

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. SALVUS CENTER, INC. 556 HARTSVILLE PIKE #200 GALLATIN, TN 37066	D Employer identification number 20-2278505
		E Telephone number 615.451.0038
		F Group Exemption Number ▶

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **WWW.SALVUSCENTER.ORG****J** Organization type (check only one) — ☒ 501(c) (**3**) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **589,112.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	331,220.
	2 Program service revenue including government fees and contracts	2	217,479.
	3 Membership dues and assessments	3	
	4 Investment income	4	11,813.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	28,580.
	b Less: direct expenses other than fundraising expenses	6b	11,571.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,009.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ SEE STATEMENT 1)	8	20.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	577,541.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	338,670.
	13 Professional fees and other payments to independent contractors	13	43,200.
	14 Occupancy, rent, utilities, and maintenance	14	53,581.
	15 Printing, publications, postage, and shipping	15	5,451.
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	123,927.
	17 Total expenses (add lines 10 through 16)	17	564,829.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,712.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	651,254.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-17,014.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	646,952.

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	613,839.	610,038.
23 Land and buildings	1,352.	10,256.
24 Other assets (describe ▶ SEE STATEMENT 4)	36,063.	26,658.
25 Total assets	651,254.	646,952.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	651,254.	646,952.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.Form **990-EZ** (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 6

28a	445,018.
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29

29a

30

30 a

31 Other program services (attach schedule)

31 a

32 **Total program service expenses** (add lines 28a through 31a).....

32	445,018.
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(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p> <p>31. _____</p> <p>32. _____</p> <p>33. _____</p> <p>34. _____</p> <p>35. _____</p> <p>36. _____</p> <p>37. _____</p> <p>38. _____</p> <p>39. _____</p> <p>40. _____</p> <p>41. _____</p> <p>42. _____</p> <p>43. _____</p> <p>44. _____</p> <p>45. _____</p> <p>46. _____</p> <p>47. _____</p> <p>48. _____</p> <p>49. _____</p> <p>50. _____</p>

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances	
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SEE STATEMENT 7

120,750.

4,050.

0.

COPY

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/A	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a 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 (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,' complete Schedule L, Part I.	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Enter amount of tax on line 40c 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? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ TN		

42a The books are in care of ▶ SHELLEY AMES Telephone no. ▶ 615.451.0038
 Located at ▶ 556 HARTSVILLE PIKE, SUITE 200 GALLATIN TN ZIP + 4 ▶ 37066

	Yes	No
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)?	42b	X
If 'Yes,' enter the name of the foreign country: . . . ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If 'Yes,' enter the name of the foreign country: . . . ▶		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 8

- | | Yes | No |
|--|------------|----|
| 46 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 | 46 | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If 'Yes,' was the related organization(s) a section 527 organization? | 49b | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000. ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000. ▶		

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 Type or print name and title.	EXECUTIVE DIRECTOR

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	STICKEL, CPA, PC PO BOX 549 WHITE HOUSE, TN 37188			
	EIN	N/A			

Phone no. ▶ (615) 672-9205

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

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: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) a family member of a person described in (i) above? | 11 g (ii) | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		343,522.	237,192.	379,023.	331,220.	1,290,957.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 Total. Add lines 1-3.	0.	343,522.	237,192.	379,023.	331,220.	1,290,957.
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).						463,811.
6 Public support. Subtract line 5 from line 4.						827,146.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	0.	343,522.	237,192.	379,023.	331,220.	1,290,957.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		138.	6,806.	15,774.	11,813.	34,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						1,325,488.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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. ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 on 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 IV.)						
13 Total support. (add lns 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 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

COPY

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

- ▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

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

General Rule –

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 11,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 75,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 30,406.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 6,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DONATED USE OF FACILITIES - GALLATIN CLINIC		
		\$ 30,406.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Department of the Treasury
Internal Revenue Service

Name of the organization

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

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' to Form 990, Part IV, line 17.
---------------	---

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

<input type="checkbox"/>	Mail solicitations	<input type="checkbox"/>	Solicitation of non-government grants
<input type="checkbox"/>	Email solicitations	<input type="checkbox"/>	Solicitation of government grants
<input type="checkbox"/>	Phone solicitations	<input type="checkbox"/>	Special fundraising events
<input type="checkbox"/>	In-person solicitations		

- 2a** Did the organization have 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. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						

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

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPECIAL EVENT (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	28,580.			28,580.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	28,580.			28,580.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,571.			11,571.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				11,571.
	9 Net income summary. Combine lines 3 and 8 in column (d)				17,009.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐

