McMurray & Associates, CPAs
641 E Main St
Hendersonville, TN 37075-2606

SALVUS CENTER, INC.
556 HARTSVILLE PIKE, #200
GALLATIN, TN 37066

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

20-2278505

SALVUS CENTER, INC.

Net Asset / Fund Balance at Beginning of Year				771,644
Revenue				
Contributions		468,162		
Program service revenue		143,045		
Investment income		105		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	58,385			
Direct expenses	15,521			
Net income		42,864		
Other income		27,659		
Total revenue			681,835	
Expenses				
Program services		468,922		
Management and general		80,349		
Fundraising		76,869		
Total expenses			626,140	
Excess / (deficit)				55,695
Changes				-6,805
Net Asset / Fund Balance at End of Year				820,534

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	681,835

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	626,140

Balance Sheet

	Beginning	Ending	Differences
Assets	773,973	822,274	
Liabilities	2,329	1,740	
Net assets	771,644	820,534	48,890

Miscellaneous Information

Amended return	
Return / extended due date	11/15/16
Failure to file penalty	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

u Do not enter social security numbers on this form as it may be made public.

u Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15 **, and ending** 06/30/16

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SALVUS CENTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
556 HARTSVILLE PIKE, #200

City or town, state or province, country, and ZIP or foreign postal code
GALLATIN TN 37066

D Employer identification number
20-2278505

E Telephone number
615-451-0038

G Gross receipts $ 697,356

F Name and address of principal officer:
SHELLEY AMES
556 HARTSVILLE PIKE
GALLATIN TN 37066

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: u WWW.SALVUSCENTER.ORG

H(c) Group exemption number u

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other u

L Year of formation: 2004

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box u ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	493,759	468,162
9 Program service revenue (Part VIII, line 2g)	164,763	143,045
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66	105
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,018	70,523
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	729,606	681,835

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	488,076	442,302
16a Professional fundraising fees (Part IX, column (A), line 11e)	18,000	18,000
b Total fundraising expenses (Part IX, column (D), line 25) u 76,869		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	242,298	165,838
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	748,374	626,140
19 Revenue less expenses. Subtract line 18 from line 12	-18,768	55,695

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	773,973	822,274
21 Total liabilities (Part X, line 26)	2,329	1,740
22 Net assets or fund balances. Subtract line 21 from line 20	771,644	820,534

Part II Signature Block

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.

Sign Here

Signature of officer — Date

SHELLEY AMES EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JW MCMURRAY		11/01/16		P01347450

Firm's name } MCMURRAY & ASSOCIATES, CPAS — Firm's EIN } 62-1765435

Firm's address } 641 E MAIN ST HENDERSONVILLE, TN 37075-2606 — Phone no. 615-824-2724

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2015)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 468,922 including grants of $) (Revenue $)

SALVUS CENTER IS A FAITH-BASED HEALTH CENTER THAT SEEKS TO RECLAIM THE BIBLICAL AND HISTORICAL COMMITMENT TO CARE FOR THOSE WHO ARE SICK AND IN NEED SO THEY MIGHT EXPERIENCE WHOLENESS, WELLNESS AND HEALING. THE ORGANIZATION SPECIFICALLY CARES FOR PEOPLE WHO RESIDE IN SUMNER COUNTY THAT WORK AND DO NOT HAVE HEALTH INSURANCE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses u 468,922

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	**21**		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	**22**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	**23**		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	**25b**		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	**27**		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	**34**		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed u TN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: u

SHELLEY AMES 556 HARTSVILLE PIKE SUITE 200
GALLATIN TN 37066 615-451-0038

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLEY AMES	0.00									
EXECUTIVE DIRECTOR	0.00	X						0	0	0
(2) STEVE BOTTS	0.00									
PAST PRESIDENT	0.00			X				0	0	0
(3) FRANK FREELS	0.00									
SECRETARY	0.00			X				0	0	0
(4) TOM GIVENS	0.00									
TREASURER	0.00			X				0	0	0
(5) BILL GRAVES	0.00									
PRESIDENT	0.00			X				0	0	0
(6) KEVIN GREGORY	0.00									
DEVELOPMENT CHAIRMAN	0.00			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total u										
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	19,000				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	110,884				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	338,278				
	g Noncash contributions included in lines 1a-1f: $ 40,050						
	h **Total.** Add lines 1a–1f u			468,162			
Program Service Revenue		Busn. Code					
	2a PATIENT FEES			114,631	114,631		
	b CONTRACT SERVICE FEES			28,414	28,414		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f u			143,045			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) u			105	105		
	4 Income from investment of tax-exempt bond proceeds u						
	5 Royalties u						
		(i) Real	(ii) Personal				
	6a Gross rents	27,659					
	b Less: rental exps.						
	c Rental inc. or (loss)	27,659					
	d Net rental income or (loss) u			27,659			27,659
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss) u						
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18 a		58,385				
	b Less: direct expenses b		15,521				
	c Net income or (loss) from fundraising events u			42,864			
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities u						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory u						
	Miscellaneous Revenue	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d u						
	12 **Total revenue.** See instructions. u			681,835	143,150	0	27,659

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	383,284	285,361	46,642	51,281
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	29,583	24,688	4,895	
10 Payroll taxes	29,435	21,905	3,587	3,943
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,900		4,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	18,000			18,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,232	419	663	150
13 Office expenses	17,509	9,266	5,137	3,106
14 Information technology	12,476	12,311	165	
15 Royalties				
16 Occupancy	11,817	11,532	285	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,433	790	643	
20 Interest	11		11	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,673	12,100	7,284	289
23 Insurance	6,369	4,915	1,454	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	51,467	49,002	2,465	
b IN KIND EXPENSES	29,250	29,250		
c SUPPLIES	4,280	3,963	217	100
d DUES AND REGISTRATION	1,650	580	1,070	
e All other expenses	3,771	2,840	931	
25 Total functional expenses. Add lines 1 through 24e	626,140	468,922	80,349	76,869
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		17,714	1	28,855
	2	Savings and temporary cash investments		51,214	2	86,299
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 943,738			
	b	Less: accumulated depreciation	10b 236,618	705,045	10c	707,120
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		773,973	16	822,274
Liabilities	17	Accounts payable and accrued expenses		1,086	17	497
	18	Grants payable			18	
	19	Deferred revenue		1,050	19	1,050
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		193	24	193
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,329	26	1,740
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here** u ☒ **and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		771,644	27	820,534
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here u ☐ **and complete lines 30 through 34.**				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		771,644	33	820,534
	34	Total liabilities and net assets/fund balances		773,973	34	822,274

DAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	681,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	626,140
3	Revenue less expenses. Subtract line 2 from line 1	3	55,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	771,644
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,805
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	820,534

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
SALVUS CENTER, INC.

Employer identification number
20-2278505

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 exempt 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	301,548	498,760	677,356	493,759	468,162	2,439,585
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	301,548	498,760	677,356	493,759	468,162	2,439,585
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						617,742
6 Public support. Subtract line 5 from line 4.						1,821,843

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	301,548	498,760	677,356	493,759	468,162	2,439,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,884			18,000	27,659	47,543
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						2,487,128

12 Gross receipts from related activities, etc. (see instructions) 12 201,535

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 73.25 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 73.60 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u**

4 Number of states where property subject to conservation easement is located **u**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 **u** $

(ii) Assets included in Form 990, Part X **u** $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 **u** $

b Assets included in Form 990, Part X **u** $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment u ____ %
- b Permanent endowment u ____ %
- c Temporarily restricted endowment u ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		277,979		277,979
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		665,759	236,618	429,141
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				707,120

DAA

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☒ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FUNDRAISING EVE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	58,385			58,385
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	58,385			58,385
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,521			15,521
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,521
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,864

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization **u** $ and the amount of gaming revenue retained by the third party **u** $

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** $

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other u ( )	X	1	40,050	
26	Other u ( )				
27	Other u ( )				
28	Other u ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2015
Department of the Treasury Internal Revenue Service	u Attach to Form 990 or 990-EZ. u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public Inspection

Name of the organization	Employer identification number
SALVUS CENTER, INC.	20-2278505

FORM 990 - ORGANIZATION'S MISSION

SALVUS CENTER IS A FAITH-BASED HEALTH CENTER THAT SEEKS TO RECLAIM THE BIBLICAL AND HISTORICAL COMMITMENT TO CARE FOR THOSE WHO ARE SICK AND IN NEED SO THEY MIGHT EXPERIENCE WHOLENESS, WELLNESS AND HEALING. THE ORGANIZATION SPECIFICALLY CARE FOR PEOPLE WHO RESIDE IN SUMNER COUNTY THAT WORK AND HAVE NO HEALTH INSURANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

TREASURER AND OTHER BOARD MEMBERS REVIEW 990 BEFORE FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	$	-6,805
TOTAL	$	-6,805

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return: SALVUS CENTER, INC.

