

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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

A For the 2003 calendar year, or tax year beginning 1/01, 2004, and ending 6/30, 2004

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.SILOAM FAMILY HEALTH CENTER  
1423 12TH AVENUE SOUTH  
NASHVILLE, TN 37203

## D Employer identification number

58-1867940

## E Telephone number

615-298-5406

## F Accounting method:

☐ Cash ☒ Accrual  
☐ Other (specify)

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

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

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

## I Group Exemption Number

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

## J Organization type (check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,316,672.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,218,077.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 1,218,077. noncash \$ )	1d	1,218,077.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	92,008.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	6,587.	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe )	7			
EXPENSES	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d		
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,316,672.		
13 Program services (from line 44, column (B))	13	270,941.		
14 Management and general (from line 44, column (C))	14	28,969.		
15 Fundraising (from line 44, column (D))	15	39,342.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	339,252.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	977,420.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	383,380.		
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,360,800.		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 10/03/03

Form 990 (2003)

★ CHANGE OF ACCOUNTING PERIOD ★

18

SCANNED DEC 20 2004

**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 \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	218,803.	175,976.	14,865.	27,962.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	16,184.	13,160.	1,016.	2,008.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,625.		1,625.	
32 Legal fees	32				
33 Supplies	33	5,629.	4,137.	1,492.	
34 Telephone	34	3,647.	2,773.	284.	590.
35 Postage and shipping	35	503.	251.	252.	
36 Occupancy	36	10,770.	9,090.	668.	1,012.
37 Equipment rental and maintenance	37	565.	372.	193.	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	3,821.	2,669.	1,018.	134.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,932.	4,759.	3,173.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	69,773.	57,754.	4,383.	7,636.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	339,252.	270,941.	28,969.	39,342.

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? ☒ SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts, but  
optional for others.)

a MEDICAL SERVICES TO UNDERPRIVELEDGED		
(Grants and allocations \$ _____)		270,941.
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
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)		270,941.

**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
<b>ASSETS</b>	45 Cash – non-interest-bearing	73,779.	45	53,700.
	46 Savings and temporary cash investments	246,806.	46	1,213,729.
	47 a Accounts receivable	39,884.		
	b Less: allowance for doubtful accounts		64.	39,884.
	47 b		47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	48 b			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51 c	
	51 b			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	6,307.	53	13,172.
	54 Investments – securities (attach schedule)		54	
	55 a Investments – land, buildings, & equipment: basis	87,288.		
	b Less: accumulated depreciation (attach schedule) <b>STATEMENT 3</b>	55,774.	30,571.	55 c
55 b		56		
56 Investments – other (attach schedule)				
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		57 c		
57 b				
58 Other assets (describe ► <b>SEE STATEMENT 4</b> )	25,853.	58	8,801.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	383,380.	59	1,360,800.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► )		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	0.	66	0.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	250,435.	67	245,034.
	68 Temporarily restricted	132,945.	68	1,115,766.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	383,380.	73	1,360,800.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	383,380.	74	1,360,800.

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.

BAA



**Part VI Other Information** (See instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> 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.		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> 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?		X
<b>b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	81b	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</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)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> 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?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders.	87a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> 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
<b>89a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>NONE</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	0
<b>91</b> The books are in care of <u>WILLIAM TABER</u> Telephone number <u>615-386-9517</u> Located at <u>1423 12TH AVE S. NASHVILLE, TN</u> ZIP + 4 <u>37203</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

**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 MANAGEMENT FEES					92,008.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	6,587.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				6,587.	92,008.
105 Total (add line 104, columns (B), (D), and (E))					98,595.

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	MANAGEMENT FEES ARE COLLECTED TO FUND THE ADMINISTRATION OF THE REFUGEE HEALTH PROGRAM

**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

*William R. ...*

Date

12-2-2004

*... - Assistant Treasurer*

Date

Signature

Preparer's SSN or PTIN (see

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

Department of the Treasury  
Internal Revenue Service

**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.)

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

OMB No 1545-0047

**2003**

Name of the organization

SILOAM FAMILY HEALTH CENTER

Employer identification number

58-1867940

**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
NANCY F. WEST NASHVILLE, TN 37203-4957	EXECUTIVE DIR 40	29,920.	0.	0.
Total number of other employees paid over \$50,000	0			

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

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

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

**Part III** Statements About Activities (See instructions.)

Yes No

- 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 **► \$** N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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.