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? **17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME	\$	20.
TOTAL	\$	<u>20.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	273.
AMORTIZATION		4,782.
CONFERENCES, CONVENTIONS, AND MEETINGS		215.
CONTRACT MEDICAL SERVICES		38,933.
CONTRIBUTIONS		1,275.
DEPRECIATION		10,427.
HOSPITAL PATIENT ASSISTANCE		8,356.
INSURANCE		26,801.
MEALS & ENTERTAINMENT		913.
MEDICAL SUPPLIES		3,460.
MEDICAL WASTE DISPOSAL		1,165.
MEMBERSHIP DUES		382.
MISCELLANEOUS		1,333.
OFFICE EXPENSES		6,616.
PAYROLL PROCESSING FEES		709.
PUBLIC RELATIONS/MARKETING		2,065.
RECOGNITION APPRECIATION		953.
STAFF DEVELOPMENT		789.
STATE TAXES AND FEES		765.
TECHNICAL SUPPORT		6,084.
TELEPHONE		7,631.
TOTAL	\$	<u>123,927.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$	-17,014.
TOTAL	\$	<u>-17,014.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
INTANGIBLE ASSETS	\$ 8,277.	\$ 3,495.
MACHINERY AND EQUIPMENT	14,710.	22,789.
MISCELLANEOUS	12,702.	0.
OTHER RECEIVABLE	374.	374.
TOTAL	<u>\$ 36,063.</u>	<u>\$ 26,658.</u>

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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STATEMENT 5
FORM 990-EZ, 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 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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 THE OPERATING EXPENSES. THE CLINIC SERVED 3,450 FOR THE FISCAL YEAR ENDED JUNE 30, 2009.

STATEMENT 7
FORM 990-EZ, PART IV
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	DIRECTOR 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.
ANN WHITESIDE 103 CANTERBURY CLOSE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
PASTOR DERRICK JACKSON 290 E. WINCHESTER STREET GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
WILDA DODSON 115 E. MAIN STREET GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
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
FRANK FREELS, JR. 312 SEMINOLE COURT GOODLETTSVILLE, TN 37072	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
STEVE GREGORY 239 W. MAIN STREET HENDERSONVILLE, TN 37075	PAST-CHAIR 0	0.	0.	0.
NICK SWIFT 2035 MORGAN'S WAY GALLATIN, TN 37066	VICE CHAIR 0	0.	0.	0.
MARY HOWARD HAYES 530 ROCK BRIDGE ROAD BETHPAGE, TN 37022	DIRECTOR 0	0.	0.	0.
DR. TED HILL 668 NORTH RIDGE GALLATIN, TN 37066	DIRECTOR 40.00	68,250.	0.	0.
ANA LUDI 1011 ALAMEDA DRIVE PORTLAND, TN 37148	DIRECTOR 0	0.	0.	0.
MARY H. MALONE 455 COLES FERRY ROAD GALLATIN, TN 37066	SECRETARY 0	0.	0.	0.
BISHOP WILLIAM M. MORRIS 800 HARRIS DRIVE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
FRED STAHMANN, M.D. 1001 PECK LANE HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
WILLIAM T. SUGG 555 HARTSVILLE PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
BILL WRIGHT 39 WYNDERMERE HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
NICK SWIFT 2035 MORGAN'S WAY GALLATIN, TN 37066	VICE-CHAIR 0	0.	0.	0.

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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STATEMENT 7 (CONTINUED)**FORM 990-EZ, PART IV****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
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.
SHELLEY AMES 556 HARTSVILLE PIKE, SUITE 200 GALLATIN, TN 37066	EXECUTIVE DIREC 40.00	52,500.	4,050.	0.
SCOTT JORDAN, M.D. 128 RAYMOND HIRSCH PARKWAY WHITE HOUSE, TN 37188	DIRECTOR 0	0.	0.	0.
BARRY CLOUSE 1509 HUNT CLUB BLVD. GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
BRIAN COOK 355 NEW SHACKLE ISLAND ROAD HENDERSONVILLE, TN 37075	DIRECTOR 0	0.	0.	0.
TOM GIVENS 101 JASMINE COURT GALLATIN, TN 37066	TREASURER 0	0.	0.	0.
DAVID POPEN 555 HARTSVILLE PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
REV. WADE POWERS 1287 DOBBINS PIKE GALLATIN, TN 37066	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 120,750.	\$ 4,050.	\$ 0.

STATEMENT 8**FORM 990-EZ, PART VI****REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

CLIENT 1050-1

**STICKEL, CPA, PC
PO BOX 549
WHITE HOUSE, TN 37188
(615) 672-9205**

November 16, 2009

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

Dear Shelley:

Your 2008 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Lisa Mays Stickel, CPA

COPY

2008 TAX RETURN

PREPARER REVIEW COPY

Client: 1050-1

Prepared for: SALVUS CENTER, INC.
556 HARTSVILLE PIKE SUITE 200
GALLATIN, TN 37066
615.451.0038

Prepared by: LISA MAYS STICKEL, CPA
STICKEL, CPA, PC
PO BOX 549
WHITE HOUSE, TN 37188
(615) 672-9205

Date: NOVEMBER 16, 2009

Comments:

COPY

Route to: _____

2008 Exempt Org. Return
prepared for:

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

COPY

STICKEL, CPA, PC
PO BOX 549
WHITE HOUSE, TN 37188

STICKEL, CPA, PC
PO BOX 549
WHITE HOUSE, TN 37188

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

COPY

STICKEL, CPA, PC
PO BOX 549
WHITE HOUSE, TN 37188
(615) 672-9205

Client 1050-1
November 16, 2009

SALVUS CENTER, INC.
556 HARTSVILLE PIKE #200
GALLATIN, TN 37066
615.451.0038

FEDERAL FORMS

Form 990-EZ	2008 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule G	Fundraising or Gaming Activities
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

