Special depreciation allowance... 25, 38. Row 26: Property used more than 50%... Executive Director Cell Phone 11/11/04, 100.00, 76., 38., 7.00, 200DB/HY, 5. Row 27: Property used 50% or less... Row 28: Add amounts in column (h)... 28, 43. Row 29: Add amounts in column (i)... 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns (a-f) and rows 30-36. Rows 30-33: Miles driven during the year for Vehicle 1-6. Row 34: Was the vehicle available for personal use during off-duty hours? Row 35: Was the vehicle used primarily by a more than 5% owner? Row 36: Is another vehicle available for personal use?

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

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

Table with 2 columns (Yes, No) and rows 37-41. Row 37: Do you maintain a written policy statement that prohibits all personal use of vehicles... Row 38: Do you maintain a written policy statement that prohibits personal use of vehicles... Row 39: Do you treat all use of vehicles by employees as personal use? Row 40: Do you provide more than five vehicles to your employees... Row 41: Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns (a-f) and rows 42-44. Row 42: Amortization of costs that begins during your 2004 tax year. Row 43: Amortization of costs that began before your 2004 tax year. Row 44: Total. Add amounts in column (f). See instructions for where to report.

▶ Attach to return

Name Serve Healthcare International Ministries	Employer Identification Number 75-2863425
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	9,636.	Cost	9,676.
		Selling Expenses	89.
		Basis	9,765.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities 9,636. 9,765.

Gain or (Loss) from Sale of Securities -129.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Form 990, Page 1, Line 7

Other Investment Income Statement

Other investment income (describe)

	0.
Total	<u>0.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Miscellaneous	1,175.	1,014.	261.	-100.
Architect/Design Consultant Fees	6,480.	6,480.	0.	0.
Books and Publications	165.	165.	0.	0.
Amortization	0.			
Expendable Computer Equip/Software	106.	0.	106.	0.
Total	<u>7,926.</u>	<u>7,659.</u>	<u>367.</u>	<u>-100.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
115 shares of AFLAC stock (original donated value = \$4326.30 on 11/23/2004)	0.	4,582.
Total	<u>0.</u>	<u>4,582.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Cell Phone	76.	43.	33.
Computer Equipment	1,254.	752.	502.
Office Equipment	433.	260.	173.
Photographic Equipment	1,440.	824.	616.
Software	345.	178.	167.
Total	<u>3,548.</u>	<u>2,057.</u>	<u>1,491.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Donated Dental Office Furniture & Equipment	30,700.	30,700.
Donated QBC Hematology Equipment	500.	500.
Total	<u>31,200.</u>	<u>31,200.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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 and other allowances
Matthew Miller, DDS 5909 Glen Heather Plano, TX 75093	Director 5	0.	0.	0.
Dennis Eastland 2512 LaVida Plano, TX 75023	Director 5	0.	0.	0.
Jim Mullens 6223 Warm Mist Dallas, TX 75248	Secretary 5	0.	0.	0.
Richard Payne 2083 N. Collins, #104 Richardson, TX 75081	Director 10	0.	0.	0.
Kevin White 1905 Leon Drive Plano, TX 75074	Director 10	0.	0.	0.
Bob Palencia 2800 Valley Ridge Drive Richardson, TX 75080-1848	Director 5	0.	0.	0.
Gene Lamberth, DDS 504 Smirl Drive Heath, TX 75032	Dir. of Ministries 5	0.	0.	0.
R. Steven Carter 3213 Hidden Cove Plano, TX 75075	Director 5	0.	0.	0.
Joe Roman, MD 13027 Viadorra Vista Dr. San Antonio, TX 78216	Director 1	0.	0.	0.
Nancy Tuck 5820 Turner St. The Colony, TX 75056	Director 5	0.	0.	0.
Total		<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
	<u>through missionary trips to Romania and Guatemala (in 2004) which are staffed by U.S. dentists and doctors and lay people to provide support. We work in conjunction with the local church, such as the Braila Baptist Church in Braila, Romania.</u>
101	<u>Serving HIM puts on a golf tournament and banquet which we use to spread the word about our organization to recruit medical practitioners and lay people to staff our mission trips and to provide funds for grants to Braila Baptist Church and its building of a medical/dental clinic as well as support funds for missionaries supporting the churches through which we do accomplish our mission.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Unrealized gain on investments carried at market value	255.
Total	<u>255.</u>

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
Romania Dental/Medical Building Construction	45,000.
Braila Baptist Church	4,500.
Romania Dental Clinic Support	8,296.
Total	<u>57,796.</u>

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
Support grant to U.S. citizen (Mason Vann) volunteering as an unpaid associate pastor of the Braila Baptist Church in Braila, Romania	500.
Total	<u>500.</u>

Supporting Statement of:

Form 990 p 3/Line 46, column (A)

Description	Amount
E Trade	828.
Inwood Bank Money Market	119,234.
Maplewood Investment	44,583.
Total	<u>164,645.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-2

Description	Amount
Laptop	1,137.
USB Cable	22.
Mouse	27.
Memory	68.
Total	<u>1,254.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-2

Description	Amount
Laptop	683.
USB Cable	13.
Mouse	17.
Memory	39.
Total	<u>752.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-3

Description	Amount
Linksys	108.
Laserjet	325.
Total	<u>433.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-3

Description	Amount
Linksys	65.
Laserjet	195.
Total	<u>260.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-4

Description	Amount
Digital Camera	1,083.
Photo Printer	303.
Tripod	54.
Total	<u>1,440.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-4

Description	Amount
Digital Camera	619.
Photo Printer	174.
Tripod	31.
Total	<u>824.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Cost/Other Basis-5

Description	Amount
MS Office	345.
Total	<u>345.</u>

Supporting Statement of:

Land, Buildings & Equipment/Line 57, Accum Depr-5

Description	Amount
MS Office	178.
Total	<u>178.</u>

Supporting Statement of:

Gain or Loss Statement/Public sales price

Description	Amount
125 shares of AFLAC stock	4,993.
118 shares of AFLAC Stock	4,643.
Total	<u>9,636.</u>

Supporting Statement of:

Gain or Loss Statement/Public cost amount

Description	Amount
125 shares of AFLAC stock	4,988.
118 shares of AFLAC stock	4,688.
Total	<u>9,676.</u>