

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public Inspection****A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15****B** Check if applicable:

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

C Name of organization

SALVUS CENTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

556 HARTSVILLE PIKE, #200

Room/suite

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

GALLATIN TN 37066

D Employer identification number

20-2278505

E Telephone number

615-451-0038

G Gross receipts \$ 729,606**F** Name and address of principal officer:

BILL GRAVES
556 HARTSVILLE PIKE #200
GALLATIN TN 37066

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **u** WWW.SALVUSCENTER.ORG**H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: 2004 **M** State of legal domicile:**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	677,356	493,759
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153,404	164,763
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432	66
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,891	71,018
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	884,083	729,606
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	477,864	488,076
	b Total fundraising expenses (Part IX, column (D), line 25) u	25,500	18,000
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	78,948	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	278,848	242,298
	19 Revenue less expenses. Subtract line 18 from line 12	782,212	748,374
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	101,871	-18,768
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	797,641	773,973
		4,798	2,329
		792,843	771,644

Part II Signature Block

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

Sign Here	Signature of officer		Date			
	BILL GRAVES		DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JW MCMURRAY			01/30/16		P01347450
	Firm's name } MCMURRAY & ASSOCIATES, CPAS		Firm's EIN }		62-1765435	
	Firm's address } 641 E MAIN ST HENDERSONVILLE, TN 37075-2606		Phone no.		615-824-2724	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 551,693 including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **u** 551,693

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
 SHELLEY AMES 556 HARTSVILLE PIKE SUITE 200
 GALLATIN TN 37066 615-451-0038

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN SILKWOOD	0.00									
	0.00	X						0	0	0
(2) RANDY CLINE	0.00									
	0.00	X						0	0	0
(3) BARRY CLOUSE	0.00									
	0.00	X						0	0	0
(4) WILDA DODSON	0.00									
	0.00	X						0	0	0
(5) DERRICK JACKSON	0.00									
	0.00	X						0	0	0
(6) ALLEN LINDSEY	0.00									
	0.00	X						0	0	0
(7) ANA LUDI	0.00									
	0.00	X						0	0	0
(8) STEVE MAYS	0.00									
	0.00	X						0	0	0
(9) MELANIE LOWE	0.00									
	0.00	X						0	0	0
(10) BILL MIZE	0.00									
	0.00	X						0	0	0
(11) WILLIAM MORRIS	0.00									
	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RICHARD HUTCHINSON	0.00									
	0.00	X						0	0	0
(13) JENNY RUSSO	0.00									
	0.00	X						0	0	0
(14) AARON ALLISON	0.00									
	0.00	X						0	0	0
(15) JAYSON TABOR	0.00									
	0.00	X						0	0	0
(16) CHARLES HAGOOD	0.00									
	0.00	X						0	0	0
(17) BILL WRIGHT	0.00									
	0.00	X						0	0	0
(18) TED HILL	0.00									
	0.00	X						0	0	0
(19) SHELLEY AMES	40.00									
EXECUTIVE DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CORY DARLING	0.00									
	0.00	X						0	0	0
(13) HAL HENDRICKS	0.00									
	0.00	X						0	0	0
(14) MICHAEL HERMAN	0.00									
	0.00	X						0	0	0
(15) MIKE MCDONALD	0.00									
	0.00	X						0	0	0
(16) STEVE BOTTS	0.00									
PAST PRESIDENT	0.00			X				0	0	0
(17) JOHN CROSS	0.00									
	0.00			X				0	0	0
(18) FRANK FREELS	0.00									
SECRETARY	0.00			X				0	0	0
(19) TOM GIVENS	0.00									
TREASURER	0.00			X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BILL GRAVES	0.00									
PRESIDENT	0.00			X				0	0	0
(13) KEVIN GREGORY	0.00									
DEVELOPMENT CHAIRMAN	0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 16,195				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 115,888				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 361,676				
	g Noncash contributions included in lines 1a-1f: \$	32,100				
	h Total. Add lines 1a-1f	u 493,759				
Program Service Revenue	2a PATIENT FEES	Busn. Code	118,342	118,342		
	b CONTRACT SERVICE FEES		46,421	46,421		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 164,763				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 66	66		
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real 18,000 (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)		18,000				
d Net rental income or (loss)		u 18,000				18,000
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 53,018				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events		u 53,018				
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		u				
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory		u				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u 729,606	164,829	0	18,000		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	423,058	324,808	55,604	42,646
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,278	22,529	7,838	1,911
10 Payroll taxes	32,740	25,272	4,179	3,289
11 Fees for services (non-employees):				
a Management	805	805		
b Legal				
c Accounting	4,800		4,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	18,000			18,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	9,685			9,685
13 Office expenses	21,503	13,194	5,471	2,838
14 Information technology	10,866	7,016	3,850	
15 Royalties				
16 Occupancy	54,354	50,047	4,307	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,165	50	2,006	109
20 Interest	226		226	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,679	15,515	9,772	392
23 Insurance	11,666	8,200	3,466	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	58,608	47,729	10,879	
b IN KIND EXPENSES	32,100	32,100		
c SUPPLIES	5,767	4,189	1,500	78
d LICENSES AND PERMITS	2,118	215	1,903	
e All other expenses	1,956	24	1,932	
25 Total functional expenses. Add lines 1 through 24e	748,374	551,693	117,733	78,948
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	8,614	1	17,714
	2 Savings and temporary cash investments	60,825	2	51,214
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 915,185		
	b Less: accumulated depreciation	10b 210,140	728,202	10c 705,045
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	797,641	16	773,973	
Liabilities	17 Accounts payable and accrued expenses	435	17	1,086
	18 Grants payable		18	
	19 Deferred revenue		19	1,050
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	4,363	24	193
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,798	26	2,329
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	774,204	27	771,644
	28 Temporarily restricted net assets	18,639	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	792,843	33	771,644	
34 Total liabilities and net assets/fund balances	797,641	34	773,973	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	729,606
2	Total expenses (must equal Part IX, column (A), line 25)	2	748,374
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	792,843
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,431
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	771,644