COPY

2008**FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)****PAGE 1****CLIENT 1050-1****SALVUS CENTER, INC.****20-2278505**

11/16/09

2:39 PM

	2008	2007	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	331,220	379,023	-47,803
PROGRAM SERVICE REVENUE	217,479	158,081	59,398
INVESTMENT INCOME	11,813	0	11,813
NET INCOME (LOSS) - SPECIAL EVENTS	17,009	25,695	-8,686
OTHER REVENUE	20	142	-122
TOTAL REVENUE	577,541	578,715	-1,174
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS	338,670	0	338,670
PROFESSIONAL FEES/PYMT TO CONTRACTORS	43,200	0	43,200
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	53,581	0	53,581
PRINTING, PUBLICATIONS, AND POSTAGE	5,451	0	5,451
OTHER EXPENSES	123,927	0	123,927
TOTAL EXPENSES	564,829	362,818	202,011
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	12,712	215,897	-203,185
NET ASSETS/FUND BAL. AT BEG. OF YEAR	651,254	447,700	203,554
OTHER CHANGES IN NET ASSETS/FUND BAL	-17,014	-12,343	-4,671
NET ASSETS/FUND BAL. AT END OF YEAR	646,952	651,254	-4,302

COPY

FEDERAL OVERRIDES**SCREEN 34**

- ☐ AN OVERRIDE ENTRY OF 120,750 HAS BEEN MADE IN FEDERAL "COMPENSATION OF OFFICERS, ETC. [O]" (SCREEN 34, CODE 13).

SCREEN 50.1

- ☐ AN OVERRIDE ENTRY OF 40,926 HAS BEEN MADE IN FEDERAL "PUBLICLY-TRADED SECURITIES (FORM 990) [O]" (SCREEN 50.1, CODE 103).
- ☐ AN OVERRIDE ENTRY OF 18,080 HAS BEEN MADE IN FEDERAL "INTANGIBLE ASSETS [O]" (SCREEN 50.1, CODE 180).
- ☐ AN OVERRIDE ENTRY OF 9,803 HAS BEEN MADE IN FEDERAL "ACCUMULATED AMORTIZATION [O]" (SCREEN 50.1, CODE 181).
- ☐ AN OVERRIDE ENTRY OF 24,564 HAS BEEN MADE IN FEDERAL "PUBLICLY-TRADED SECURITIES (FORM 990) [O]" (SCREEN 50.1, CODE 203).
- ☐ AN OVERRIDE ENTRY OF 18,080 HAS BEEN MADE IN FEDERAL "INTANGIBLE ASSETS [O]" (SCREEN 50.1, CODE 280).

COPY

2008

GENERAL INFORMATION

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B, SCH G

CARRYOVERS TO 2009

NONE

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2008

FEDERAL WORKSHEETS

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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**EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5**

NAME	2004	2005	2006	2007	2009	TOTAL	2% AMT	EXCESS
JOHN OPPENHEIMER	\$ 0.	\$ 5,000.	\$ 10,000.	\$ 15,270.	\$ 10,000.	\$ 40,270.	\$ 26,510.	\$ 13,760.
EZELL FOUNDATION	0.	25,000.	25,000.	0.	35,000.	85,000.	26,510.	58,490.
LONG HOLLOW BAPTIST	0.	7,500.	15,000.	10,500.	6,000.	39,000.	26,510.	12,490.
FUMC-GALLATIN	0.	0.	12,154.	17,578.	5,300.	35,032.	26,510.	8,522.
BAPTIST HEALING TRUS	0.	0.	0.	25,500.	22,500.	48,000.	26,510.	21,490.
THE MEMORIAL FOUNDAT	0.	0.	0.	150000.	75,000.	225000.	26,510.	198,490.
HCA FOUNDATION	0.	0.	0.	126874.	50,205.	177079.	26,510.	150,569.
TOTAL	\$ 0.	\$ 37,500.	\$ 62,154.	\$ 345722.	\$ 204005.	\$ 649381.	\$ 185570.	\$ 463,811.

