

Form **990**CHANGE OF ACCOUNTING PERIOD  
**Return of Organization Exempt From Income Tax****2006**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning **1/01**, 2006, and ending **6/30**, 2006**B** Check if applicable:

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

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.**C**  
SALVUS CENTER, INC.  
556 HARTSVILLE PIKE #200  
GALLATIN, TN 37066**D** Employer identification number

20-2278505

**E** Telephone number

615.451.0038

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).**G** Web site: ▶ WWW.SALVUSCENTER.ORG**J** Organization type  
(check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... ▶ 433,704.**H** and **I** are not applicable to section 527 organizations.**H** (a) Is this a group return for affiliates? ... ☐ Yes ☒ No**H** (b) If 'Yes,' enter number of affiliates ▶**H** (c) Are all affiliates included? ... ☐ Yes ☐ No  
(If 'No,' attach a list. See instructions.)**H** (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number... ▶**M** Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds.....	1a	0	
	b	Direct public support (not included on line 1a).....	1b	409,477.	
	c	Indirect public support (not included on line 1a).....	1c		
	d	Government contributions (grants) (not included on line 1a).....	1d		
	e	Total (add lines 1a through 1d) (cash \$ 377,621. noncash \$ 31,856.).....	1e	409,477.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93).....	2	24,147.	
	3	Membership dues and assessments.....	3		
	4	Interest on savings and temporary cash investments.....	4		
	5	Dividends and interest from securities.....	5	80.	
	6a	Gross rents.....	6a		
	b	Less: rental expenses.....	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a.....	6c		
	7	Other investment income (describe.....) ▶	7		
	8a	Gross amount from sales of assets other than inventory.....	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses.....	8a		
	c	Gain or (loss) (attach schedule).....	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B).....	8c		
	8d		8d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here... ▶ <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b).....	9a		
	b	Less: direct expenses other than fundraising expenses.....	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a.....	9c		
	10a	Gross sales of inventory, less returns and allowances.....	10a		
	b	Less: cost of goods sold.....	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.....	10c		
	11	Other revenue (from Part VII, line 103).....	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.....	12	433,704.	
	EXPENSES	13	Program services (from line 44, column (B)).....	13	71,214.
		14	Management and general (from line 44, column (C)).....	14	17,069.
15		Fundraising (from line 44, column (D)).....	15	24,635.	
16		Payments to affiliates (attach schedule).....	16		
17		Total expenses. Add lines 16 and 44, column (A).....	17	112,918.	
ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12.....	18	320,786.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A)).....	19	163,837.	
	20	Other changes in net assets or fund balances (attach explanation)..... SEE STATEMENT 1.....	20	149,526.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20.....	21	634,149.	

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	57,500.	38,750.	12,500.	6,250.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	14,996.	14,996.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28	219.		219.	
<b>29</b> Payroll taxes	29	6,341.	5,072.	846.	423.
<b>30</b> Professional fundraising fees	30	15,600.			15,600.
<b>31</b> Accounting fees	31				
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	4,980.	3,528.	1,035.	417.
<b>34</b> Telephone	34	1,442.	481.	481.	480.
<b>35</b> Postage and shipping	35	457.	195.	262.	
<b>36</b> Occupancy	36	840.	630.	140.	70.
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39				
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42	3,579.	2,964.	374.	241.
<b>43</b> Other expenses not covered above (itemize): <b>a</b> SEE STATEMENT 2	43a	6,964.	4,598.	1,212.	1,154.
<b>b</b>	43b				
<b>c</b>	43c				
<b>d</b>	43d				
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	112,918.	71,214.	17,069.	24,635.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 3

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

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

**a** SEE STATEMENT 4

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

71,214.

**b**

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

**c**

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

**d**

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-----  
-----

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

**e** Other program services.....

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

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

71,214.