Identifying number: 20-2278505

Business or activity to which this form relates: INDIRECT DEPRECIATION

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)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2016. 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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,087

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 2015	17	17,586
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here u ☐		

Section B—Assets Placed in Service During 2015 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						
c	7-year property						
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 2015 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	
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	19,673
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	

SALVUS CENTER, INC.
556 HARTSVILLE PIKE, #200
GALLATIN, TN 37066

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

20-2278505

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	QUICKBOOKS	6/13/05	400				400	3	HY	200DB	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000				8,000	3	HY	200DB	8,000	0
3	MEDINOTES EMR	8/14/07	9,680				9,680	3	HY	200DB	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71			X	35	3	HY	200DB	71	0
5	OFFICE 2007 SUITE	5/21/10	150			X	75	3	HY	200DB	150	0
6	BUILDING	2/22/10	299,526				299,526	39	MM	S/L	40,512	7,681
7	SIGN-GALLATIN	9/13/10	1,266			X	340	7	HY	200DB	926	136
8	SECURITY SYSTEM	4/11/07	975				975	39	MM	S/L	205	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448			X	1,224	3	HY	200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923			X	961	3	HY	200DB	1,923	0
11	STORAGE UNITS	7/28/08	195			X	97	3	HY	200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512			X	256	3	HY	200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260			X	130	3	HY	200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163			X	3,581	3	HY	200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000				2,000	7	HY	200DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400				400	7	HY	200DB	352	0
18	UPHOLSTERY	6/30/05	400				400	7	HY	200DB	352	0
19	SIDE CHAIRS	6/30/05	300				300	7	HY	200DB	263	0
20	DEFRIBRILATOR CORD	3/01/06	300				300	7	HY	200DB	300	0
21	USED DELL LAPTOP #1	3/01/06	250				250	5	HY	200DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250				250	5	HY	200DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250				250	5	HY	200DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250				250	5	HY	200DB	225	0
25	USED DESK	3/01/06	200				200	7	HY	200DB	200	0
26	DRAPERIES	3/01/06	400				400	7	HY	200DB	400	0
27	EKG	3/01/06	2,000				2,000	7	HY	200DB	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75				75	7	HY	200DB	75	0
29	EXAM TABLES/CABINET	3/01/06	600				600	7	HY	200DB	600	0
30	HP LASER JET PRINTER	3/01/06	150				150	5	HY	200DB	140	0
31	IBM COMPUTER	3/01/06	2,500				2,500	5	HY	200DB	2,250	0
32	MICROSCOPE	3/01/06	300				300	7	HY	200DB	300	0
33	MICROWAVE	3/01/06	100				100	7	HY	200DB	100	0
34	OFFICE FURNITURE	3/01/06	1,000				1,000	7	HY	200DB	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400				400	7	HY	200DB	400	0
36	STORAGE SHELVES	3/01/06	200				200	7	HY	200DB	200	0
37	2 TABLES	3/01/06	150				150	7	HY	200DB	150	0
38	REFRIGERATOR	3/01/06	250				250	7	HY	200DB	250	0
39	DEFRIBRILLATOR	6/30/05	1,000				1,000	7	HY	200DB	877	0
40	DRAW STATION DESK	3/01/06	100				100	7	HY	200DB	100	0
41	3 OFFICE CHAIRS	6/30/05	300				300	7	HY	200DB	263	0
42	END TABLE/OFFICE TABLE	6/30/05	400				400	7	HY	200DB	352	0
43	LAMPS	3/01/06	150				150	7	HY	200DB	150	0
44	CENTRIFUGE	3/01/06	300				300	7	HY	200DB	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200				200	7	HY	200DB	177	0
46	2 SCALES	6/30/05	200				200	7	HY	200DB	177	0
47	2 INFANT SCALES	6/30/05	200				200	7	HY	200DB	177	0
48	BLOOD PRESSURE MONITORS	6/30/05	300				300	7	HY	200DB	262	0
49	3 EXAM STOOLS	3/01/06	225				225	7	HY	200DB	225	0
50	DIAGNOSTIC KITS	6/30/05	400				400	7	HY	200DB	352	0
51	LEG/ANKLE BRACES	3/01/06	200				200	7	HY	200DB	200	0
52	FLOOR MATS	3/01/06	400				400	7	HY	200DB	400	0
53	3 THERMOMETERS	3/01/06	225				225	7	HY	200DB	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372				3,372	7	HY	200DB	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968				968	7	HY	200DB	968	0
56	FAX MACHINE	6/06/06	258				258	7	HY	200DB	258	0
57	CRASH CART	6/06/06	88				88	7	HY	200DB	88	0
58	COPIER	6/06/06	500				500	5	HY	200DB	451	0
59	IBM COMPUTER	3/01/07	2,507				2,507	5	HY	200DB	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000				1,000	5	HY	200DB	1,000	0
61	EXAM TABLE	7/28/08	300			X	150	7	HY	200DB	286	14
62	WHEEL CHAIR	7/28/08	100			X	50	7	HY	200DB	95	5
63	EKG STAND	7/28/08	150			X	75	7	HY	200DB	143	7
64	MOBILE BLOOD PRESSURE	7/28/08	50			X	25	7	HY	200DB	48	2
65	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	48	2
66	VIEW BOX	7/28/08	25			X	12	7	HY	200DB	24	1
67	2 SWIVEL DESK CHAIRS	7/28/08	100			X	50	7	HY	200DB	95	5
68	22 CUSHIONED CHAIRS	7/28/08	900			X	450	7	HY	200DB	860	40
69	FILE CABINET	7/28/08	100			X	50	7	HY	200DB	95	5
70	COPIER STAND	7/28/08	25			X	12	7	HY	200DB	24	1
71	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	48	2

20-2278505

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
72	VIEW BOX	7/28/08	50			X	25	7	HY	200DB	48	2
73	MINOLTA COPIER	7/28/08	200			X	100	5	HY	200DB	200	0
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5	HY	200DB	720	0
75	3 STINGER CART	9/30/07	795				795	7	HY	200DB	795	0
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5	HY	200DB	3,000	0
77	4 HEADS LAMPS	11/13/07	400				400	7	HY	200DB	400	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543			X	1,271	5	HY	200DB	2,543	0
79	LENOVA MONITOR	7/28/08	250			X	125	5	HY	200DB	250	0
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5	HY	200DB	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7	HY	200DB	191	9
82	PRINTER	7/08/08	150			X	75	5	HY	200DB	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670			X	835	7	HY	200DB	1,596	74
84	PHONES	7/15/08	1,525			X	762	5	HY	200DB	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7	HY	200DB	191	9
86	C-PAP MACHINE	2/01/09	200			X	100	7	HY	200DB	191	9
87	SCANNER FROM HMS	4/02/09	741			X	370	5	HY	200DB	741	0
88	SCALES	4/09/09	25			X	12	7	HY	200DB	24	1
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5	HY	200DB	450	0
90	HVAC UNIT	2/22/10	15,000			X	7,500	5	HY	200DB	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5	HY	200DB	7,000	0
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5	HY	200DB	12,000	0
93	PAVING	2/22/10	12,000			X	6,000	5	HY	200DB	12,000	0
94	COMPAQ PC	9/09/10	669			X	39	5	HY	200DB	630	39
95	COMPAQ PC #2	9/09/10	669			X	39	5	HY	200DB	630	39
96	SERVER RACK	9/09/10	300			X	17	5	HY	200DB	283	17
97	CABLE & PATCH PANEL	11/15/10	742			X	43	5	HY	200DB	699	43
98	DONATED EKG MACHINE	7/07/11	5,000			X	1,562	7	HY	200DB	3,438	447
99	LAPTOP M&G	7/08/11	630			X	109	5	HY	200DB	521	73
100	DESK - GALLATIN	9/27/11	100			X	31	7	HY	200DB	69	9
101	2 PCS - HENDERSONVILL	10/20/11	300			X	52	5	HY	200DB	248	35
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	1,784	7	HY	200DB	2,454	319
103	SOFA TABLE - GALLATIN	6/30/12	500			X	250	7	HY	200DB	344	44
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	400	7	HY	200DB	550	71
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	313	7	HY	200DB	430	56
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39	MM	S/L	9,477	3,204
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7	MQ	200DB	2,317	157
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3	MQ	200DB	15,094	656
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5	MQ	200DB	2,006	125
111	COMPUTERS	10/25/12	2,058			X	1,029	5	MQ	200DB	1,780	117
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5	MQ	200DB	3,210	265
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5	MQ	200DB	7,876	649
114	COMPUTER	6/17/13	2,118			X	1,059	5	MQ	200DB	1,756	145
115	Trane HVAC unit	11/24/13	6,200			X	3,100	15	HY	S/L	3,410	207
117	Panoramic Imaging Dental	4/17/14	23,861			X	11,930	5	MQ	200DB	17,061	2,720
118	3 Dell Laptops	5/22/14	1,050			X	525	5	MQ	200DB	751	119
			630,253				547,881				235,434	17,586
Other Depreciation:												
15	LAND	2/22/10	277,979				277,979	0	--	Land	0	0
116	HL7 Interface Software - HVille	10/31/13	2,000			X	1,000	3	MO	Amort	1,583	334
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686				2,686	5	MO	S/L	134	538
120	ECLINICAL DRAGON	7/18/14	2,267				2,267	3	MO	Amort	756	755
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600				21,600	15	MO	S/L	0	240
122	WIFI ADAPTERS - FIREWALL	5/05/16	1,757				1,757	3	MO	Amort	0	98
123	OPTIPLEX COMPUTER	6/14/16	1,016				1,016	5	MO	S/L	0	17
124	OPTIPLEX COMPUTER	6/14/16	1,016				1,016	5	MO	S/L	0	17
125	STORAGE CRAFT SHADOWPROTECT	6/14/16	3,164				3,164	3	MO	Amort	0	88
	Total Other Depreciation		313,485				312,485				2,473	2,087
	Total ACRS and Other Depreciation		313,485				312,485				2,473	2,087
	Grand Totals		943,738				860,366				237,907	19,673
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		943,738				860,366				237,907	19,673