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6/30/09

2008 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AMORTIZATION										
1	QUICKBOOKS	6/13/05		400			400	S/L	3	0
7	SCHEDULING SOFTWARE	3/01/06		8,000			6,445	S/L	3	1,555
75	MEDINOTES EMR	8/14/07		9,680			2,958	S/L	3	3,227
TOTAL AMORTIZATION				18,080		0	9,803			4,782
IMPROVEMENTS										
8	FACILITY SIGN	3/01/06		800			393	200DB HY	7	100
49	SECURITY SYSTEM	4/11/07		975			30	S/L MM	39	25
81	CABINETS - HENDERSONVILLE	7/28/08		2,448				S/L	3.3	680
82	PAINTING & IMPROVE-HVILLE	7/28/08		1,923				S/L	3.3	534
83	STORAGE UNITS- HVILLE	7/28/08		195				S/L	3.3	54
84	TOILET REPLACEMENT-HVILLE	7/28/08		512				S/L	3.3	142
85	CABLE & JACK INSTALL-HVIL	7/28/08		260				S/L	3.3	72
86	FLOOR-HVILLE	7/28/08		7,163				S/L	3.3	1,990
TOTAL IMPROVEMENTS				14,276		0	423			3,597
MACHINERY AND EQUIPMENT										
2	LAPTOP	6/13/05		1,797			1,199	200DB HY	5	207
3	EXAM TABLES	6/30/05		2,000			1,131	200DB HY	7	179
4	RECEPTION AREA CHAIRS	6/30/05		400			226	200DB HY	7	36
5	UPHOLSTERY	6/30/05		400			226	200DB HY	7	36
6	SIDE CHAIRS	6/30/05		300			169	200DB HY	7	27
9	DEFIBRILATOR CORD	3/01/06		300			146	200DB HY	7	37
10	USED DELL LAPTOP COMPUTER	3/01/06		250			153	200DB HY	5	29
11	USED DELL LAPTOP COMPUTER	3/01/06		250			153	200DB HY	5	29
12	USED DELL LAPTOP COMPUTER	3/01/06		250			153	200DB HY	5	29
13	USED DELL LAPTOP COMPUTER	3/01/06		250			153	200DB HY	5	29
14	USED DESK	3/01/06		200			98	200DB HY	7	25
15	DRAPERIES	3/01/06		400			196	200DB HY	7	50
16	EKG	3/01/06		2,000			983	200DB HY	7	250
17	EXAM ROOM LIGHT	3/01/06		75			36	200DB HY	7	9
18	EXAM TABLES/CABINET	3/01/06		600			295	200DB HY	7	75
19	HP LASER JET PRINTER	3/01/06		150			92	200DB HY	5	17
20	IBM COMPUTER/PRINTER MONI	3/01/06		2,500			1,530	200DB HY	5	288

6/30/09

2008 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
21	MICROSCOPE	3/01/06		300			148	200DB HY	7	37
22	MICROWAVE	3/01/06		100			48	200DB HY	7	12
23	OFFICE FURNITURE	3/01/06		1,000			492	200DB HY	7	125
24	2 PATIENT FILING CABINETS	3/01/06		400			197	200DB HY	7	50
25	STORAGE SHELVES	3/01/06		200			98	200DB HY	7	25
26	2 TABLES	3/01/06		150			73	200DB HY	7	19
27	REFRIGERATOR	3/01/06		250			123	200DB HY	7	31
28	DEFIBRILLATOR	6/30/05		1,000			565	200DB HY	7	89
29	DRAW STATION DESK	3/01/06		100			48	200DB HY	7	12
30	3 OFFICE CHAIRS	6/30/05		300			169	200DB HY	7	27
31	END TABLE/COFFEE TABLE	6/30/05		400			226	200DB HY	7	36
32	LAMPS	3/01/06		150			74	200DB HY	7	19
33	CENTRIFUGE	3/01/06		300			146	200DB HY	7	37
34	MEDICAL STORAGE CHESTS	6/30/05		200			114	200DB HY	7	18
35	2 SCALES	6/30/05		200			114	200DB HY	7	18
36	2 INFANT SCALES	6/30/05		200			114	200DB HY	7	18
37	BLOOD PRESSURE MONITORS	6/30/05		300			168	200DB HY	7	27
38	3 EXAM STOOLS	3/01/06		225			110	200DB HY	7	28
39	DIAGNOSTIC KITS	6/30/05		400			226	200DB HY	7	36
40	LEG/ANKLE BRACES	3/01/06		200			98	200DB HY	7	25
41	FLOOR MATS	3/01/06		400			196	200DB HY	7	50
42	3 THERMOMETERS	3/01/06		225			110	200DB HY	7	28
43	PHONE SYSTEM/CABLING	3/14/06		3,372			1,657	200DB HY	7	421
44	ED OFFICE FURNITURE	3/21/06		968			475	200DB HY	7	121
45	FAX MACHINE	6/06/06		258			126	200DB HY	7	32
46	CRASH CART	6/06/06		88			43	200DB HY	7	11
47	COPIER	6/06/06		500			306	200DB HY	5	58
48	IBM COMPUTER AND PRINTER	3/01/07		2,507			1,303	200DB HY	5	481
50	DELL FAX, SCANNER, COPIER	7/07/07		1,000			200	200DB HY	5	320
51	EXAM TABLE	7/28/08		300				200DB HY	7	43
53	WHEEL CHAIR	7/28/08		100				200DB HY	7	14
54	EKG STAND	7/28/08		150				200DB HY	7	21
59	MOBILE BLOOD PRESSURE STD	7/28/08		50				200DB HY	7	7
60	MINI REFRIGERATOR	7/28/08		50				200DB HY	7	7
61	VIEW BOX	7/28/08		25				200DB HY	7	4
63	2 SWIVEL DESK CHAIRS	7/28/08		100				200DB HY	7	14
64	22 CUSHIONED CHAIRS	7/28/08		900				200DB HY	7	129
65	FILE CABINET	7/28/08		100				200DB HY	7	14
66	COPIER STAND	7/28/08		25				200DB HY	7	4