- 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.)

2a X

2b X

2c X

2d X

2e X

- 3a 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.)

3a X

3b X

- b Do you have a section 403(b) annuity plan for your employees?

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 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.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See 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.)	622,197	546,774	474,883	402,294	2,046,148
16 Membership fees received					
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					
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	1,903	2,504	5,848	4,143	14,398
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	25,853				
23 Total of lines 15 through 22	649,953	549,278	480,731	406,437	2,086,399
24 Line 23 minus line 17	649,953	549,278	480,731	406,437	2,086,399
25 Enter 1% of line 23	6,500	5,493	4,807	4,064	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a
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					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines:					26d
18 _____ 19 _____					26e
22 _____ 26b _____					26f
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
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) 11,860 (2002) 13,687 (2001) 31,500 (2000) 11,731					
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) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines:					27c
15 2,046,148 16 _____					27d
17 68,778 20 _____ 21 _____					27e
d Add: Line 27a total _____ and line 27b total _____					27f
e Public support (line 27c total minus line 27d total)					27g
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27h
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> 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 --														
	<table border="0"> <tr> <td><b>If the amount on line 40 is --</b></td> <td><b>The lobbying nontaxable amount is --</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	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) 2003	(b) 2002	(c) 2001	(d) 2000	(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.)

N/A

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

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

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

Yes	No	Amount

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash

(ii) Other assets

**b Other transactions:**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

(ii) Purchases of assets from a noncharitable exempt organization.

(iii) Rental of facilities, equipment, or other assets.

**(iv) Reimbursement arrangements**

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b** If 'Yes,' complete the following schedule:

[illegible]

2003

## FEDERAL STATEMENTS

PAGE 1

CLIENT SFHC

SILOAM FAMILY HEALTH CENTER

58-1867940

12/01/04

11:16AM

STATEMENT 1  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONTINGENCIES & MISCELLANEOUS	4,769.	3,489.	1,280.	
DEVELOPMENT & FUNDRAISING	5,585.	2,891.		2,694.
DUES AND LICENSES	1,425.	350.	775.	300.
INSURANCE	34,524.	27,998.	2,113.	4,413.
INTERPRETER CONTRACTS	2,538.	2,538.		
LAB FEES	15,725.	15,725.		
MEDICAL & LAB SUPPLIES	2,647.	2,647.		
UTILITIES	2,560.	2,116.	215.	229.
TOTAL	\$ 69,773.	\$ 57,754.	\$ 4,383.	\$ 7,636.

STATEMENT 2  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE MEDICAL SERVICES TO UNDERPRIVELEGED WHILE MINISTERING THE GOSPEL OF JESUS CHRIST.

STATEMENT 3  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 87,288.	\$ 55,774.	\$ 31,514.
TOTAL	\$ 87,288.	\$ 55,774.	\$ 31,514.

STATEMENT 4  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

OTHER ASSETS		\$ 8,801.
TOTAL		\$ 8,801.

STATEMENT 5  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

YEAR END 12/31/2003 REVENUE		\$ 649,952.
TOTAL		\$ 649,952.

2003

## FEDERAL STATEMENTS

PAGE 2

CLIENT SFHC

SILOAM FAMILY HEALTH CENTER

58-1867940

12/01/04

11:16AM

STATEMENT 6  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

YEAR END 12/31/2003 EXPENSES

TOTAL \$ 623,187.  
\$ 623,187.STATEMENT 7  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MANAGEMENT FEES	\$ 25,853.	\$ 0.	\$ 0.	\$ 0.	\$ 25,853.
TOTAL	\$ 25,853.	\$ 0.	\$ 0.	\$ 0.	\$ 25,853.