20-2278505

TN Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior MACRS:								
1	QUICKBOOKS	6/13/05	400	400	400	0	0	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	8,000	8,000	0	0	0
3	MEDINOTES EMR	8/14/07	9,680	9,680	9,680	0	0	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	71	71	0	0	0
5	OFFICE 2007 SUITE	5/21/10	150	150	150	0	0	0
6	BUILDING	2/22/10	299,526	299,526	40,512	7,681	7,681	0
7	SIGN-GALLATIN	9/13/10	1,266	1,266	926	136	136	0
8	SECURITY SYSTEM	4/11/07	975	975	205	25	25	0
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	2,448	2,448	0	0	0
10	PAINTING - HVILLE	7/28/08	1,923	1,923	1,923	0	0	0
11	STORAGE UNITS	7/28/08	195	195	195	0	0	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	512	512	0	0	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	260	260	0	0	0
14	FLOOR - HVILLE	7/28/08	7,163	7,163	7,163	0	0	0
16	EXAM TABLES	6/30/05	2,000	2,000	1,756	0	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	400	352	0	0	0
18	UPHOLSTERY	6/30/05	400	400	352	0	0	0
19	SIDE CHAIRS	6/30/05	300	300	263	0	0	0
20	DEFRIBRILATOR CORD	3/01/06	300	300	300	0	0	0
21	USED DELL LAPTOP #1	3/01/06	250	250	225	0	0	0
22	USED DELL LAPTOP #2	3/01/06	250	250	225	0	0	0
23	USED DELL LAPTOP #3	3/01/06	250	250	225	0	0	0
24	USED DELL LAPTOP #4	3/01/06	250	250	225	0	0	0
25	USED DESK	3/01/06	200	200	200	0	0	0
26	DRAPERIES	3/01/06	400	400	400	0	0	0
27	EKG	3/01/06	2,000	2,000	2,000	0	0	0
28	EXAM ROOM LIGHT	3/01/06	75	75	75	0	0	0
29	EXAM TABLES/CABINET	3/01/06	600	600	600	0	0	0
30	HP LASER JET PRINTER	3/01/06	150	150	140	0	0	0
31	IBM COMPUTER	3/01/06	2,500	2,500	2,250	0	0	0
32	MICROSCOPE	3/01/06	300	300	300	0	0	0
33	MICROWAVE	3/01/06	100	100	100	0	0	0
34	OFFICE FURNITURE	3/01/06	1,000	1,000	1,000	0	0	0
35	2 PATIENT FILING CABINETS	3/01/06	400	400	400	0	0	0
36	STORAGE SHELVES	3/01/06	200	200	200	0	0	0
37	2 TABLES	3/01/06	150	150	150	0	0	0
38	REFRIGERATOR	3/01/06	250	250	250	0	0	0
39	DEFRIBRILLATOR	6/30/05	1,000	1,000	877	0	0	0
40	DRAW STATION DESK	3/01/06	100	100	100	0	0	0
41	3 OFFICE CHAIRS	6/30/05	300	300	263	0	0	0
42	END TABLE/OFFICE TABLE	6/30/05	400	400	352	0	0	0
43	LAMPS	3/01/06	150	150	150	0	0	0
44	CENTRIFUGE	3/01/06	300	300	300	0	0	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	200	177	0	0	0
46	2 SCALES	6/30/05	200	200	177	0	0	0
47	2 INFANT SCALES	6/30/05	200	200	177	0	0	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	300	262	0	0	0
49	3 EXAM STOOLS	3/01/06	225	225	225	0	0	0
50	DIAGNOSTIC KITS	6/30/05	400	400	352	0	0	0
51	LEG/ANKLE BRACES	3/01/06	200	200	200	0	0	0
52	FLOOR MATS	3/01/06	400	400	400	0	0	0
53	3 THERMOMETERS	3/01/06	225	225	225	0	0	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	3,372	3,372	0	0	0
55	ED OFFICE FURNITURE	3/21/06	968	968	968	0	0	0
56	FAX MACHINE	6/06/06	258	258	258	0	0	0
57	CRASH CART	6/06/06	88	88	88	0	0	0
58	COPIER	6/06/06	500	500	451	0	0	0
59	IBM COMPUTER	3/01/07	2,507	2,507	2,507	0	0	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	1,000	1,000	0	0	0
61	EXAM TABLE	7/28/08	300	300	286	14	14	0
62	WHEEL CHAIR	7/28/08	100	100	95	5	5	0
63	EKG STAND	7/28/08	150	150	143	7	7	0
64	MOBILE BLOOD PRESSURE	7/28/08	50	50	48	2	2	0
65	MINI REFRIGERATOR	7/28/08	50	50	48	2	2	0
66	VIEW BOX	7/28/08	25	25	24	1	1	0
67	2 SWIVEL DESK CHAIRS	7/28/08	100	100	95	5	5	0
68	22 CUSHIONED CHAIRS	7/28/08	900	900	860	40	40	0
69	FILE CABINET	7/28/08	100	100	95	5	5	0
70	COPIER STAND	7/28/08	25	25	24	1	1	0
71	MINI REFRIGERATOR	7/28/08	50	50	48	2	2	0

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TN Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
72	VIEW BOX	7/28/08	50	50	48	2	2	0
73	MINOLTA COPIER	7/28/08	200	200	200	0	0	0
74	2 DELL OPTIPLEX	7/28/08	720	720	720	0	0	0
75	3 STINGER CART	9/30/07	795	795	795	0	0	0
76	INSTALL COMPUTERS	7/28/08	3,000	3,000	3,000	0	0	0
77	4 HEADS LAMPS	11/13/07	400	400	400	0	0	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	2,543	2,543	0	0	0
79	LENOVA MONITOR	7/28/08	250	250	250	0	0	0
80	CABLE/WIRING	10/15/08	2,305	2,305	2,305	0	0	0
81	MEDICAL EQUIPMENT	7/01/08	200	200	191	9	9	0
82	PRINTER	7/08/08	150	150	150	0	0	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	1,670	1,596	74	74	0
84	PHONES	7/15/08	1,525	1,525	1,525	0	0	0
85	EQUIPMENT-MCPEAK	8/08/08	200	200	191	9	9	0
86	C-PAP MACHINE	2/01/09	200	200	191	9	9	0
87	SCANNER FROM HMS	4/02/09	741	741	741	0	0	0
88	SCALES	4/09/09	25	25	24	1	1	0
89	COMPUTER FROM GALLATIN	5/21/10	450	450	450	0	0	0
90	HVAC UNIT	2/22/10	15,000	15,000	15,000	0	0	0
91	PLUMBING FIXTURE	2/22/10	7,000	7,000	7,000	0	0	0
92	LIGHTING FIXTURE	2/22/10	12,000	12,000	12,000	0	0	0
93	PAVING	2/22/10	12,000	12,000	12,000	0	0	0
94	COMPAQ PC	9/09/10	669	669	630	39	39	0
95	COMPAQ PC #2	9/09/10	669	669	630	39	39	0
96	SERVER RACK	9/09/10	300	300	283	17	17	0
97	CABLE & PATCH PANEL	11/15/10	742	742	699	43	43	0
98	DONATED EKG MACHINE	7/07/11	5,000	5,000	3,438	447	447	0
99	LAPTOP M&G	7/08/11	630	630	521	73	73	0
100	DESK - GALLATIN	9/27/11	100	100	69	9	9	0
101	2 PCS - HENDERSONVILL	10/20/11	300	300	248	35	35	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	3,569	2,454	319	319	0
103	SOFA TABLE - GALLATIN	6/30/12	500	500	344	44	44	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	800	550	71	71	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	626	430	56	56	0
106	BUILDING IMPROVEMENT	7/31/12	124,940	124,940	9,477	3,204	3,204	0
107	PHONE EQUIPMENT	7/16/12	2,866	2,866	1,769	313	157	-156
108	ECLINICAL SOFTWARE	1/31/13	15,750	15,750	14,438	1,312	656	-656
110	VOICE AND DATA CABLING	9/30/12	2,272	2,272	1,740	250	125	-125
111	COMPUTERS	10/25/12	2,058	2,058	1,502	234	117	-117
112	COMPUTER EQUIPMENT	4/30/13	3,872	3,872	2,548	530	265	-265
113	DONATED SERVERS AND RACKS	4/19/13	9,500	9,500	6,251	1,300	649	-651
114	COMPUTER	6/17/13	2,118	2,118	1,394	289	145	-144
115	Trane HVAC unit	11/24/13	6,200	6,200	620	413	207	-206
117	Panoramic Imaging Dental	4/17/14	23,861	23,861	10,260	5,441	2,720	-2,721
118	3 Dell Laptops	5/22/14	1,050	1,050	452	239	119	-120
			630,253	630,253	221,147	22,747	17,586	-5,161
Other Depreciation:								
15	LAND	2/22/10	277,979	277,979	0	0	0	0
116	HL7 Interface Software - HVille	10/31/13	2,000	2,000	1,167	666	334	-332
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686	2,686	134	538	538	0
120	ECLINICAL DRAGON	7/18/14	2,267	2,267	756	755	755	0
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	21,600	0	240	240	0
122	WIFI ADAPTERS - FIREWALL	5/05/16	1,757	1,757	0	98	98	0
123	OPTIPLEX COMPUTER	6/14/16	1,016	1,016	0	17	17	0
124	OPTIPLEX COMPUTER	6/14/16	1,016	1,016	0	17	17	0
125	STORAGE CRAFT SHADOWPROTECT	6/14/16	3,164	3,164	0	88	88	0
	Total Other Depreciation		313,485	313,485	2,057	2,419	2,087	-332
	Total ACRS and Other Depreciation		313,485	313,485	2,057	2,419	2,087	-332
	Grand Totals		943,738	943,738	223,204	25,166	19,673	-5,493
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		943,738	943,738	223,204	25,166	19,673	-5,493