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****u Attach to Form 990 or Form 990-EZ.****u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	433,252	301,548	498,760	677,356	493,759	2,404,675
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	433,252	301,548	498,760	677,356	493,759	2,404,675
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)						618,962
6 Public support. Subtract line 5 from line 4.						1,785,713

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	433,252	301,548	498,760	677,356	493,759	2,404,675
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,594	1,884			18,000	21,478
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,426,153
12 Gross receipts from related activities, etc. (see instructions)						217,847

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	73.60 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	73.28 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (**see instructions**).

2 Activities Test. Answer (a) and (b) below.

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2014**u Attach to Form 990, Form 990-EZ, or Form 990-PF.****u** Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

SALVUS CENTER, INC.

Employer identification number

20-2278505

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF TENNESSEE STATE OF TENNESSEE 4TH FLOOR CORDELL HULL BLDG NASHVILLE TN 37243	\$ 108,388	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HCA FOUNDATION HCA FOUNDATION ONE PARK PLAZA NASHVILLE TN 37203	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE MEMORIAL FOUNDATION THE MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD. HENDERSONVILLE TN 37075	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BAPTIST HEALING TRUST BAPTIST HEALING TRUST 1919 CHARLOTTE AVENUE STE 203 NASHVILLE TN 37203	\$ 39,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF SUMNER COUNTY UNITED WAY OF SUMNER COUNTY 1531 HUNT CLUB BLVD. STE 110 GALLATIN TN 37066	\$ 16,195	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE DODSON FAMILY CHARITABLE FOUNDAT THE DODSON FAMILY CHARITABLE FOUNDAT 115 E. MAIN STREET GALLATIN TN 37066	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FIRST UNITED METHODIST CHURCH FIRST UNITED METHODIST CHURCH 149 W. MAIN STREET GALLATIN TN 37066	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANDREA WAITT CARLTON FOUNDATION ANDREA WAITT CARLTON FOUNDATION P.O. BOX 58389 NASHVILLE TN 37205	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SMITH TRAVEL RESEARCH SMITH TRAVEL RESEARCH 735 EAST MAIN STREET HENDERSONVILLE TN 37075	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BIRCH, STEPHEN & MARY FOUNDATION INC BIRCH, STEPHEN & MARY FOUNDATION INC 556 HARTSVILLE PIKE SUITE 200 GALLATIN TN 37066	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DELTA DENTAL OF TENNESSEE DELTA DENTAL OF TENNESSEE 240 VENTURE CIRCLE NASHVILLE TN 37228	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	FINGER LIVING TRUST FINGER LIVING TRUST 556 HARTSVILLE PIKE GALLATIN TN 37066	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SUMNER BANK & TRUST SUMNER BANK & TRUST 556 HARTSVILLE PIKE GALLATIN TN 37066	\$ 10,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**u Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		277,979		277,979
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		637,206	210,140	427,066
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				705,045

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XIII	Supplemental Information (continued)
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

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.
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 <u>FUNDRAISING EVE</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,018			53,018
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	53,018			53,018
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				53,018

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

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

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2014**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**u** Attach to Form 990.**u** Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	32,100	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

	Yes	No
30a		X
31		X
32a		X
33		

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TREASURER AND OTHER BOARD MEMBERS REVIEW 990 BEFORE FILING

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

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER
BOOK / TAX DEPRECIATION DIFFERENCE \$ -2,431

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

SALVUS CENTER, INC.