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash – non-interest-bearing.....	154,356.	45	251,488.
46	Savings and temporary cash investments.....		46	83,185.
47 a	Accounts receivable.....	47 a		
b	Less: allowance for doubtful accounts.....	47 b	47 c	
48 a	Pledges receivable.....	48 a 260,890.		
b	Less: allowance for doubtful accounts.....	48 b 4,600.	48 c	256,290.
49	Grants receivable.....		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule).....		50 a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....		50 b	
51 a	Other notes and loans receivable (attach schedule).....	51 a		
b	Less: allowance for doubtful accounts.....	51 b	51 c	
52	Inventories for sale or use.....	1,500.	52	10,431.
53	Prepaid expenses and deferred charges.....		53	4,902.
54 a	Investments – publicly-traded securities... SEE ST. 5. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	4,439.	54 a	4,484.
b	Investments – other securities (attach sch.)... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 b	
55 a	Investments – land, buildings, & equipment: basis... 55 a			
b	Less: accumulated depreciation (attach schedule)..... 55 b		55 c	
56	Investments – other (attach schedule).....		56	
57 a	Land, buildings, and equipment: basis..... 57 a 25,108.			
b	Less: accumulated depreciation (attach schedule)..... STATEMENT 6 ... 57 b 3,613.	6,795.	57 c	21,495.
58	Other assets, including program-related investments (describe ► SEE STATEMENT 7 ).....	322.	58	7,163.
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58.....	167,412.	59	639,438.
60	Accounts payable and accrued expenses.....		60	1,084.
61	Grants payable.....		61	
62	Deferred revenue.....		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
64 a	Tax-exempt bond liabilities (attach schedule).....		64 a	
b	Mortgages and other notes payable (attach schedule).....		64 b	
65	Other liabilities (describe ► SEE STATEMENT 8 ).....	3,575.	65	4,205.
66	<b>Total liabilities.</b> Add lines 60 through 65.....	3,575.	66	5,289.
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted.....	120,087.	67	169,379.
68	Temporarily restricted.....	43,750.	68	464,770.
69	Permanently restricted.....		69	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds.....		70	
71	Paid-in or capital surplus, or land, building, and equipment fund.....		71	
72	Retained earnings, endowment, accumulated income, or other funds.....		72	
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).....	163,837.	73	634,149.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.....	167,412.	74	639,438.

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Yes	No
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75b	X
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75b	X
-----	---

75c	X
-----	---

75 d	X
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75 d	X
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## Other

cribed below)

Part VI	Other Information (See the instructions.)	Yes	No
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Yes	No
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76		X
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77		X
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78a	X
-----	---

78a		21
78b	N/A	

79	X
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80 a	X
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<p>1. <i>Chlorophyll a</i> (mg/g)</p> <p>2. <i>Chlorophyll b</i> (mg/g)</p> <p>3. <i>Chlorophyll a + b</i> (mg/g)</p> <p>4. <i>Chlorophyll a/b ratio</i></p>	<p>5. <i>Carotenoids</i> (mg/g)</p> <p>6. <i>Carotenoids/a + b ratio</i></p> <p>7. <i>Chlorophyll index</i></p> <p>8. <i>Chlorophyll fluorescence</i></p>	<p>9. <i>Chlorophyll fluorescence</i></p> <p>10. <i>Chlorophyll fluorescence</i></p> <p>11. <i>Chlorophyll fluorescence</i></p> <p>12. <i>Chlorophyll fluorescence</i></p>
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81 a		0
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81 b	X
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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	164,594.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.	85c	N/A
d	Section 162(e) lobbying and political expenditures.	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	X 0
91 a	The books are in care of ▶ SHELLEY AMES Telephone number ▶ 615.451.0038 Located at ▶ 556 HARTSVILLE PIKE, SUITE 200, GALLATIN TN ZIP + 4 ▶ 37066		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country . . . ▶	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Form 990 (2006)

**Part VI Other Information** (continued)

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

and enter the amount of tax-exempt interest received or accrued during the tax year. .... 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PATHFINDER INCOME					17,500.
b PATIENT FEES					6,647.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities		80.			
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		80.			24,147.
105 Total (add line 104, columns (B), (D), and (E))					24,227.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... ☐ Yes ☒ No

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



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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

Please Sign Here

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

Signature of officer Shelley Ames

Date 12-18-07

Type or print name and title. Shelley Ames, Executive Director

Paid Preparer's Use Only

Preparer's signature

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

STICKEL, CPA

PO BOX 549

WHITE HOUSE, TN 37188

Date

2.6.07

Check if self-employed ☒

Preparer's SSN or PTIN (See General instruction W)