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AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	QUICKBOOKS	6/13/05	400				400	3	HY	200DB	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000				8,000	3	HY	150DB	8,000	0
3	MEDINOTES EMR	8/14/07	9,680				9,680	3	HY	150DB	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71			X	35	3	HY	200DB	71	0
5	OFFICE 2007 SUITE	5/21/10	150			X	75	3	HY	200DB	150	0
6	BUILDING	2/22/10	299,526				299,526	39	MM	S/L	40,512	7,681
7	SIGN-GALLATIN	9/13/10	1,266			X	340	7	HY	200DB	926	136
8	SECURITY SYSTEM	4/11/07	975				975	39	MM	S/L	205	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448			X	1,224	3	HY	200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923			X	961	3	HY	200DB	1,923	0
11	STORAGE UNITS	7/28/08	195			X	97	3	HY	200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512			X	256	3	HY	200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260			X	130	3	HY	200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163			X	3,581	3	HY	200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000				2,000	7	HY	150DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400				400	7	HY	150DB	352	0
18	UPHOLSTERY	6/30/05	400				400	7	HY	150DB	352	0
19	SIDE CHAIRS	6/30/05	300				300	7	HY	150DB	263	0
20	DEFRIBRILATOR CORD	3/01/06	300				300	7	HY	150DB	300	0
21	USED DELL LAPTOP #1	3/01/06	250				250	5	HY	150DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250				250	5	HY	150DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250				250	5	HY	150DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250				250	5	HY	150DB	225	0
25	USED DESK	3/01/06	200				200	7	HY	150DB	200	0
26	DRAPERIES	3/01/06	400				400	7	HY	150DB	400	0
27	EKG	3/01/06	2,000				2,000	7	HY	150DB	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75				75	7	HY	150DB	75	0
29	EXAM TABLES/CABINET	3/01/06	600				600	7	HY	150DB	600	0
30	HP LASER JET PRINTER	3/01/06	150				150	5	HY	150DB	140	0
31	IBM COMPUTER	3/01/06	2,500				2,500	5	HY	150DB	2,250	0
32	MICROSCOPE	3/01/06	300				300	7	HY	150DB	300	0
33	MICROWAVE	3/01/06	100				100	7	HY	150DB	100	0
34	OFFICE FURNITURE	3/01/06	1,000				1,000	7	HY	150DB	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400				400	7	HY	150DB	400	0
36	STORAGE SHELVES	3/01/06	200				200	7	HY	150DB	200	0
37	2 TABLES	3/01/06	150				150	7	HY	150DB	150	0
38	REFRIGERATOR	3/01/06	250				250	7	HY	150DB	250	0
39	DEFRIBRILLATOR	6/30/05	1,000				1,000	7	HY	150DB	877	0
40	DRAW STATION DESK	3/01/06	100				100	7	HY	150DB	100	0
41	3 OFFICE CHAIRS	6/30/05	300				300	7	HY	150DB	263	0
42	END TABLE/OFFICE TABLE	6/30/05	400				400	7	HY	150DB	352	0
43	LAMPS	3/01/06	150				150	7	HY	150DB	150	0
44	CENTRIFUGE	3/01/06	300				300	7	HY	150DB	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200				200	7	HY	150DB	177	0
46	2 SCALES	6/30/05	200				200	7	HY	150DB	177	0
47	2 INFANT SCALES	6/30/05	200				200	7	HY	150DB	177	0
48	BLOOD PRESSURE MONITORS	6/30/05	300				300	7	HY	150DB	262	0
49	3 EXAM STOOLS	3/01/06	225				225	7	HY	150DB	225	0
50	DIAGNOSTIC KITS	6/30/05	400				400	7	HY	150DB	352	0
51	LEG/ANKLE BRACES	3/01/06	200				200	7	HY	150DB	200	0
52	FLOOR MATS	3/01/06	400				400	7	HY	150DB	400	0
53	3 THERMOMETERS	3/01/06	225				225	7	HY	150DB	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372				3,372	7	HY	150DB	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968				968	7	HY	150DB	968	0
56	FAX MACHINE	6/06/06	258		X		31	7	HY	150DB	258	0
57	CRASH CART	6/06/06	88				88	7	HY	150DB	88	0
58	COPIER	6/06/06	500				500	5	HY	150DB	451	0
59	IBM COMPUTER	3/01/07	2,507				2,507	5	HY	150DB	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000				1,000	5	HY	150DB	1,000	0
61	EXAM TABLE	7/28/08	300			X	150	7	HY	200DB	286	14
62	WHEEL CHAIR	7/28/08	100			X	50	7	HY	200DB	95	5
63	EKG STAND	7/28/08	150			X	75	7	HY	200DB	143	7
64	MOBILE BLOOD PRESSURE	7/28/08	50			X	25	7	HY	200DB	48	2
65	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	48	2
66	VIEW BOX	7/28/08	25			X	12	7	HY	200DB	24	1
67	2 SWIVEL DESK CHAIRS	7/28/08	100			X	50	7	HY	200DB	95	5
68	22 CUSHIONED CHAIRS	7/28/08	900			X	450	7	HY	200DB	860	40
69	FILE CABINET	7/28/08	100			X	50	7	HY	200DB	95	5
70	COPIER STAND	7/28/08	25			X	12	7	HY	200DB	24	1
71	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	48	2

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AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
72	VIEW BOX	7/28/08	50			X	25	7	HY	200DB	48	2
73	MINOLTA COPIER	7/28/08	200			X	100	5	HY	200DB	200	0
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5	HY	200DB	720	0
75	3 STINGER CART	9/30/07	795				795	7	HY	200DB	795	0
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5	HY	200DB	3,000	0
77	4 HEADS LAMPS	11/13/07	400				400	7	HY	150DB	400	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		X	X	219	5	HY	200DB	2,543	0
79	LENOVA MONITOR	7/28/08	250			X	125	5	HY	200DB	250	0
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5	HY	200DB	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7	HY	200DB	191	9
82	PRINTER	7/08/08	150			X	75	5	HY	200DB	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		X	X	260	7	HY	200DB	1,596	74
84	PHONES	7/15/08	1,525			X	762	5	HY	200DB	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7	HY	200DB	191	9
86	C-PAP MACHINE	2/01/09	200			X	100	7	HY	200DB	191	9
87	SCANNER FROM HMS	4/02/09	741			X	370	5	HY	200DB	741	0
88	SCALES	4/09/09	25			X	12	7	HY	200DB	24	1
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5	HY	200DB	450	0
90	HVAC UNIT	2/22/10	15,000			X	7,500	5	HY	200DB	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5	HY	200DB	7,000	0
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5	HY	200DB	12,000	0
93	PAVING	2/22/10	12,000			X	6,000	5	HY	200DB	12,000	0
94	COMPAQ PC	9/09/10	669			X	39	5	HY	200DB	630	39
95	COMPAQ PC #2	9/09/10	669			X	39	5	HY	200DB	630	39
96	SERVER RACK	9/09/10	300			X	17	5	HY	200DB	283	17
97	CABLE & PATCH PANEL	11/15/10	742			X	43	5	HY	200DB	699	43
98	DONATED EKG MACHINE	7/07/11	5,000			X	1,562	7	HY	200DB	3,438	447
99	LAPTOP M&G	7/08/11	630			X	109	5	HY	200DB	521	73
100	DESK - GALLATIN	9/27/11	100			X	31	7	HY	200DB	69	9
101	2 PCS - HENDERSONVILL	10/20/11	300			X	52	5	HY	200DB	248	35
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	1,784	7	HY	200DB	2,454	319
103	SOFA TABLE - GALLATIN	6/30/12	500			X	250	7	HY	200DB	344	44
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	400	7	HY	200DB	550	71
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	313	7	HY	200DB	430	56
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39	MM	S/L	9,477	3,204
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7	MQ	200DB	2,317	157
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3	MQ	200DB	15,094	656
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5	MQ	200DB	2,006	125
111	COMPUTERS	10/25/12	2,058			X	1,029	5	MQ	200DB	1,780	117
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5	MQ	200DB	3,210	265
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5	MQ	200DB	7,876	649
114	COMPUTER	6/17/13	2,118			X	1,059	5	MQ	200DB	1,756	145
115	Trane HVAC unit	11/24/13	6,200			X	3,100	15	HY	S/L	3,410	207
117	Panoramic Imaging Dental	4/17/14	23,861			X	11,930	5	MQ	150DB	15,823	2,411
118	3 Dell Laptops	5/22/14	1,050			X	525	5	MQ	150DB	696	106
			630,253				546,027				234,141	17,264
Other Depreciation:												
15	LAND	2/22/10	0				0	0	HY		0	0
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686				2,686	5	MO	S/L	134	538
121	PARKING LOT PAVING & STRIPING	4/22/16	0				0	0	HY		0	0
123	OPTIPLEX COMPUTER	6/14/16	1,016				1,016	5	MO	S/L	0	17
124	OPTIPLEX COMPUTER	6/14/16	1,016				1,016	5	MO	S/L	0	17
	Total Other Depreciation		4,718				4,718				134	572
	Total ACRS and Other Depreciation		4,718				4,718				134	572
	Grand Totals		634,971				550,745				234,275	17,836
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		634,971				550,745				234,275	17,836