6/30/09

2008 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 3

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
67	MINI REFRIGERATOR	7/28/08		50				200DB HY	7	7
68	VIEW BOX	7/28/08		50				200DB HY	7	7
72	MINOLTA COPIER	7/28/08		200				200DB HY	5	40
73	2 DELL OPTIPLEX	2/08/08		720			144	200DB HY	5	230
74	3 STINGER CART	9/30/07		795			114	200DB HY	7	195
76	INSTALL COMPUTERS/NETWORK	7/28/08		3,000				200DB HY	5	600
77	4 HEAD LAMPS	11/13/07		400			57	200DB HY	7	98
78	LENOVA THINKCENTER PROCES	7/28/08		2,543				200DB HY	5	509
79	LENOVA MONITOR	7/28/08		250				200DB HY	5	50
87	CABLE/WIRING	10/15/08		2,305				200DB HY	5	461
88	MEDICAL EQUIPMENT	7/01/08		200				200DB HY	7	29
89	PRINTER	7/08/08		150				200DB HY	5	30
90	PRIVACY SCREEN, STOOLS,CH	7/08/08		1,670				200DB HY	7	239
91	PHONES	7/15/08		1,525				200DB HY	5	305
92	EQUIPMENT-MCPEAK	8/08/08		200				200DB HY	7	29
93	C-PAP MACHINE	2/01/09		200				200DB HY	7	29
94	SCANNER FROM HMS	4/02/09		741				200DB HY	5	148
95	SCALES	4/09/09		25				200DB HY	7	4
TOTAL MACHINERY AND EQUIPME				44,639		0	15,021			6,830
TOTAL DEPRECIATION				58,915		0	15,444			10,427
GRAND TOTAL AMORTIZATION				18,080		0	9,803			4,782
GRAND TOTAL DEPRECIATION				58,915		0	15,444			10,427

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
1	QUICKBOOKS	6/13/05		400							400	400	S/L	3		0
7	SCHEDULING SOFTWARE	3/01/06		8,000							8,000	6,445	S/L	3		1,555
75	MEDINOTES EMR	8/14/07		9,680							9,680	2,958	S/L	3		3,227
TOTAL AMORTIZATION				18,080		0	0	0	0	0	18,080	9,803				4,782
IMPROVEMENTS																
8	FACILITY SIGN	3/01/06		800							800	393	200DB HY	7	.12490	100
49	SECURITY SYSTEM	4/11/07		975							975	30	S/L MM	39	.02564	25
81	CABINETS - HENDERSONVILLE	7/28/08		2,448							2,448		S/L	3.3		680
82	PAINTING & IMPROVE-HVILLE	7/28/08		1,923							1,923		S/L	3.3		534
83	STORAGE UNITS- HVILLE	7/28/08		195							195		S/L	3.3		54
84	TOILET REPLACEMENT-HVILLE	7/28/08		512							512		S/L	3.3		142
85	CABLE & JACK INSTALL-HVIL	7/28/08		260							260		S/L	3.3		72
86	FLOOR-HVILLE	7/28/08		7,163							7,163		S/L	3.3		1,990
TOTAL IMPROVEMENTS				14,276		0	0	0	0	0	14,276	423				3,597
MACHINERY AND EQUIPMENT																
2	LAPTOP	6/13/05		1,797							1,797	1,199	200DB HY	5	.11520	207
3	EXAM TABLES	6/30/05		2,000							2,000	1,131	200DB HY	7	.08930	179
4	RECEPTION AREA CHAIRS	6/30/05		400							400	226	200DB HY	7	.08930	36
5	UPHOLSTERY	6/30/05		400							400	226	200DB HY	7	.08930	36
6	SIDE CHAIRS	6/30/05		300							300	169	200DB HY	7	.08930	27

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
9	DEFIBRILATOR CORD	3/01/06		300							300	146	200DB HY	7	.12490	37
10	USED DELL LAPTOP COMPUTER	3/01/06		250							250	153	200DB HY	5	.11520	29
11	USED DELL LAPTOP COMPUTER	3/01/06		250							250	153	200DB HY	5	.11520	29
12	USED DELL LAPTOP COMPUTER	3/01/06		250							250	153	200DB HY	5	.11520	29
13	USED DELL LAPTOP COMPUTER	3/01/06		250							250	153	200DB HY	5	.11520	29
14	USED DESK	3/01/06		200							200	98	200DB HY	7	.12490	25
15	DRAPERIES	3/01/06		400							400	196	200DB HY	7	.12490	50
16	EKG	3/01/06		2,000							2,000	983	200DB HY	7	.12490	250
17	EXAM ROOM LIGHT	3/01/06		75							75	36	200DB HY	7	.12490	9
18	EXAM TABLES/CABINET	3/01/06		600							600	295	200DB HY	7	.12490	75
19	HP LASER JET PRINTER	3/01/06		150							150	92	200DB HY	5	.11520	17
20	IBM COMPUTER/PRINTER MONI	3/01/06		2,500							2,500	1,530	200DB HY	5	.11520	288
21	MICROSCOPE	3/01/06		300							300	148	200DB HY	7	.12490	37
22	MICROWAVE	3/01/06		100							100	48	200DB HY	7	.12490	12
23	OFFICE FURNITURE	3/01/06		1,000							1,000	492	200DB HY	7	.12490	125
24	2 PATIENT FILING CABINETS	3/01/06		400							400	197	200DB HY	7	.12490	50
25	STORAGE SHELVES	3/01/06		200							200	98	200DB HY	7	.12490	25
26	2 TABLES	3/01/06		150							150	73	200DB HY	7	.12490	19
27	REFRIGERATOR	3/01/06		250							250	123	200DB HY	7	.12490	31
28	DEFIBRILLATOR	6/30/05		1,000							1,000	565	200DB HY	7	.08930	89
29	DRAW STATION DESK	3/01/06		100							100	48	200DB HY	7	.12490	12
30	3 OFFICE CHAIRS	6/30/05		300							300	169	200DB HY	7	.08930	27
31	END TABLE/COFFEE TABLE	6/30/05		400							400	226	200DB HY	7	.08930	36
32	LAMPS	3/01/06		150							150	74	200DB HY	7	.12490	19
33	CENTRIFUGE	3/01/06		300							300	146	200DB HY	7	.12490	37
34	MEDICAL STORAGE CHESTS	6/30/05		200							200	114	200DB HY	7	.08930	18
35	2 SCALES	6/30/05		200							200	114	200DB HY	7	.08930	18

