

Return of Organization Exempt From Income Tax

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

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:

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

Please use
IRS label
or print
or type
See
specific
instructionsSILOAM FAMILY HEALTH CENTER
820 GALE LANE
NASHVILLE, TN 37204

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 ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ▶ 2,170,766.

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

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a			
b Direct public support (not included on line 1a)		1b	1,564,941.		
c Indirect public support (not included on line 1a)		1c			
d Government contributions (grants) (not included on line 1a)		1d			
e Total (add lines 1a through 1d) (cash \$ 1,564,941. noncash \$)		1e	1,564,941.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	534,028.		
3 Membership dues and assessments		3			
4 Interest on savings and temporary cash investments		4			
5 Dividends and interest from securities		5	54,298.		
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			
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) STATEMENT 1		8b	12,229.		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	-12,229.		
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		8d	-12,229.		
a Gross revenue (not including \$ of contributions reported on line 1b)		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	17,499.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	2,158,537.		
13 Program services (from line 44, column (B))		13	1,544,606.		
14 Management and general (from line 44, column (C))		14	143,364.		
15 Fundraising (from line 44, column (D))		15	114,820.		
16 Payments to affiliates (attach schedule)		16			
17 Total expenses. Add lines 16 and 44, column (A)		17	1,802,790.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	355,747.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	4,837,263.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	-37,033.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	5,155,977.		

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. (See instructions.)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 1,093,113.	950,093.	75,236.	67,784.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 110,471.	93,378.	11,177.	5,916.
29 Payroll taxes	29 74,645.	64,731.	4,975.	4,939.
30 Professional fundraising fees	30			
31 Accounting fees	31 5,000.		5,000.	
32 Legal fees	32			
33 Supplies	33 53,911.	43,590.	7,907.	2,414.
34 Telephone	34 10,128.	8,834.	760.	534.
35 Postage and shipping	35 4,525.	3,797.	398.	330.
36 Occupancy	36 22,835.	22,011.	511.	313.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 7,155.	4,922.	1,706.	527.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 152,071.	128,158.	20,144.	3,769.
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 3	43a 268,936.	225,092.	15,550.	28,294.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,802,790.	1,544,606.	143,364.	114,820.

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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 \$) If this amount includes foreign grants, check here. ► ☐

1,544,606.

b

(Grants and allocations \$) If this amount includes foreign grants, check here. ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here. ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here. ► ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here. ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

1,544,606.

BAA

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Part IV Balance Sheets (See the 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		45	
	46 Savings and temporary cash investments	2,149,173.	46 2,548,615.	
	47a Accounts receivable	47a 119,862.		
	b Less: allowance for doubtful accounts	47b	47c 119,862.	
	48a Pledges receivable	48a 490,222.		
	b Less: allowance for doubtful accounts	48b	48c 490,222.	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,045.	53 12,522.	
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 2,897,695.		
b Less: accumulated depreciation (attach schedule) STATEMENT 5	57b 362,937.	57c 2,534,758.		
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	5,449,394.	59 5,705,979.		
LIABILITIES	60 Accounts payable and accrued expenses	44,129.	60 34,780.	
	61 Grants payable		61	
	62 Deferred revenue	568,002.	62 515,222.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities. Add lines 60 through 65	612,131.	66 550,002.	
	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	3,256,865.	67 3,207,784.
68 Temporarily restricted		1,580,398.	68 1,948,193.	
69 Permanently restricted			69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds			70	
71 Paid-in or capital surplus, or land, building, and equipment fund			71	
72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		4,837,263.	73 5,155,977.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		5,449,394.	74 5,705,979.	

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

a	Total revenue, gains, and other support per audited financial statements		a	2,544,454.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2	373,688.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	373,688.
c	Subtract line b from line a		c	2,170,766.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify): _____	d2	-12,229.	
	Add lines d1 and d2		d	-12,229.
e	Total revenue (Part I, line 12). Add lines c and d		e	2,158,537.