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
116	HL7 Interface Software - HVille	10/31/13	2,000		0	0	1,000	1,000
115	Trane HVAC unit	11/24/13	6,200		0	0	3,100	3,100
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		0	0	36	35
5	OFFICE 2007 SUITE	5/21/10	150		0	0	75	75
7	SIGN-GALLATIN	9/13/10	1,266		0	0	926	340
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		0	0	1,224	1,224
10	PAINTING - HVILLE	7/28/08	1,923		0	0	962	961
11	STORAGE UNITS	7/28/08	195		0	0	98	97
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		0	0	256	256
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		0	0	130	130
14	FLOOR - HVILLE	7/28/08	7,163		0	0	3,582	3,581
61	EXAM TABLE	7/28/08	300		0	0	150	150
62	WHEEL CHAIR	7/28/08	100		0	0	50	50
63	EKG STAND	7/28/08	150		0	0	75	75
64	MOBILE BLOOD PRESSURE	7/28/08	50		0	0	25	25
65	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
66	VIEW BOX	7/28/08	25		0	0	13	12
67	2 SWIVEL DESK CHAIRS	7/28/08	100		0	0	50	50
68	22 CUSHIONED CHAIRS	7/28/08	900		0	0	450	450
69	FILE CABINET	7/28/08	100		0	0	50	50
70	COPIER STAND	7/28/08	25		0	0	13	12
71	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
72	VIEW BOX	7/28/08	50		0	0	25	25
73	MINOLTA COPIER	7/28/08	200		0	0	100	100
74	2 DELL OPTIPLEX	7/28/08	720		0	0	360	360
76	INSTALL COMPUTERS	7/28/08	3,000		0	0	1,500	1,500
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		0	0	1,272	1,271
79	LENOVA MONITOR	7/28/08	250		0	0	125	125
80	CABLE/WIRING	10/15/08	2,305		0	0	1,153	1,152
81	MEDICAL EQUIPMENT	7/01/08	200		0	0	100	100
82	PRINTER	7/08/08	150		0	0	75	75
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		0	0	835	835
84	PHONES	7/15/08	1,525		0	0	763	762
85	EQUIPMENT-MCPEAK	8/08/08	200		0	0	100	100
86	C-PAP MACHINE	2/01/09	200		0	0	100	100
87	SCANNER FROM HMS	4/02/09	741		0	0	371	370
88	SCALES	4/09/09	25		0	0	13	12
89	COMPUTER FROM GALLATIN	5/21/10	450		0	0	225	225
90	HVAC UNIT	2/22/10	15,000		0	0	7,500	7,500
91	PLUMBING FIXTURE	2/22/10	7,000		0	0	3,500	3,500
92	LIGHTING FIXTURE	2/22/10	12,000		0	0	6,000	6,000
93	PAVING	2/22/10	12,000		0	0	6,000	6,000
94	COMPAQ PC	9/09/10	669		0	0	630	39
95	COMPAQ PC #2	9/09/10	669		0	0	630	39
96	SERVER RACK	9/09/10	300		0	0	283	17
97	CABLE & PATCH PANEL	11/15/10	742		0	0	699	43
98	DONATED EKG MACHINE	7/07/11	5,000		0	0	3,438	1,562
99	LAPTOP M&G	7/08/11	630		0	0	521	109
100	DESK - GALLATIN	9/27/11	100		0	0	69	31
101	2 PCS - HENDERSONVILL	10/20/11	300		0	0	248	52
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569		0	0	1,785	1,784
103	SOFA TABLE - GALLATIN	6/30/12	500		0	0	250	250
104	EXAM TABLES/FILE CABINET	6/30/12	800		0	0	400	400
105	SIGNAGE FOR GALLATIN	6/30/12	626		0	0	313	313
107	PHONE EQUIPMENT	7/16/12	2,866		0	0	1,433	1,433
108	ECLINICAL SOFTWARE	1/31/13	15,750		0	0	7,875	7,875
110	VOICE AND DATA CABLING	9/30/12	2,272		0	0	1,136	1,136
111	COMPUTERS	10/25/12	2,058		0	0	1,029	1,029
112	COMPUTER EQUIPMENT	4/30/13	3,872		0	0	1,936	1,936
113	DONATED SERVERS AND RACKS	4/19/13	9,500		0	0	4,750	4,750
114	COMPUTER	6/17/13	2,118		0	0	1,059	1,059
117	Panoramic Imaging Dental	4/17/14	23,861		0	0	11,931	11,930
118	3 Dell Laptops	5/22/14	1,050		0	0	525	525
	Form 990, Page 1		161,519		0	0	83,372	78,147
	Grand Total		161,519		0	0	83,372	78,147

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Depreciation Adjustment Report
All Business Activities

MACRS Adjustments:

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	1	QUICKBOOKS	0	0	0
Page 1	1	2	SCHEDULING SOFTWARE	0	0	0
Page 1	1	3	MEDINOTES EMR	0	0	0
Page 1	1	4	WINDOWS 7 PROFESSIONAL	0	0	0
Page 1	1	5	OFFICE 2007 SUITE	0	0	0
Page 1	1	6	BUILDING	7,681	7,681	0
Page 1	1	7	SIGN-GALLATIN	136	136	0
Page 1	1	8	SECURITY SYSTEM	25	25	0
Page 1	1	9	CABINETS - HENDERSONVILLE	0	0	0
Page 1	1	10	PAINTING - HVILLE	0	0	0
Page 1	1	11	STORAGE UNITS	0	0	0
Page 1	1	12	TOILET REPLACEMENT - HVILLE	0	0	0
Page 1	1	13	CABLE & JACK INSTALL - HVILLE	0	0	0
Page 1	1	14	FLOOR - HVILLE	0	0	0
Page 1	1	16	EXAM TABLES	0	0	0
Page 1	1	17	RECEPTION AREA CHAIRS	0	0	0
Page 1	1	18	UPHOLSTERY	0	0	0
Page 1	1	19	SIDE CHAIRS	0	0	0
Page 1	1	20	DEFRIBRILATOR CORD	0	0	0
Page 1	1	21	USED DELL LAPTOP #1	0	0	0
Page 1	1	22	USED DELL LAPTOP #2	0	0	0
Page 1	1	23	USED DELL LAPTOP #3	0	0	0
Page 1	1	24	USED DELL LAPTOP #4	0	0	0
Page 1	1	25	USED DESK	0	0	0
Page 1	1	26	DRAPERIES	0	0	0
Page 1	1	27	EKG	0	0	0
Page 1	1	28	EXAM ROOM LIGHT	0	0	0
Page 1	1	29	EXAM TABLES/CABINET	0	0	0
Page 1	1	30	HP LASER JET PRINTER	0	0	0
Page 1	1	31	IBM COMPUTER	0	0	0
Page 1	1	32	MICROSCOPE	0	0	0
Page 1	1	33	MICROWAVE	0	0	0
Page 1	1	34	OFFICE FURNITURE	0	0	0
Page 1	1	35	2 PATIENT FILING CABINETS	0	0	0
Page 1	1	36	STORAGE SHELVES	0	0	0
Page 1	1	37	2 TABLES	0	0	0
Page 1	1	38	REFRIGERATOR	0	0	0
Page 1	1	39	DEFRIBRILLATOR	0	0	0
Page 1	1	40	DRAW STATION DESK	0	0	0
Page 1	1	41	3 OFFICE CHAIRS	0	0	0
Page 1	1	42	END TABLE/OFFICE TABLE	0	0	0
Page 1	1	43	LAMPS	0	0	0
Page 1	1	44	CENTRIFUGE	0	0	0
Page 1	1	45	MEDICAL STORAGE CHESTS	0	0	0
Page 1	1	46	2 SCALES	0	0	0
Page 1	1	47	2 INFANT SCALES	0	0	0
Page 1	1	48	BLOOD PRESSURE MONITORS	0	0	0
Page 1	1	49	3 EXAM STOOLS	0	0	0
Page 1	1	50	DIAGNOSTIC KITS	0	0	0
Page 1	1	51	LEG/ANKLE BRACES	0	0	0
Page 1	1	52	FLOOR MATS	0	0	0
Page 1	1	53	3 THERMOMETERS	0	0	0
Page 1	1	54	PHONE SYSTEM/CABLING	0	0	0
Page 1	1	55	ED OFFICE FURNITURE	0	0	0
Page 1	1	56	FAX MACHINE	0	0	0
Page 1	1	57	CRASH CART	0	0	0
Page 1	1	58	COPIER	0	0	0
Page 1	1	59	IBM COMPUTER	0	0	0
Page 1	1	60	DELL FAX, SCANNER, COPIER	0	0	0
Page 1	1	61	EXAM TABLE	14	14	0
Page 1	1	62	WHEEL CHAIR	5	5	0
Page 1	1	63	EKG STAND	7	7	0
Page 1	1	64	MOBILE BLOOD PRESSURE	2	2	0
Page 1	1	65	MINI REFRIGERATOR	2	2	0
Page 1	1	66	VIEW BOX	1	1	0
Page 1	1	67	2 SWIVEL DESK CHAIRS	5	5	0
Page 1	1	68	22 CUSHIONED CHAIRS	40	40	0