COPY

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36	2 INFANT SCALES	6/30/05		200							200	114	200DB HY	7	.08930	18
37	BLOOD PRESSURE MONITORS	6/30/05		300							300	168	200DB HY	7	.08930	27
38	3 EXAM STOOLS	3/01/06		225							225	110	200DB HY	7	.12490	28
39	DIAGNOSTIC KITS	6/30/05		400							400	226	200DB HY	7	.08930	36
40	LEG/ANKLE BRACES	3/01/06		200							200	98	200DB HY	7	.12490	25
41	FLOOR MATS	3/01/06		400							400	196	200DB HY	7	.12490	50
42	3 THERMOMETERS	3/01/06		225							225	110	200DB HY	7	.12490	28
43	PHONE SYSTEM/CABLING	3/14/06		3,372							3,372	1,657	200DB HY	7	.12490	421
44	ED OFFICE FURNITURE	3/21/06		968							968	475	200DB HY	7	.12490	121
45	FAX MACHINE	6/06/06		258							258	126	200DB HY	7	.12490	32
46	CRASH CART	6/06/06		88							88	43	200DB HY	7	.12490	11
47	COPIER	6/06/06		500							500	306	200DB HY	5	.11520	58
48	IBM COMPUTER AND PRINTER	3/01/07		2,507							2,507	1,303	200DB HY	5	.19200	481
50	DELL FAX, SCANNER, COPIER	7/07/07		1,000							1,000	200	200DB HY	5	.32000	320
51	EXAM TABLE	7/28/08		300							300		200DB HY	7	.14290	43
53	WHEEL CHAIR	7/28/08		100							100		200DB HY	7	.14290	14
54	EKG STAND	7/28/08		150							150		200DB HY	7	.14290	21
59	MOBILE BLOOD PRESSURE STD	7/28/08		50							50		200DB HY	7	.14290	7
60	MINI REFRIGERATOR	7/28/08		50							50		200DB HY	7	.14290	7
61	VIEW BOX	7/28/08		25							25		200DB HY	7	.14290	4
63	2 SWIVEL DESK CHAIRS	7/28/08		100							100		200DB HY	7	.14290	14
64	22 CUSHIONED CHAIRS	7/28/08		900							900		200DB HY	7	.14290	129
65	FILE CABINET	7/28/08		100							100		200DB HY	7	.14290	14
66	COPIER STAND	7/28/08		25							25		200DB HY	7	.14290	4
67	MINI REFRIGERATOR	7/28/08		50							50		200DB HY	7	.14290	7
68	VIEW BOX	7/28/08		50							50		200DB HY	7	.14290	7
72	MINOLTA COPIER	7/28/08		200							200		200DB HY	5	.20000	40

COPY

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

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73	2 DELL OPTIPLEX	2/08/08		720							720	144	200DB HY	5	.32000	230
74	3 STINGER CART	9/30/07		795							795	114	200DB HY	7	.24490	195
76	INSTALL COMPUTERS/NETWORK	7/28/08		3,000							3,000		200DB HY	5	.20000	600
77	4 HEAD LAMPS	11/13/07		400							400	57	200DB HY	7	.24490	98
78	LENOVA THINKCENTER PROCES	7/28/08		2,543							2,543		200DB HY	5	.20000	509
79	LENOVA MONITOR	7/28/08		250							250		200DB HY	5	.20000	50
87	CABLE/WIRING	10/15/08		2,305							2,305		200DB HY	5	.20000	461
88	MEDICAL EQUIPMENT	7/01/08		200							200		200DB HY	7	.14290	29
89	PRINTER	7/08/08		150							150		200DB HY	5	.20000	30
90	PRIVACY SCREEN, STOOLS,CH	7/08/08		1,670							1,670		200DB HY	7	.14290	239
91	PHONES	7/15/08		1,525							1,525		200DB HY	5	.20000	305
92	EQUIPMENT-MCPEAK	8/08/08		200							200		200DB HY	7	.14290	29
93	C-PAP MACHINE	2/01/09		200							200		200DB HY	7	.14290	29
94	SCANNER FROM HMS	4/02/09		741							741		200DB HY	5	.20000	148
95	SCALES	4/09/09		25							25		200DB HY	7	.14290	4
TOTAL MACHINERY AND EQUIPME				44,639		0	0	0	0	0	44,639	15,021				6,830
TOTAL DEPRECIATION				58,915		0	0	0	0	0	58,915	15,444				10,427
GRAND TOTAL AMORTIZATION				18,080		0	0	0	0	0	18,080	9,803				4,782
GRAND TOTAL DEPRECIATION				58,915		0	0	0	0	0	58,915	15,444				10,427