N/A

EIN N/A

Phone no. (615) 672-9205

BAA

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2006**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

**Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ N/A  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . . 2a X

b Lending of money or other extension of credit? . . . . . 2b X

c Furnishing of goods, services, or facilities? . . . . . 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . 2d X

e Transfer of any part of its income or assets? . . . . . 2e X

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

b Did the organization have a section 403(b) annuity plan for its employees? . . . . . 3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . . 3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . 3d X

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

b Did the organization make any taxable distributions under section 4966? . . . . . 4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 4c X

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶

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

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

**Part IV Reason for Non-Private Foundation Status** (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	247,723.				247,723.
16 Membership fees received .....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....	10,208.				10,208.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					0.
19 Net income from unrelated business activities not included in line 18 .....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
23 Total of lines 15 through 22 .....	257,931.				257,931.
24 Line 23 minus line 17 .....	247,723.				247,723.
25 Enter 1% of line 23 .....	2,579.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a 4,954.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b 110,325.
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c 247,723.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 110,325.					26d 110,325.
e Public support (line 26c minus line 26d total) .....					26e 137,398.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f 55.46 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____ 27d _____
d Add: Line 27a total _____ and line 27b total .....					27e _____
e Public support (line 27c total minus line 27d total) .....					27f _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27h _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
	-----		
	-----		
	-----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
	-----		
	-----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
	-----		
	-----		
	-----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table — <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is —</p> <p>Not over \$500,000 .....</p> <p>Over \$500,000 but not over \$1,000,000 .....</p> <p>Over \$1,000,000 but not over \$1,500,000 .....</p> <p>Over \$1,500,000 but not over \$17,000,000 .....</p> <p>Over \$17,000,000 .....</p> </div> <div> <p><b>The lobbying nontaxable amount is —</b></p> <p>20% of the amount on line 40 .....</p> <p>\$100,000 plus 15% of the excess over \$500,000 .....</p> <p>\$175,000 plus 10% of the excess over \$1,000,000 .....</p> <p>\$225,000 plus 5% of the excess over \$1,500,000 .....</p> <p>\$1,000,000 .....</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots non-taxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

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

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (add lines c through h.) .....			

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

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Schedule A (Form 990 or 990-EZ) 2006





SALVUS CENTER, INC.

20-2278505

**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PLEDGES RECEIVABLE - DONATED FACILITIES.....	\$	149,468.
UNREALIZED GAINS ON INVESTMENTS.....		58.
<b>TOTAL</b>	<b>\$</b>	<b>149,526.</b>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	1,146.	150.	67.	929.
CONFERENCES	262.		262.	
INSURANCE	1,492.	1,372.	85.	35.
LABORATORY SERVICES	819.	819.		
LOSS ON DISPOSAL OF ASSET	110.	82.	28.	
MAINTENANCE AGREEMENTS	675.	675.		
MEALS & ENTERTAINMENT	599.	304.	295.	
MISCELLANEOUS	711.	452.	259.	
PAYROLL PROCESSING FEES	366.	293.	49.	24.
STAFF DEVELOPMENT	95.	95.		
STORAGE	189.	189.		
WEBSITE HOSTING	500.	167.	167.	166.
<b>TOTAL</b>	<b>\$ 6,964.</b>	<b>\$ 4,598.</b>	<b>\$ 1,212.</b>	<b>\$ 1,154.</b>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

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 LIVE IN SUMNER COUNTY WHO ARE WORKING AND HAVE NO INSURANCE.

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE ORGANIZATION WAS FOUNDED IN 2005. TIME WAS SPENT FROM THIS TIME UNTIL THE CLINIC OPENED IN MARCH 2006 RAISING FUNDS, ORGANIZING THE MANAGEMENT AND ADMINISTRATION FUNCTIONS AND GETTING THE PROGRAM UP AND RUNNING. THE CLINIC SERVES RESIDENTS OF SUMNER COUNTY WHO WORK BUT DO NOT HAVE HEALTH INSURANCE. THE PATIENTS ARE SEEN, TREATED AND PAY FEES ACCORDING TO A SLIDING SCALE. THE GOAL OF THE CLINIC IS FOR THE FEES TO ACCOUNT FOR NO MORE THAN 10% OF		

SALVUS CENTER, INC.