[illegible]

a	Total expenses and losses per audited financial statements		a	2,225,740.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	373,688.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3	37,033.	
4	Other (specify): SEE STMT 7	b4	12,229.	
	Add lines b1 through b4			b 422,950.
c	Subtract line b from line a .			c 1,802,790.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d .			e 1,802,790.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE ATTACHED LIST	0	0	0	0

Yes	No
-----	----

Figure 1 displays a sequence of 16 grayscale images arranged in a 4x4 grid, illustrating the process of digit recognition. The images are labeled with coordinates (row, column) in the top-left corner. The sequence shows the digit '4' being revealed through a series of thresholding and denoising steps, starting from a noisy image at (0,0) and ending with a clear digit '4' at (3,3).

75 b	X
------	---

75c		X
-----	--	---

75d	X	
-----	---	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Yes	No
-----	----

76		X
----	--	---

77		X
----	--	---

78a	X
-----	---

78b	N/A
-----	-----

79	X
----	---

80 a	X
------	---

and check whether it is ☐ exempt **or** ☐ nonexempt

81 a		0
------	--	---

81b	X
-----	---

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Part VI Other Information (continued)

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

373,688.

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

N/A

85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?

85 a

N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85 b

N/A

If 'Yes,' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members

85 c

N/A

d Section 162(e) lobbying and political expenditures

85 d

N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85 e

N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85 f

N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85 g

N/A

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

N/A

86 501(c)(7) organizations Enter: **a** Initiation fees and capital contributions included on line 12

86 a

N/A

b Gross receipts, included on line 12, for public use of club facilities

86 b

N/A

87 501(c)(12) organizations Enter: **a** Gross income from members or shareholders

87 a

N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87 b

N/A

88 a 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 a

X

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI

88 b

X

89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.

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

X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization

0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89 e

X

f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89 f

X

g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89 g

X

90 a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)

90 b

23

91 a The books are in care of ▶ WILLIAM TABER

Telephone number ▶ 615-298-5406

Located at ▶ 820 GALE LANE NASHVILLE TN

ZIP + 4 ▶ 37204

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91 b

X

If 'Yes,' enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

Yes

No

X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here

N/A

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year.

92

N/A

Part VII Analysis of Income-Producing Activities (See the 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					534,028.
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					
96 Dividends & interest from securities			14	54,298.	
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					-12,229.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER			1	17,499.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				71,797.	521,799.
105 Total (add line 104, columns (B), (D), and (E))					593,596.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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 the 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 the 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).

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	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.			
	Signature of officer <u>Nancy West</u>		Date <u>10/20/08</u>	
	Type or print name and title. <u>NANCY R. WEST, president and CEO</u>			
Paid Preparer's Use Only	Preparer's signature <u>Bob Belenfant, CPA</u>	Date <u>10/15/08</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <u>P00285790</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>BELLENFANT & MILES, P.C., CPAS</u> <u>136 WILSON PIKE CIRCLE</u> <u>BRENTWOOD, TN 37027</u>	EIN <u>62-1298458</u>	Phone no. <u>(615) 370-8700</u>	

BAA

Form 990 (2007)

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 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

2007

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
SEE STATEMENT 8		430,386.	8,856.	0.
Total number of other employees paid over \$50,000	0			

Part II — A 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 II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2007

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)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year **►** N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **►** N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **►** 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **►** 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	1,747,003.	2,072,904.	2,417,476.	1,218,077.	7,455,460.
16 Membership fees received.....					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.....	184,754.	201,178.	229,061.	92,008.	707,001.
18 Gross income from interest, dividends, apts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975...	66,307.	43,620.	32,788.	6,587.	149,302.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					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.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	1,998,064.	2,317,702.	2,679,325.	1,316,672.	8,311,763.
24 Line 23 minus line 17.....	1,813,310.	2,116,524.	2,450,264.	1,224,664.	7,604,762.
25 Enter 1% of line 23.....	19,981.	23,177.	26,793.	13,167.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A ▶					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 2003 through 2006 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: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... ▶					26f %
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: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
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 11b, 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: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 7,455,460. 16 _____ 17 707,001. 20 _____ 21 _____ ▶					27c 8,162,461.
d Add: Line 27a total _____ 0. and line 27b total _____ 0. ▶					27d 0.
e Public support (line 27c total minus line 27d total) ▶					27e 8,162,461.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 8,311,763.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 98.20 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... ▶					27h 1.80 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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) ----- ----- -----		
34a 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.		