Identifying number

20-2278505

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,223

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	24,456
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	25,679
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

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

20-2278505

Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	QUICKBOOKS	6/13/05	400			400	3 HY 200DB	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000			8,000	3 HY 200DB	8,000	0
3	MEDINOTES EMR	8/14/07	9,680			9,680	3 HY 200DB	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		X	35	3 HY 200DB	71	0
5	OFFICE 2007 SUITE	5/21/10	150		X	75	3 HY 200DB	150	0
6	BUILDING	2/22/10	299,526			299,526	39 MMS/L	32,832	7,680
7	SIGN-GALLATIN	9/13/10	1,266		X	477	7 HY 200DB	789	137
8	SECURITY SYSTEM	4/11/07	975			975	39 MMS/L	180	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		X	1,224	3 HY 200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923		X	961	3 HY 200DB	1,923	0
11	STORAGE UNITS	7/28/08	195		X	97	3 HY 200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		X	256	3 HY 200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		X	130	3 HY 200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163		X	3,581	3 HY 200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000			2,000	7 HY 200DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400			400	7 HY 200DB	352	0
18	UPHOLSTERY	6/30/05	400			400	7 HY 200DB	352	0
19	SIDE CHAIRS	6/30/05	300			300	7 HY 200DB	263	0
20	DEFIBRILATOR CORD	3/01/06	300			300	7 HY 200DB	300	0
21	USED DELL LAPTOP #1	3/01/06	250			250	5 HY 200DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250			250	5 HY 200DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250			250	5 HY 200DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250			250	5 HY 200DB	225	0
25	USED DESK	3/01/06	200			200	7 HY 200DB	200	0
26	DRAPERIES	3/01/06	400			400	7 HY 200DB	400	0
27	EKG	3/01/06	2,000			2,000	7 HY 200DB	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75			75	7 HY 200DB	75	0
29	EXAM TABLES/CABINET	3/01/06	600			600	7 HY 200DB	600	0
30	HP LASER JET PRINTER	3/01/06	150			150	5 HY 200DB	140	0
31	IBM COMPUTER	3/01/06	2,500			2,500	5 HY 200DB	2,250	0
32	MICROSCOPE	3/01/06	300			300	7 HY 200DB	300	0
33	MICROWAVE	3/01/06	100			100	7 HY 200DB	100	0
34	OFFICE FURNITURE	3/01/06	1,000			1,000	7 HY 200DB	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400			400	7 HY 200DB	400	0
36	STORAGE SHELVES	3/01/06	200			200	7 HY 200DB	200	0
37	2 TABLES	3/01/06	150			150	7 HY 200DB	150	0
38	REFRIGERATOR	3/01/06	250			250	7 HY 200DB	250	0
39	DEFIBRILLATOR	6/30/05	1,000			1,000	7 HY 200DB	877	0
40	DRAW STATION DESK	3/01/06	100			100	7 HY 200DB	100	0
41	3 OFFICE CHAIRS	6/30/05	300			300	7 HY 200DB	263	0
42	END TABLE/OFFICE TABLE	6/30/05	400			400	7 HY 200DB	352	0
43	LAMPS	3/01/06	150			150	7 HY 200DB	150	0
44	CENTRIFUGE	3/01/06	300			300	7 HY 200DB	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200			200	7 HY 200DB	177	0
46	2 SCALES	6/30/05	200			200	7 HY 200DB	177	0
47	2 INFANT SCALES	6/30/05	200			200	7 HY 200DB	177	0
48	BLOOD PRESSURE MONITORS	6/30/05	300			300	7 HY 200DB	262	0
49	3 EXAM STOOLS	3/01/06	225			225	7 HY 200DB	225	0
50	DIAGNOSTIC KITS	6/30/05	400			400	7 HY 200DB	352	0
51	LEG/ANKLE BRACES	3/01/06	200			200	7 HY 200DB	200	0
52	FLOOR MATS	3/01/06	400			400	7 HY 200DB	400	0
53	3 THERMOMETERS	3/01/06	225			225	7 HY 200DB	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372			3,372	7 HY 200DB	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968			968	7 HY 200DB	968	0
56	FAX MACHINE	6/06/06	258			258	7 HY 200DB	258	0
57	CRASH CART	6/06/06	88			88	7 HY 200DB	88	0
58	COPIER	6/06/06	500			500	5 HY 200DB	451	0
59	IBM COMPUTER	3/01/07	2,507			2,507	5 HY 200DB	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000			1,000	5 HY 200DB	1,000	0
61	EXAM TABLE	7/28/08	300		X	150	7 HY 200DB	259	27
62	WHEEL CHAIR	7/28/08	100		X	50	7 HY 200DB	86	9
63	EKG STAND	7/28/08	150		X	75	7 HY 200DB	130	13
64	MOBILE BLOOD PRESSURE	7/28/08	50		X	25	7 HY 200DB	43	5
65	MINI REFRIGERATOR	7/28/08	50		X	25	7 HY 200DB	43	5
66	VIEW BOX	7/28/08	25		X	12	7 HY 200DB	22	2
67	2 SWIVEL DESK CHAIRS	7/28/08	100		X	50	7 HY 200DB	86	9
68	22 CUSHIONED CHAIRS	7/28/08	900		X	450	7 HY 200DB	779	81
69	FILE CABINET	7/28/08	100		X	50	7 HY 200DB	86	9