2003

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT SFHC

SILOAM FAMILY HEALTH CENTER

58-1867940

12/01/04

11:16AM

SILOAM FAMILY HEALTH CENTER CHANGED ITS YEAR END TO JUNE 30, 2004. NECESSITATING A SHORT YEAR OF JANUARY 1, 2004 TO JUNE 30, 2004. THE AUDIT REPORT WAS FOR AN EIGHTEEN MONTH PERIOD FROM JANUARY 1, 2003 TO JUNE 30, 2004. REVENUES AND EXPENSES REPORTED ON FORM 990 FOR CALENDAR YEAR 2003 WERE \$649,952 AND \$623,187, RESPECTIVELY

**Siloam Family Health Center**  
1423 12<sup>th</sup> Avenue South, Nashville, TN 37203  
[www.siloamhealth.org](http://www.siloamhealth.org)  
**Leadership and Board of Directors 2004**

**Executive Director:**

Nancy West, Executive Director  
Siloam Family Health Center  
(615) 298-5406 ext. 206, Voice  
(615) 298-5014, Fax  
Email: [nancy@siloamhealth.org](mailto:nancy@siloamhealth.org)

**Officers and Medical Director:**

J. Brevard Haynes, MD (President)  
Director, Sleep Disorders Center  
St. Thomas Hospital  
Work Phone (615) 385-1946

John Allen, LCSW (Vice-President)  
St. Thomas Health Services  
Work Phone (615) 222-6669

Paul Riviere (Secretary)  
Realtor, CRS, GRI ERS  
Work Phone (615) 429-5491

Charles Bryan (Treasurer)  
Principal, Phoenix Partners  
Work Phone (615) 292-2744

David Gregory, MD (Volunteer Medical Director)  
Associate Chief of Staff for Ambulatory Care  
Department of Veterans Affairs  
Work Phone (615) 321-6361

**Directors:**

Mick Antanaitis, PA-C (Director)  
Associate Pastor, Belmont Church  
Work Phone (615) 256-2123, ext. 211

Lee Anne Bruce, JD (Director)  
Deputy General Council  
Department of Human Services  
Work Phone (615) 313-4733

Dejaun Daniels, MS (Director)  
Davidson County Metro Police  
Phone (615) 248-3591

Deborah Edmondson, PT, EdD (Director)  
Academic Coordinator of Clinical Education, Physical  
Therapy Department, Tennessee State University  
Work Phone (615) 399-7563

Joel Goehner (Director)  
Project Manager – American Constructors Inc.  
Work Phone (615) 329-0123

**Directors:**

Ann Greene, RN (Director)  
Community Volunteer  
Phone (615) 665-9429

Ngoc Ha, Pastor (Director)  
Vietnamese Church (Immanuel Baptist)  
Work Phone (615) 744-1257

Milton Johnson (Director)  
Senior Vice President and Controller, HCA, Inc.  
Work Phone (615) 344-2488

William King (Director)  
Vice President, Operations, HCA Physician Services  
Work Phone (615) 373-7419

Caroline McGee, MD (Director)  
Medical Director, Rutherford Co. Correctional Ctr.  
Phone (615) 373-5318

J. Gray Sasser, JD (Director)  
Millier & Martin, LLP  
Work Phone (615) 744-8576

John Thompson, MD (Director)  
Heritage Medical Associates  
Work Phone (615) 324-2154