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Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	69	FILE CABINET	5	5	0
Page 1	1	70	COPIER STAND	1	1	0
Page 1	1	71	MINI REFRIGERATOR	2	2	0
Page 1	1	72	VIEW BOX	2	2	0
Page 1	1	73	MINOLTA COPIER	0	0	0
Page 1	1	74	2 DELL OPTIPLEX	0	0	0
Page 1	1	75	3 STINGER CART	0	0	0
Page 1	1	76	INSTALL COMPUTERS	0	0	0
Page 1	1	77	4 HEADS LAMPS	0	0	0
Page 1	1	78	LENOVA THICKCENTER PROCESS	0	0	0
Page 1	1	79	LENOVA MONITOR	0	0	0
Page 1	1	80	CABLE/WIRING	0	0	0
Page 1	1	81	MEDICAL EQUIPMENT	9	9	0
Page 1	1	82	PRINTER	0	0	0
Page 1	1	83	PRIVACY SCREEN, STOOLS	74	74	0
Page 1	1	84	PHONES	0	0	0
Page 1	1	85	EQUIPMENT-MCPEAK	9	9	0
Page 1	1	86	C-PAP MACHINE	9	9	0
Page 1	1	87	SCANNER FROM HMS	0	0	0
Page 1	1	88	SCALES	1	1	0
Page 1	1	89	COMPUTER FROM GALLATIN	0	0	0
Page 1	1	90	HVAC UNIT	0	0	0
Page 1	1	91	PLUMBING FIXTURE	0	0	0
Page 1	1	92	LIGHTING FIXTURE	0	0	0
Page 1	1	93	PAVING	0	0	0
Page 1	1	94	COMPAQ PC	39	39	0
Page 1	1	95	COMPAQ PC #2	39	39	0
Page 1	1	96	SERVER RACK	17	17	0
Page 1	1	97	CABLE & PATCH PANEL	43	43	0
Page 1	1	98	DONATED EKG MACHINE	447	447	0
Page 1	1	99	LAPTOP M&G	73	73	0
Page 1	1	100	DESK - GALLATIN	9	9	0
Page 1	1	101	2 PCS - HENDERSONVILL	35	35	0
Page 1	1	102	PHONE SYSTEM- GALLATIN	319	319	0
Page 1	1	103	SOFA TABLE - GALLATIN	44	44	0
Page 1	1	104	EXAM TABLES/FILE CABINET	71	71	0
Page 1	1	105	SIGNAGE FOR GALLATIN	56	56	0
Page 1	1	106	BUILDING IMPROVEMENT	3,204	3,204	0
Page 1	1	107	PHONE EQUIPMENT	157	157	0
Page 1	1	108	ECLINICAL SOFTWARE	656	656	0
Page 1	1	110	VOICE AND DATA CABLING	125	125	0
Page 1	1	111	COMPUTERS	117	117	0
Page 1	1	112	COMPUTER EQUIPMENT	265	265	0
Page 1	1	113	DONATED SERVERS AND RACKS	649	649	0
Page 1	1	114	COMPUTER	145	145	0
Page 1	1	115	Trane HVAC unit	207	207	0
Page 1	1	117	Panoramic Imaging Dental	2,720	2,411	309
Page 1	1	118	3 Dell Laptops	119	106	13
				17,586	17,264	322

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Future Depreciation Report FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	QUICKBOOKS	6/13/05	400	0	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	0	0
3	MEDINOTES EMR	8/14/07	9,680	0	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	0	0
5	OFFICE 2007 SUITE	5/21/10	150	0	0
6	BUILDING	2/22/10	299,526	7,680	7,680
7	SIGN-GALLATIN	9/13/10	1,266	136	136
8	SECURITY SYSTEM	4/11/07	975	25	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	0	0
10	PAINTING - HVILLE	7/28/08	1,923	0	0
11	STORAGE UNITS	7/28/08	195	0	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	0	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	0	0
14	FLOOR - HVILLE	7/28/08	7,163	0	0
16	EXAM TABLES	6/30/05	2,000	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0	0
18	UPHOLSTERY	6/30/05	400	0	0
19	SIDE CHAIRS	6/30/05	300	0	0
20	DEFRIBRILATOR CORD	3/01/06	300	0	0
21	USED DELL LAPTOP #1	3/01/06	250	0	0
22	USED DELL LAPTOP #2	3/01/06	250	0	0
23	USED DELL LAPTOP #3	3/01/06	250	0	0
24	USED DELL LAPTOP #4	3/01/06	250	0	0
25	USED DESK	3/01/06	200	0	0
26	DRAPERIES	3/01/06	400	0	0
27	EKG	3/01/06	2,000	0	0
28	EXAM ROOM LIGHT	3/01/06	75	0	0
29	EXAM TABLES/CABINET	3/01/06	600	0	0
30	HP LASER JET PRINTER	3/01/06	150	0	0
31	IBM COMPUTER	3/01/06	2,500	0	0
32	MICROSCOPE	3/01/06	300	0	0
33	MICROWAVE	3/01/06	100	0	0
34	OFFICE FURNITURE	3/01/06	1,000	0	0
35	2 PATIENT FILING CABINETS	3/01/06	400	0	0
36	STORAGE SHELVES	3/01/06	200	0	0
37	2 TABLES	3/01/06	150	0	0
38	REFRIGERATOR	3/01/06	250	0	0
39	DEFRIBRILLATOR	6/30/05	1,000	0	0
40	DRAW STATION DESK	3/01/06	100	0	0
41	3 OFFICE CHAIRS	6/30/05	300	0	0
42	END TABLE/OFFICE TABLE	6/30/05	400	0	0
43	LAMPS	3/01/06	150	0	0
44	CENTRIFUGE	3/01/06	300	0	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	0	0
46	2 SCALES	6/30/05	200	0	0
47	2 INFANT SCALES	6/30/05	200	0	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	0	0
49	3 EXAM STOOLS	3/01/06	225	0	0
50	DIAGNOSTIC KITS	6/30/05	400	0	0
51	LEG/ANKLE BRACES	3/01/06	200	0	0
52	FLOOR MATS	3/01/06	400	0	0
53	3 THERMOMETERS	3/01/06	225	0	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	0	0
55	ED OFFICE FURNITURE	3/21/06	968	0	0
56	FAX MACHINE	6/06/06	258	0	0
57	CRASH CART	6/06/06	88	0	0
58	COPIER	6/06/06	500	0	0
59	IBM COMPUTER	3/01/07	2,507	0	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	0	0
61	EXAM TABLE	7/28/08	300	0	0
62	WHEEL CHAIR	7/28/08	100	0	0
63	EKG STAND	7/28/08	150	0	0
64	MOBILE BLOOD PRESSURE	7/28/08	50	0	0
65	MINI REFRIGERATOR	7/28/08	50	0	0
66	VIEW BOX	7/28/08	25	0	0
67	2 SWIVEL DESK CHAIRS	7/28/08	100	0	0
68	22 CUSHIONED CHAIRS	7/28/08	900	0	0
69	FILE CABINET	7/28/08	100	0	0

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Future Depreciation Report FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	COPIER STAND	7/28/08	25	0	0
71	MINI REFRIGERATOR	7/28/08	50	0	0
72	VIEW BOX	7/28/08	50	0	0
73	MINOLTA COPIER	7/28/08	200	0	0
74	2 DELL OPTIPLEX	7/28/08	720	0	0
75	3 STINGER CART	9/30/07	795	0	0
76	INSTALL COMPUTERS	7/28/08	3,000	0	0
77	4 HEADS LAMPS	11/13/07	400	0	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	0	0
79	LENOVA MONITOR	7/28/08	250	0	0
80	CABLE/WIRING	10/15/08	2,305	0	0
81	MEDICAL EQUIPMENT	7/01/08	200	0	0
82	PRINTER	7/08/08	150	0	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	0	0
84	PHONES	7/15/08	1,525	0	0
85	EQUIPMENT-MCPEAK	8/08/08	200	0	0
86	C-PAP MACHINE	2/01/09	200	0	0
87	SCANNER FROM HMS	4/02/09	741	0	0
88	SCALES	4/09/09	25	0	0
89	COMPUTER FROM GALLATIN	5/21/10	450	0	0
90	HVAC UNIT	2/22/10	15,000	0	0
91	PLUMBING FIXTURE	2/22/10	7,000	0	0
92	LIGHTING FIXTURE	2/22/10	12,000	0	0
93	PAVING	2/22/10	12,000	0	0
94	COMPAQ PC	9/09/10	669	0	0
95	COMPAQ PC #2	9/09/10	669	0	0
96	SERVER RACK	9/09/10	300	0	0
97	CABLE & PATCH PANEL	11/15/10	742	0	0
98	DONATED EKG MACHINE	7/07/11	5,000	446	446
99	LAPTOP M&G	7/08/11	630	36	36
100	DESK - GALLATIN	9/27/11	100	9	9
101	2 PCS - HENDERSONVILL	10/20/11	300	17	17
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	318	318
103	SOFA TABLE - GALLATIN	6/30/12	500	45	45
104	EXAM TABLES/FILE CABINET	6/30/12	800	72	72
105	SIGNAGE FOR GALLATIN	6/30/12	626	56	56
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,203	3,203
107	PHONE EQUIPMENT	7/16/12	2,866	125	125
108	ECLINICAL SOFTWARE	1/31/13	15,750	0	0
110	VOICE AND DATA CABLING	9/30/12	2,272	125	125
111	COMPUTERS	10/25/12	2,058	117	117
112	COMPUTER EQUIPMENT	4/30/13	3,872	212	212
113	DONATED SERVERS AND RACKS	4/19/13	9,500	520	520
114	COMPUTER	6/17/13	2,118	116	116
115	Trane HVAC unit	11/24/13	6,200	206	206
117	Panoramic Imaging Dental	4/17/14	23,861	1,632	1,957
118	3 Dell Laptops	5/22/14	1,050	72	87
			630,253	15,168	15,508