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STATEMENT 4 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE OPERATING EXPENSES. THE CLINIC SERVED 141 PATIENTS AS OF MAY 23, 2006.		71,214.
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	\$ 71,214.

STATEMENT 5  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
100 SHS WALGREEN STOCK	MARKET VALUE	\$ 4,484.
	TOTAL	\$ 4,484.
PUBLICLY TRADED SECURITIES		\$ 4,484.

STATEMENT 6  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 24,308.	\$ 3,556.	\$ 20,752.
IMPROVEMENTS	800.	57.	743.
TOTAL	\$ 25,108.	\$ 3,613.	\$ 21,495.

STATEMENT 7  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

NET INTANGIBLE ASSETS.....	7,144.
OTHER RECEIVABLE.....	\$ 19.
TOTAL	\$ 7,163.

SALVUS CENTER, INC.

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STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED PAYROLL AND PAYROLL TAXES..... \$ 4,205.  
TOTAL \$ 4,205.

STATEMENT 9  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHARLES BONE 511 UNION STREET, SUITE 1600 NASHVILLE, TN 37219	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
STEVE BOTTS 100 BLUEGRASS COMMONS, STE 300 HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
RANDY CLINE P.O. BOX 905 WHITE HOUSE, TN 37188	DIRECTOR 0	0.	0.	0.
CHAD BROWN 355 NEW SHACKLE ISLAND ROAD HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
STEVE BROWN 110 MEADOW LANE HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
WILDA DODSON 115 E. MAIN STREET GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
FRANK FREELS, JR. 312 SEMINOLE COURT GOODLETTSVILLE, TN 37072	DIRECTOR 0	0.	0.	0.
STEVE GREGORY P.O. BOX 837077 HENDERSONVILLE, TN 37077	VICE-CHAIR 0	0.	0.	0.
JOHNNY H. HAYES 530 ROCK BRIDGE ROAD GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
MARY HOWARD HAYES 1005 UNION SCHOOL ROAD GALLATIN, TN 37066	SECRETARY 0	0.	0.	0.

SALVUS CENTER, INC.

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## STATEMENT 9 (CONTINUED)

## FORM 990, PART V-A

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. TED HILL 668 NORTH RIDGE GALLATIN, TN 37066	DIRECTOR 0	\$ 31,250.	\$ 0.	\$ 0.
CHARLES LEA, PH.D 1480 NASHVILLE PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
ANA LUDI 1011 ALAMEDA DRIVE PORTLAND, TN 37148	DIRECTOR 0	0.	0.	0.
MARY H. MALONE 455 COLESFERRY ROAD GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
BISHOP WILLIAM M. MORRIS 800 HARRIS DRIVE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
EDDIE SMITH 105 REDBUD DRIVE PORTLAND, TN 37148	DIRECTOR 0	0.	0.	0.
DR. FRED STAHMANN 555 HARTSVILLE PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
WILLIAM T. SUGG 555 HARTSVILLE PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
BILL WRIGHT 130 MAPLE AVENUE HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
NICK SWIFT 555 HARTSVILLE PIKE GALLATIN, TN 37066	TREASURER 0	0.	0.	0.
MILA MCDONALD 1695 AB WAIT ROAD PORTLAND, TN 37148	DIRECTOR 0	0.	0.	0.
JOHN CROSS 384 BAYSHORE DRIVE HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.

2006

## FEDERAL STATEMENTS

PAGE 5

CLIENT 1050

SALVUS CENTER, INC.

20-2278505

2/06/07

03:15PM

STATEMENT 9 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SHELLEY AMES 556 HARTSVILLE PIKE, SUITE 200 GALLATIN, TN 37066	EXECUTIVE DIREC 40	\$ 24,038.	\$ 0.	\$ 0.
SCOTT JORDAN, M.D. 128 RAYMOND HIRSCH PARKWAY WHITE HOUSE, TN 37188	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 55,288.	\$ 0.	\$ 0.