12/01/04  
09:28

**SILOAM FAMILY HEALTH CENTER**  
Federal ID #: 58-1867940  
Asset Summary - Federal Tax Basis  
Period Ended 6/30/04

Company: SIL  
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1												
1	1	CLINIC EQUIPMENT	06/01/96	N	SL	5	189 01	0 00	0 00	189 01	0 00	189 01
2	1	OFFICE EQUIPMENT	06/01/97	N	SL	3	642 00	0 00	0 00	642 00	0 00	642 00
3	1	CLINIC EQUIPMENT	06/01/97	N	SL	5	5,921 96	0 00	0 00	5,921.96	0 00	5,921 96
4	1	OFFICE EQUIPMENT	06/01/97	N	SL	3	18 00	0 00	0 00	18 00	0 00	18 00
5	1	CLINIC EQUIPMENT	06/01/98	N	SL	5	1,364 00	0 00	0 00	1,364 00	0 00	1,364 00
6	1	OFFICE EQUIPMENT	06/01/98	N	SL	3	2,039 00	0 00	0 00	2,039 00	0 00	2,039 00
8	1	CLINIC EQUIPMENT	06/01/99	N	SL	5	1,702 00	0 00	0 00	1,560 60	70 70	1,631 30
9	1	OFFICE EQUIPMENT	06/01/99	N	SL	3	810.00	0 00	0 00	810.00	0 00	810 00
10	1	CLINIC EQUIPMENT	12/31/99	N	SL	5	1,560 00	0 00	0 00	1,248 00	156 00	1,404 00
12	1	2000 Equipment accuire	06/30/00	N	SL	5	37,140 45	0 00	0 00	24,857 23	3,714 05	28,571 28
13	1	Kenmore Compact Refri	03/21/01	N	SL	5	242 99	0 00	0 00	133 65	24 30	157 95
14	1	Gateway PC & Monitor	06/27/01	N	SL	3	1,050 00	0 00	0 00	875 00	87 50	962 50
15	1	Gateway PC & Monitor	06/27/01	N	SL	3	1,050 00	0 00	0 00	875 00	87 50	962 50
16	1	Brochure Turning Displa	06/01/01	N	SL	1	75 00	0 00	0 00	75 00	0 00	75 00
19	1	Heavy Duty Storage Shel	11/15/01	N	SL	5	78 00	0 00	0 00	33 80	7 80	41 60
20	1	Gateway 300Sb Compute	12/18/01	N	SL	3	1,114 00	0 00	0 00	742 66	185 67	928 33
21	1	Cannon LBP460 Printer	11/01/01	N	SL	3	137 05	0 00	0 00	98 97	19 04	118 01
22	1	3 New Phones	12/31/01	N	SL	3	1,295.00	0 00	0 00	863.34	215 83	1,079 17
23	1	3 phone components	01/28/02	N	SL	3	140 00	0 00	0 00	89 45	23 34	112 79
24	1	HP Laserjet 5SI printer	01/29/02	N	SL	3	249 99	0 00	0 00	159 72	41 67	201 39
25	1	HP Scanjet 5490	02/18/02	N	SL	3	387 78	0 00	0 00	236 98	64 63	301 61
26	1	Canon C130F Copier	04/23/02	N	SL	5	1,295 00	0.00	0 00	431 67	129 50	561 17
27	1	Gateway Computer	06/04/02	N	SL	5	1,144 00	0 00	0 00	362 27	114 40	476 67
28	1	Gateway Computer	06/04/02	N	SL	5	1,144 00	0 00	0 00	362.27	114 40	476 67
29	1	Laptop Computer	06/01/02	N	SL	5	400 00	0 00	0 00	126 67	40 00	166 67
30	1	Laptop Computer	06/01/02	N	SL	5	400 00	0 00	0 00	126 67	40 00	166 67
31	1	2 Medical Record Shelve	05/01/02	N	SL	5	150 00	0.00	0 00	50 00	15 00	65 00
32	1	Green Chair	01/01/02	N	SL	7	50 00	0 00	0 00	14 28	3 57	17 85
33	1	Pentium Computer	01/01/02	N	SL	3	250 00	0 00	0 00	166 66	41 67	208 33
35	1	Compaq Docking Stn - cl	05/01/02	N	SL	3	150 00	0 00	0 00	83 33	25 00	108 33
36	1	Compaq Docking stn - o	05/01/02	N	SL	3	150 00	0 00	0 00	83 33	25 00	108 33
37	1	Samsung N240 Cell Pho	10/03/02	N	SL	3	84 98	0 00	0 00	35 41	14 17	49 58
38	1	Fellowes Powershred 220	12/23/02	N	SL	3	299 99	0 00	0 00	100 00	50 00	150 00
39	1	Gleamer 12007 exam ro	12/31/02	N	SL	5	442 00	0 00	0 00	88.40	44 20	132 60
40	1	Monitor for Clerk's offic	05/19/03	N	SL	3	329 99	0 00	0.00	64 16	55.00	119 16
41	1	PC	05/19/03	N	SL	3	286 00	0 00	0 00	55 61	47 67	103 28
42	1	TV/VCR Unit	05/19/03	N	SL	3	139 99	0 00	0 00	27 22	23 33	50 55
43	1	Toshiba DVD Drive for	05/27/03	N	SL	3	171 00	0.00	0 00	33 25	28 50	61 75
44	1	Phones & network cabli	06/02/03	N	SL	3	1,660 00	0 00	0 00	322.78	276 67	599 45
45	1	Medware Practice Mgmt	06/17/03	N	SL	3	5,250 00	0 00	0 00	875.00	875 00	1,750 00
46	1	Medware Practice Mgmt	08/06/03	N	SL	3	2,245.00	0 00	0.00	311 81	374 17	685 98
47	1	Laser Printer	07/02/03	N	SL	3	400 88	0 00	0 00	66 81	66 82	133 63
48	1	Refrigerator	07/02/03	N	SL	5	127.00	0.00	0 00	12 70	12 70	25.40
49	1	PC Monitor	11/17/03	N	SL	3	297 68	0 00	0 00	8 27	49 62	57 89
50	1	HP All-in-one printer	12/10/03	N	SL	3	174 46	0.00	0 00	4 85	29.08	33 93
51	1	Hemocue Machine	12/11/03	N	SL	5	800.00	0 00	0 00	13 33	80 00	93 33
52	1	KDS XF-7B PC 786N M	02/03/04	N	SL	3	98 59	0 00	0 00	0 00	6 85	6 85
53	1	HP LaserJet 2300L Prin	02/21/04	N	SL	3	541 49	0 00	0 00	0 00	30 09	30 09
54	1	LCD 1512 Flatscreen M	03/05/04	N	SL	3	325 05	0 00	0 00	0 00	18 06	18 06
55	1	HH Pulse Oximeter	03/18/04	N	SL	5	1,225 03	0 00	0 00	0 00	30 63	30 63
56	1	KDS XF-7B PC 786N M	03/21/04	N	SL	3	88 59	0 00	0 00	0 00	3 69	3 69
57	1	Compaq Presario S6000	03/21/04	N	SL	3	680 62	0 00	0.00	0 00	28 36	28 36
58	1	Ionic Breeze GP Silent	04/21/04	N	SL	3	258 99	0 00	0 00	0 00	7 20	7 20
59	1	IBM ThinkPad R40 Lap	06/30/04	N	SL	3	2,124 00	0 00	0.00	0 00	0 00	0 00
60	1	IBM Infoprint 1352 Las	06/30/04	N	SL	3	1,116 00	0 00	0.00	0 00	0 00	0 00