Other Depreciation:

15	LAND	2/22/10	277,979	0	0
116	HL7 Interface Software - HVille	10/31/13	2,000	83	0
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP & 3 M	3/30/15	2,686	537	537
120	ECLINICAL DRAGON	7/18/14	2,267	756	0
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	1,440	0
122	WIFI ADAPTERS - FIREWALL	5/05/16	1,757	585	0
123	OPTIPLEX COMPUTER	6/14/16	1,016	203	203
124	OPTIPLEX COMPUTER	6/14/16	1,016	203	203
125	STORAGE CRAFT SHADOWPROTECT	6/14/16	3,164	1,055	0
	Total Other Depreciation		313,485	4,862	943
	Total ACRS and Other Depreciation		313,485	4,862	943
	Grand Totals		943,738	20,030	16,451

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TN Future Depreciation Report FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
Prior MACRS:				
1	QUICKBOOKS	6/13/05	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	0
3	MEDINOTES EMR	8/14/07	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	0
5	OFFICE 2007 SUITE	5/21/10	150	0
6	BUILDING	2/22/10	299,526	7,680
7	SIGN-GALLATIN	9/13/10	1,266	136
8	SECURITY SYSTEM	4/11/07	975	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923	0
11	STORAGE UNITS	7/28/08	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	0
14	FLOOR - HVILLE	7/28/08	7,163	0
16	EXAM TABLES	6/30/05	2,000	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0
18	UPHOLSTERY	6/30/05	400	0
19	SIDE CHAIRS	6/30/05	300	0
20	DEFRIBRILATOR CORD	3/01/06	300	0
21	USED DELL LAPTOP #1	3/01/06	250	0
22	USED DELL LAPTOP #2	3/01/06	250	0
23	USED DELL LAPTOP #3	3/01/06	250	0
24	USED DELL LAPTOP #4	3/01/06	250	0
25	USED DESK	3/01/06	200	0
26	DRAPERIES	3/01/06	400	0
27	EKG	3/01/06	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75	0
29	EXAM TABLES/CABINET	3/01/06	600	0
30	HP LASER JET PRINTER	3/01/06	150	0
31	IBM COMPUTER	3/01/06	2,500	0
32	MICROSCOPE	3/01/06	300	0
33	MICROWAVE	3/01/06	100	0
34	OFFICE FURNITURE	3/01/06	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400	0
36	STORAGE SHELVES	3/01/06	200	0
37	2 TABLES	3/01/06	150	0
38	REFRIGERATOR	3/01/06	250	0
39	DEFRIBRILLATOR	6/30/05	1,000	0
40	DRAW STATION DESK	3/01/06	100	0
41	3 OFFICE CHAIRS	6/30/05	300	0
42	END TABLE/OFFICE TABLE	6/30/05	400	0
43	LAMPS	3/01/06	150	0
44	CENTRIFUGE	3/01/06	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	0
46	2 SCALES	6/30/05	200	0
47	2 INFANT SCALES	6/30/05	200	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	0
49	3 EXAM STOOLS	3/01/06	225	0
50	DIAGNOSTIC KITS	6/30/05	400	0
51	LEG/ANKLE BRACES	3/01/06	200	0
52	FLOOR MATS	3/01/06	400	0
53	3 THERMOMETERS	3/01/06	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968	0
56	FAX MACHINE	6/06/06	258	0
57	CRASH CART	6/06/06	88	0
58	COPIER	6/06/06	500	0
59	IBM COMPUTER	3/01/07	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	0
61	EXAM TABLE	7/28/08	300	0
62	WHEEL CHAIR	7/28/08	100	0
63	EKG STAND	7/28/08	150	0
64	MOBILE BLOOD PRESSURE	7/28/08	50	0
65	MINI REFRIGERATOR	7/28/08	50	0
66	VIEW BOX	7/28/08	25	0
67	2 SWIVEL DESK CHAIRS	7/28/08	100	0
68	22 CUSHIONED CHAIRS	7/28/08	900	0
69	FILE CABINET	7/28/08	100	0

20-2278505

TN Future Depreciation Report FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
70	COPIER STAND	7/28/08	25	0
71	MINI REFRIGERATOR	7/28/08	50	0
72	VIEW BOX	7/28/08	50	0
73	MINOLTA COPIER	7/28/08	200	0
74	2 DELL OPTIPLEX	7/28/08	720	0
75	3 STINGER CART	9/30/07	795	0
76	INSTALL COMPUTERS	7/28/08	3,000	0
77	4 HEADS LAMPS	11/13/07	400	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	0
79	LENOVA MONITOR	7/28/08	250	0
80	CABLE/WIRING	10/15/08	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200	0
82	PRINTER	7/08/08	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	0
84	PHONES	7/15/08	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200	0
86	C-PAP MACHINE	2/01/09	200	0
87	SCANNER FROM HMS	4/02/09	741	0
88	SCALES	4/09/09	25	0
89	COMPUTER FROM GALLATIN	5/21/10	450	0
90	HVAC UNIT	2/22/10	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000	0
92	LIGHTING FIXTURE	2/22/10	12,000	0
93	PAVING	2/22/10	12,000	0
94	COMPAQ PC	9/09/10	669	0
95	COMPAQ PC #2	9/09/10	669	0
96	SERVER RACK	9/09/10	300	0
97	CABLE & PATCH PANEL	11/15/10	742	0
98	DONATED EKG MACHINE	7/07/11	5,000	446
99	LAPTOP M&G	7/08/11	630	36
100	DESK - GALLATIN	9/27/11	100	9
101	2 PCS - HENDERSONVILL	10/20/11	300	17
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	318
103	SOFA TABLE - GALLATIN	6/30/12	500	45
104	EXAM TABLES/FILE CABINET	6/30/12	800	72
105	SIGNAGE FOR GALLATIN	6/30/12	626	56
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,203
107	PHONE EQUIPMENT	7/16/12	2,866	251
108	ECLINICAL SOFTWARE	1/31/13	15,750	0
110	VOICE AND DATA CABLING	9/30/12	2,272	250
111	COMPUTERS	10/25/12	2,058	234
112	COMPUTER EQUIPMENT	4/30/13	3,872	424
113	DONATED SERVERS AND RACKS	4/19/13	9,500	1,039
114	COMPUTER	6/17/13	2,118	232
115	Trane HVAC unit	11/24/13	6,200	414
117	Panoramic Imaging Dental	4/17/14	23,861	3,264
118	3 Dell Laptops	5/22/14	1,050	144
			630,253	18,295

Other Depreciation:

15	LAND	2/22/10	277,979	0
116	HL7 Interface Software - HVille	10/31/13	2,000	167
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP & 3 M	3/30/15	2,686	537
120	ECLINICAL DRAGON	7/18/14	2,267	756
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	1,440
122	WIFI ADAPTERS - FIREWALL	5/05/16	1,757	585
123	OPTIPLEX COMPUTER	6/14/16	1,016	203
124	OPTIPLEX COMPUTER	6/14/16	1,016	203
125	STORAGE CRAFT SHADOWPROTECT	6/14/16	3,164	1,055
	Total Other Depreciation		313,485	4,946
	Total ACRS and Other Depreciation		313,485	4,946
	Grand Totals		943,738	23,241

Form **990**

Two Year Comparison Report

For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16

2014 & 2015

Name

SALVUS CENTER, INC.

Taxpayer Identification Number

20-2278505

			2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1.	377,871	357,278	-20,593
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	115,888	110,884	-5,004
	4. Program service revenue	4.	164,763	143,045	-21,718
	5. Investment income	5.	66	105	39
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	53,018	42,864	-10,154
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	18,000	27,659	9,659
	12. **Total revenue.** Add lines 1 through 11	12.	729,606	681,835	-47,771
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	488,076	442,302	-45,774
	17. Professional fundraising fees	17.	18,000	18,000	
	18. Other professional fees	18.	5,605	4,900	-705
	19. Occupancy, rent, utilities, and maintenance	19.	54,354	11,817	-42,537
	20. Depreciation and Depletion	20.	25,679	19,673	-6,006
	21. Other expenses	21.	156,660	129,448	-27,212
	22. **Total expenses.** Add lines 13 through 21	22.	748,374	626,140	-122,234
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-18,768	55,695	74,463
Other Information	24. Total exempt revenue	24.	729,606	681,835	-47,771
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	182,829	170,809	-12,020
	27. Total assets	27.	773,973	822,274	48,301
	28. Total liabilities	28.	2,329	1,740	-589
	29. Retained earnings	29.	771,644	820,534	48,890
	30. Number of voting members of governing body	30.	29	29	
	31. Number of independent voting members of governing body	31.	29	29	
	32. Number of employees	32.	14	14	
	33. Number of volunteers	33.			

Form **990**

Tax Return History

2015

Name

SALVUS CENTER, INC.