COPY

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

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FORM 990/990-PF																
AMORTIZATION																
1	QUICKBOOKS	6/13/05		400							400	400	S/L	3		0
7	SCHEDULING SOFTWARE	3/01/06		8,000							8,000	8,000	S/L	3		0
75	MEDINOTES EMR	8/14/07		9,680							9,680	6,185	S/L	3		3,227
TOTAL AMORTIZATION				18,080		0	0	0	0	0	18,080	14,585				3,227
IMPROVEMENTS																
8	FACILITY SIGN	3/01/06		800							800	493	200DB HY	7	.08930	71
49	SECURITY SYSTEM	4/11/07		975							975	55	S/L MM	39	.02564	25
81	CABINETS - HENDERSONVILLE	7/28/08		2,448							2,448	680	S/L	3.3		742
82	PAINTING & IMPROVE-HVILLE	7/28/08		1,923							1,923	534	S/L	3.3		583
83	STORAGE UNITS- HVILLE	7/28/08		195							195	54	S/L	3.3		59
84	TOILET REPLACEMENT-HVILLE	7/28/08		512							512	142	S/L	3.3		155
85	CABLE & JACK INSTALL-HVIL	7/28/08		260							260	72	S/L	3.3		79
86	FLOOR-HVILLE	7/28/08		7,163							7,163	1,990	S/L	3.3		2,171
TOTAL IMPROVEMENTS				14,276		0	0	0	0	0	14,276	4,020				3,885
MACHINERY AND EQUIPMENT																
2	LAPTOP	6/13/05		1,797							1,797	1,406	200DB HY	5	.05760	104
3	EXAM TABLES	6/30/05		2,000							2,000	1,310	200DB HY	7	.08920	178
4	RECEPTION AREA CHAIRS	6/30/05		400							400	262	200DB HY	7	.08920	36
5	UPHOLSTERY	6/30/05		400							400	262	200DB HY	7	.08920	36
6	SIDE CHAIRS	6/30/05		300							300	196	200DB HY	7	.08920	27

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

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9	DEFIBRILATOR CORD	3/01/06		300							300	183	200DB HY	7	.08930	27
10	USED DELL LAPTOP COMPUTER	3/01/06		250							250	182	200DB HY	5	.11520	29
11	USED DELL LAPTOP COMPUTER	3/01/06		250							250	182	200DB HY	5	.11520	29
12	USED DELL LAPTOP COMPUTER	3/01/06		250							250	182	200DB HY	5	.11520	29
13	USED DELL LAPTOP COMPUTER	3/01/06		250							250	182	200DB HY	5	.11520	29
14	USED DESK	3/01/06		200							200	123	200DB HY	7	.08930	18
15	DRAPERIES	3/01/06		400							400	246	200DB HY	7	.08930	36
16	EKG	3/01/06		2,000							2,000	1,233	200DB HY	7	.08930	179
17	EXAM ROOM LIGHT	3/01/06		75							75	45	200DB HY	7	.08930	7
18	EXAM TABLES/CABINET	3/01/06		600							600	370	200DB HY	7	.08930	54
19	HP LASER JET PRINTER	3/01/06		150							150	109	200DB HY	5	.11520	17
20	IBM COMPUTER/PRINTER MONI	3/01/06		2,500							2,500	1,818	200DB HY	5	.11520	288
21	MICROSCOPE	3/01/06		300							300	185	200DB HY	7	.08930	27
22	MICROWAVE	3/01/06		100							100	60	200DB HY	7	.08930	9
23	OFFICE FURNITURE	3/01/06		1,000							1,000	617	200DB HY	7	.08930	89
24	2 PATIENT FILING CABINETS	3/01/06		400							400	247	200DB HY	7	.08930	36
25	STORAGE SHELVES	3/01/06		200							200	123	200DB HY	7	.08930	18
26	2 TABLES	3/01/06		150							150	92	200DB HY	7	.08930	13
27	REFRIGERATOR	3/01/06		250							250	154	200DB HY	7	.08930	22
28	DEFIBRILLATOR	6/30/05		1,000							1,000	654	200DB HY	7	.08920	89
29	DRAW STATION DESK	3/01/06		100							100	60	200DB HY	7	.08930	9
30	3 OFFICE CHAIRS	6/30/05		300							300	196	200DB HY	7	.08920	27
31	END TABLE/COFFEE TABLE	6/30/05		400							400	262	200DB HY	7	.08920	36
32	LAMPS	3/01/06		150							150	93	200DB HY	7	.08930	13
33	CENTRIFUGE	3/01/06		300							300	183	200DB HY	7	.08930	27
34	MEDICAL STORAGE CHESTS	6/30/05		200							200	132	200DB HY	7	.08920	18
35	2 SCALES	6/30/05		200							200	132	200DB HY	7	.08920	18