2007

FEDERAL STATEMENTS

PAGE 1

CLIENT SILOAM

SILOAM FAMILY HEALTH CENTER

58-1867940

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALESOTHER ASSETS

DESCRIPTION:	BONE DENSITY MACHINE		
DATE ACQUIRED:	6/30/2006		
HOW ACQUIRED:	DONATED		
DATE SOLD:	6/30/2008		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		20,000.	
BASIS METHOD:	COST		
DEPRECIATION:		8,000.	
			GAIN (LOSS) -12,000.

DESCRIPTION:	WEIGHT SCALE		
DATE ACQUIRED:	6/30/2006		
HOW ACQUIRED:	DONATED		
DATE SOLD:	6/30/2008		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		250.	
BASIS METHOD:	COST		
DEPRECIATION:		100.	
			GAIN (LOSS) -150.

DESCRIPTION:	COLOR PRINTER		
DATE ACQUIRED:	10/20/2005		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	6/30/2008		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		476.	
BASIS METHOD:	COST		
DEPRECIATION:		397.	
			GAIN (LOSS) -79.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -12,229.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -12,229.**STATEMENT 2**
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED HOLDING LOSS ON INVESTMENTS		\$ -37,033.
	TOTAL	\$ <u>-37,033.</u>

CLIENT SILOAM

SILOAM FAMILY HEALTH CENTER

58-1867940

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONTINGENCIES & MISCELLANEOUS	17,478.	10,738.	6,403.	337.
CONTINUING EDUCATION	2,989.	2,989.		
CONTRACT LABOR	11,114.	11,114.		
DEVELOPMENT & FUNDRAISING	26,422.			26,422.
DUES & LICENSES	3,970.	2,555.	865.	550.
FACILITIES EXPENSES	29,686.	24,844.	4,490.	352.
INSURANCE	34,306.	29,881.	3,792.	633.
INTERPRETER CONTRACTS	12,336.	12,336.		
LAB FEES	89,144.	89,144.		
MEDICAL & LAB SUPPLIES	22,344.	22,344.		
MEDICAL WASTE DISPOSAL	812.	812.		
VOLUNTEER DEVELOPMENT	18,335.	18,335.		
TOTAL	\$ 268,936.	\$ 225,092.	\$ 15,550.	\$ 28,294.

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 2,606,135.	\$ 362,937.	\$ 2,243,198.
LAND	291,560.		291,560.
TOTAL	\$ 2,897,695.	\$ 362,937.	\$ 2,534,758.

STATEMENT 6
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

LOSS ON DISPOSAL OF ASSETS	\$ -12,229.
TOTAL		\$ -12,229.

CLIENT SILOAM

SILOAM FAMILY HEALTH CENTER

58-1867940

STATEMENT 7
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

LOSS ON DISPOSAL OF ASSETS	\$	12,229.
	TOTAL	\$	<u>12,229.</u>

STATEMENT 8
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
NANCY WEST 941 CALDWELL LANE NASHVILLE, TN 37204	EXEC DIRECTOR 40.00	87,891.	2,637.	0.
JAMES P. HENDERSON 203 PEARL STREET FRANKLIN, TN 37064	MEDICAL DIRECTO 40.00	135,205.	0.	0.
MORGAN J. WILLS 2513 BARTON AVENUE NASHVILLE, TN 37212	STAFF PHYSICIAN 24.00	93,931.	2,818.	0.
JINA J. HAWK 1015 FATHERLAND STREET UNIT NASHVILLE, TN 37206	NURSE PRACTIONE 40.00	56,261.	1,688.	0.
LISA ELLIS 214 JACKSON BLVD NASHVILLE, TN 37205	DEVELOPMENT DIR 40.00	57,098.	1,713.	0.
	TOTAL	\$ <u>430,386.</u>	\$ <u>8,856.</u>	\$ <u>0.</u>

CLIENT SILOAM

SILOAM FAMILY HEALTH CENTER

58-1867940

BOARD OF DIRECTORS

THE FOLLOWING BOARD IS AN ALL VOLUNTARY BOARD THAT MEETS ON AN AS NEEDED BASIS AND RECEIVES NO COMPENSATION OR FRINGE BENEFITS FOR THEIR TIME.

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Nancy West

Officers

Charles Bryan
Chairman of the
Board

John
Thompson, MD
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Milton Johnson
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Spuill

Tuan Ta, Board
Intern

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