12/01/04  
09:28

**SILOAM FAMILY HEALTH CENTER**  
Federal ID #: 58-1867940  
Asset Summary - Federal Tax Basis  
Period Ended 6/30/04

Company: SIL  
Page: 2

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1 (Continued)												
61	1	5 Custom-Built Compute	01/01/04	N	SL	3	2,122 00	0 00	0 00	0 00	176 84	176 84
62	1	Cannon CFX-L4500IF	02/09/04	N	SL	3	295 00	0 00	0 00	0 00	20 49	20 49
Group # 1 Total							<u>83,923 56</u>	<u>0 00</u>	<u>0 00</u>	<u>46,660 12</u>	<u>7,595 71</u>	<u>54,255 83</u>
Group # 2												
1	1	Leasehold Improvement	10/28/99	N	SL	5	1,180 84	0 00	0 00	983 68	118 09	1,101 77
2	1	Leashhold Impv - doorw	01/03/02	N	SL	5	495 00	0.00	0 00	198 00	49 50	247.50
3	1	Leasehold Improvement	12/31/03	N	SL	5	1,688 85	0 00	0 00	0 00	168 89	168 89
Group # 2 Total							<u>3,364 69</u>	<u>0 00</u>	<u>0 00</u>	<u>1,181 68</u>	<u>336.48</u>	<u>1,518 16</u>
Grand Total							<u>87,288.25</u>	<u>0.00</u>	<u>0.00</u>	<u>47,841.80</u>	<u>7,932.19</u>	<u>55,773.99</u>