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6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36	2 INFANT SCALES	6/30/05		200							200	132	200DB HY	7	.08920	18
37	BLOOD PRESSURE MONITORS	6/30/05		300							300	195	200DB HY	7	.08920	27
38	3 EXAM STOOLS	3/01/06		225							225	138	200DB HY	7	.08930	20
39	DIAGNOSTIC KITS	6/30/05		400							400	262	200DB HY	7	.08920	36
40	LEG/ANKLE BRACES	3/01/06		200							200	123	200DB HY	7	.08930	18
41	FLOOR MATS	3/01/06		400							400	246	200DB HY	7	.08930	36
42	3 THERMOMETERS	3/01/06		225							225	138	200DB HY	7	.08930	20
43	PHONE SYSTEM/CABLING	3/14/06		3,372							3,372	2,078	200DB HY	7	.08930	301
44	ED OFFICE FURNITURE	3/21/06		968							968	596	200DB HY	7	.08930	86
45	FAX MACHINE	6/06/06		258							258	158	200DB HY	7	.08930	23
46	CRASH CART	6/06/06		88							88	54	200DB HY	7	.08930	8
47	COPIER	6/06/06		500							500	364	200DB HY	5	.11520	58
48	IBM COMPUTER AND PRINTER	3/01/07		2,507							2,507	1,784	200DB HY	5	.11520	289
50	DELL FAX, SCANNER, COPIER	7/07/07		1,000							1,000	520	200DB HY	5	.19200	192
51	EXAM TABLE	7/28/08		300							300	43	200DB HY	7	.24490	73
53	WHEEL CHAIR	7/28/08		100							100	14	200DB HY	7	.24490	24
54	EKG STAND	7/28/08		150							150	21	200DB HY	7	.24490	37
59	MOBILE BLOOD PRESSURE STD	7/28/08		50							50	7	200DB HY	7	.24490	12
60	MINI REFRIGERATOR	7/28/08		50							50	7	200DB HY	7	.24490	12
61	VIEW BOX	7/28/08		25							25	4	200DB HY	7	.24490	6
63	2 SWIVEL DESK CHAIRS	7/28/08		100							100	14	200DB HY	7	.24490	24
64	22 CUSHIONED CHAIRS	7/28/08		900							900	129	200DB HY	7	.24490	220
65	FILE CABINET	7/28/08		100							100	14	200DB HY	7	.24490	24
66	COPIER STAND	7/28/08		25							25	4	200DB HY	7	.24490	6
67	MINI REFRIGERATOR	7/28/08		50							50	7	200DB HY	7	.24490	12
68	VIEW BOX	7/28/08		50							50	7	200DB HY	7	.24490	12
72	MINOLTA COPIER	7/28/08		200							200	40	200DB HY	5	.32000	64

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6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

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02:39PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
73	2 DELL OPTIPLEX	2/08/08		720							720	374	200DB HY	5	.19200	138
74	3 STINGER CART	9/30/07		795							795	309	200DB HY	7	.17490	139
76	INSTALL COMPUTERS/NETWORK	7/28/08		3,000							3,000	600	200DB HY	5	.32000	960
77	4 HEAD LAMPS	11/13/07		400							400	155	200DB HY	7	.17490	70
78	LENOVA THINKCENTER PROCES	7/28/08		2,543							2,543	509	200DB HY	5	.32000	814
79	LENOVA MONITOR	7/28/08		250							250	50	200DB HY	5	.32000	80
87	CABLE/WIRING	10/15/08		2,305							2,305	461	200DB HY	5	.32000	738
88	MEDICAL EQUIPMENT	7/01/08		200							200	29	200DB HY	7	.24490	49
89	PRINTER	7/08/08		150							150	30	200DB HY	5	.32000	48
90	PRIVACY SCREEN, STOOLS,CH	7/08/08		1,670							1,670	239	200DB HY	7	.24490	409
91	PHONES	7/15/08		1,525							1,525	305	200DB HY	5	.32000	488
92	EQUIPMENT-MCPEAK	8/08/08		200							200	29	200DB HY	7	.24490	49
93	C-PAP MACHINE	2/01/09		200							200	29	200DB HY	7	.24490	49
94	SCANNER FROM HMS	4/02/09		741							741	148	200DB HY	5	.32000	237
95	SCALES	4/09/09		25							25	4	200DB HY	7	.24490	6
TOTAL MACHINERY AND EQUIPME				44,639		0	0	0	0	0	44,639	21,851				7,506
TOTAL DEPRECIATION				58,915		0	0	0	0	0	58,915	25,871				11,391
GRAND TOTAL AMORTIZATION				18,080		0	0	0	0	0	18,080	14,585				3,227
GRAND TOTAL DEPRECIATION				58,915		0	0	0	0	0	58,915	25,871				11,391

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CLIENT 1050-1

SALVUS CENTER, INC.

20-2278505

11/16/09

02:39PM

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009.**▶ Do not send to the IRS. Keep for your records.
▶ See instructions.****2008**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SALVUS CENTER, INC.

Name and title of officer

SHELLEY AMESEXECUTIVE DIRECTOR

Employer identification number

20-2278505**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here. <input type="checkbox"/>	b Total revenue , if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here. <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>577,541.</u>
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here. <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here. <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize STICKEL, CPA, PC to enter my PIN 10507 as my signature

ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 62252398008
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.Form **8879-EO** (2008)