Employer Identification Number

20-2278505

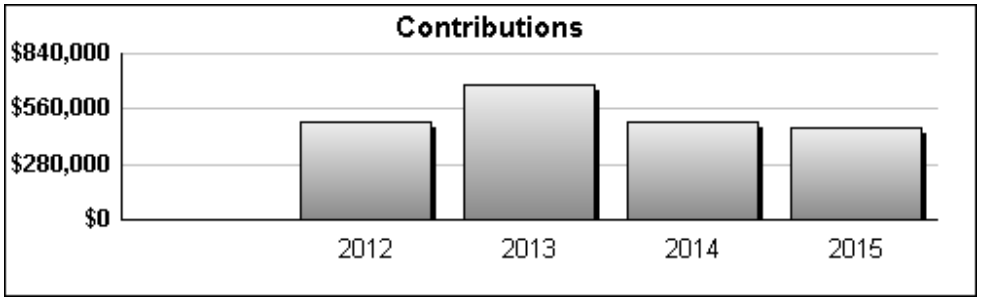
	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		498,760	677,356	493,759	468,162	
Membership dues						
Program service revenue		204,087	153,404	164,763	143,045	
Capital gain or loss						
Investment income		1,151	432	66	105	
Fundraising revenue (income/loss)		34,539	52,891	53,018	42,864	
Gaming revenue (income/loss)						
Other revenue				18,000	27,659	
Total revenue		738,537	884,083	729,606	681,835	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		454,286	477,864	488,076	442,302	
Professional fees		47,056	30,840	23,605	22,900	
Occupancy costs		50,150	53,279	54,354	11,817	
Depreciation and depletion		45,632	33,363	25,679	19,673	
Other expenses		297,683	186,866	156,660	129,448	
Total expenses		894,807	782,212	748,374	626,140	
Excess or (Deficit)		-156,270	101,871	-18,768	55,695	
Total exempt revenue		738,537	884,083	729,606	681,835	
Total unrelated revenue						
Total excludable revenue		738,537	153,836	182,829	170,809	
Total Assets		830,645	797,641	773,973	822,274	
Total Liabilities		142,609	4,798	2,329	1,740	
Net Fund Balances		688,036	792,843	771,644	820,534	

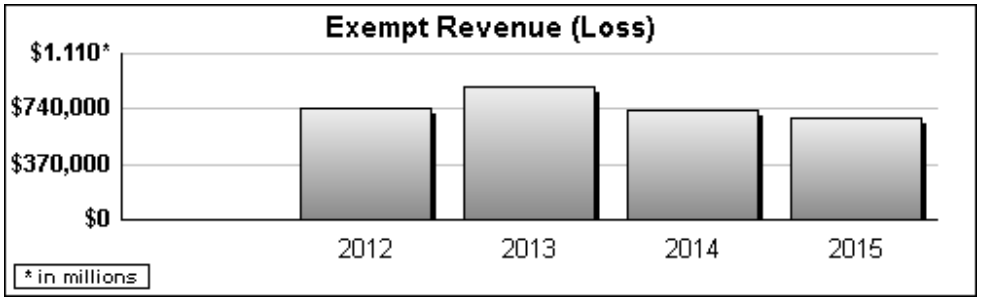
Form **990T** | **Tax Return History** | **2015**

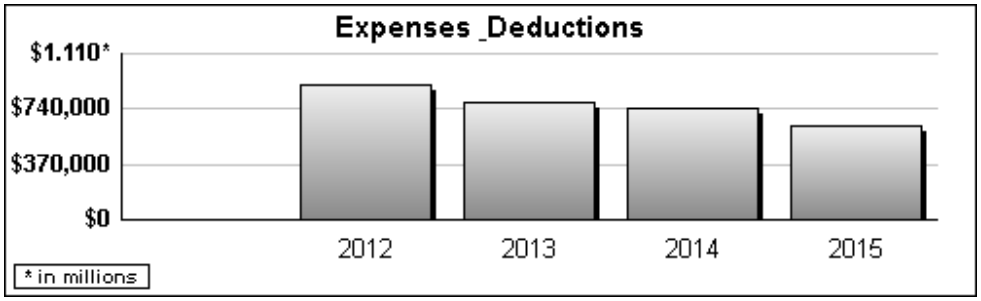
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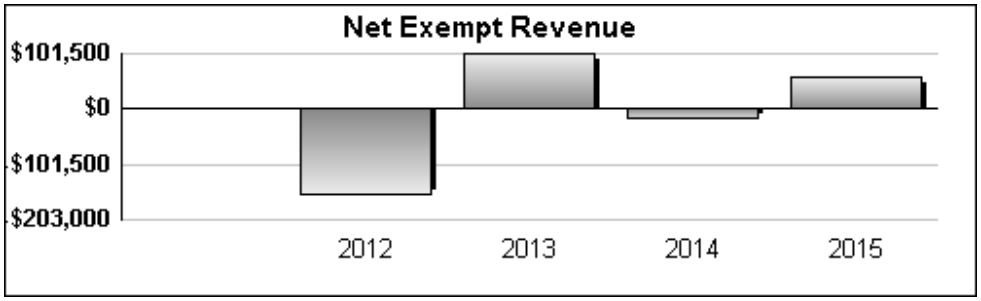
Employer Identification Number: 20-2278505

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









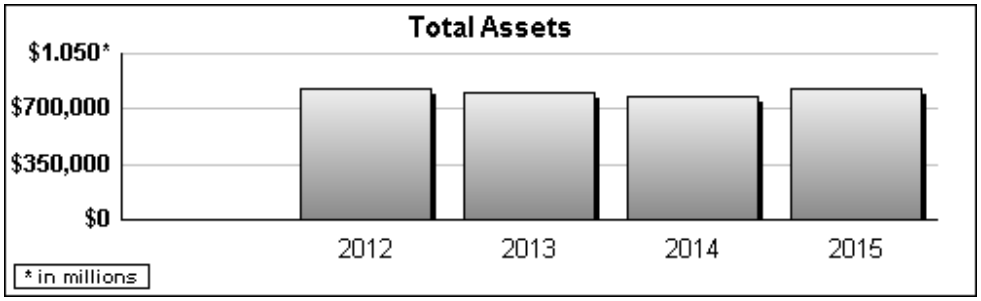
Form **990T** | **Tax Return History** | **2015**

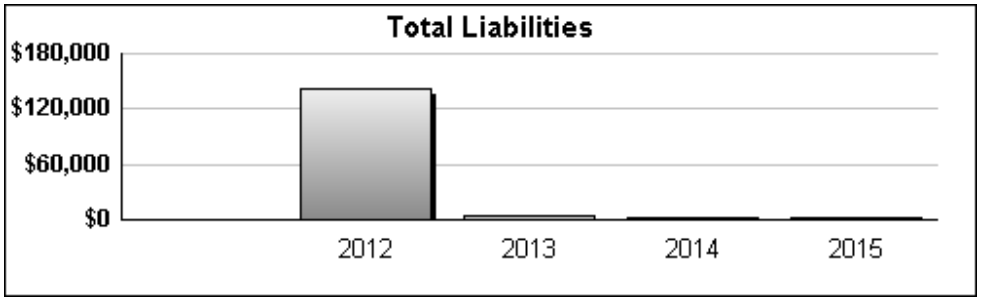
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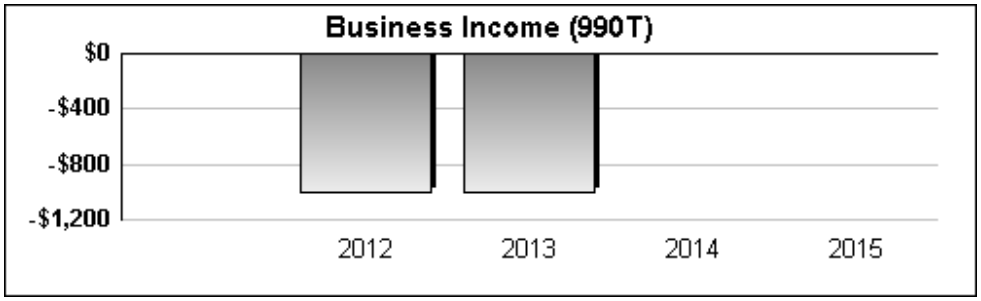
Employer Identification Number: 20-2278505

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses









Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	$ 1,415	$ 1,415	$	$
LICENSES AND PERMITS	1,340	845	495	
BANK CHARGES	1,016	580	436	
TOTAL	$ 3,771	$ 2,840	$ 931	$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
SUMNER COUNTY	$ 3,779
CITY OF HENDERSONVILLE	157,278
STATE OF TENNESSEE	
CASH CONTRIBUTION	102,105
HCA FOUNDATION	
CASH CONTRIBUTION	50,500
THE MEMORIAL FOUNDATION	
CASH CONTRIBUTION	40,000
BAPTIST HEALING TRUST	
CASH CONTRIBUTION	31,000
UNITED WAY OF SUMNER COUNTY	
CASH CONTRIBUTION	19,000
THE DODSON FAMILY CHARITABLE FOUNDAT	
CASH CONTRIBUTION	10,000
FIRST UNITED METHODIST CHURCH	
CASH CONTRIBUTION	14,500
TCM FOUNDATION	
CASH CONTRIBUTION	5,000
RANDALL SMITH	
CASH CONTRIBUTION	10,000
SMILES 180 FOUNDATION	
CASH CONTRIBUTION	15,000
SUMNER COUNTY GOVERNMENT	
CASH CONTRIBUTION	5,000
CVS CAREMARK	
CASH CONTRIBUTION	5,000
TOTAL	$ 468,162

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	$ 667,485	$ 617,742
TOTAL	$ 667,485	$ 617,742

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	$ 27,659
TOTAL	$ 27,659

Schedule A, Part II, Line 12

Description	Amount
CONTRACT SERVICE FEES	$ 28,414
PATIENT FEES	114,631
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	105
FUNDRAISING EVENT	58,385
TOTAL	$ 201,535