20-2278505

Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	COPIER STAND	7/28/08	25			X	12	7 HY 200DB	22	2
71	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	43	5
72	VIEW BOX	7/28/08	50			X	25	7 HY 200DB	43	5
73	MINOLTA COPIER	7/28/08	200			X	100	5 HY 200DB	200	0
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5 HY 200DB	720	0
75	3 STINGER CART	9/30/07	795				795	7 HY 200DB	760	35
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5 HY 200DB	3,000	0
77	4 HEADS LAMPS	11/13/07	400				400	7 HY 200DB	382	18
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543			X	1,271	5 HY 200DB	2,543	0
79	LENOVA MONITOR	7/28/08	250			X	125	5 HY 200DB	250	0
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5 HY 200DB	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7 HY 200DB	173	18
82	PRINTER	7/08/08	150			X	75	5 HY 200DB	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670			X	835	7 HY 200DB	1,447	149
84	PHONES	7/15/08	1,525			X	762	5 HY 200DB	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7 HY 200DB	173	18
86	C-PAP MACHINE	2/01/09	200			X	100	7 HY 200DB	173	18
87	SCANNER FROM HMS	4/02/09	741			X	370	5 HY 200DB	741	0
88	SCALES	4/09/09	25			X	12	7 HY 200DB	22	2
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5 HY 200DB	424	26
90	HVAC UNIT	2/22/10	15,000			X	7,500	5 HY 200DB	14,136	864
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5 HY 200DB	6,597	403
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5 HY 200DB	11,309	691
93	PAVING	2/22/10	12,000			X	6,000	5 HY 200DB	11,309	691
94	COMPAQ PC	9/09/10	669			X	116	5 HY 200DB	553	77
95	COMPAQ PC #2	9/09/10	669			X	116	5 HY 200DB	553	77
96	SERVER RACK	9/09/10	300			X	52	5 HY 200DB	248	35
97	CABLE & PATCH PANEL	11/15/10	742			X	129	5 HY 200DB	613	86
98	DONATED EKG MACHINE	7/07/11	5,000			X	2,186	7 HY 200DB	2,814	624
99	LAPTOP M&G	7/08/11	630			X	181	5 HY 200DB	449	72
100	DESK - GALLATIN	9/27/11	100			X	44	7 HY 200DB	56	13
101	2 PCS - HENDERSONVILL	10/20/11	300			X	86	5 HY 200DB	214	34
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	1,784	7 HY 200DB	2,008	446
103	SOFA TABLE - GALLATIN	6/30/12	500			X	250	7 HY 200DB	281	63
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	400	7 HY 200DB	450	100
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	313	7 HY 200DB	352	78
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39 MMS/L	6,274	3,203
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7 MQ200DB	2,098	219
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3 MQ200DB	13,781	1,313
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5 MQ200DB	1,829	177
111	COMPUTERS	10/25/12	2,058			X	1,029	5 MQ200DB	1,595	185
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5 MQ200DB	2,769	441
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5 MQ200DB	6,793	1,083
114	COMPUTER	6/17/13	2,118			X	1,059	5 MQ200DB	1,514	242
115	Trane HVAC unit	11/24/13	6,200			X	3,100	15 HY S/L	3,203	207
117	Panoramic Imaging Dental	4/17/14	23,861			X	11,930	5 MQ200DB	12,527	4,534
118	3 Dell Laptops	5/22/14	1,050			X	525	5 MQ200DB	551	200
			<u>630,253</u>				<u>549,036</u>		<u>210,978</u>	<u>24,456</u>

Other Depreciation:

15	LAND	2/22/10	277,979				277,979	0 -- Land	0	0
116	HL7 Interface Software - HVille	10/31/13	2,000			X	1,000	3 MOAmort	1,250	333
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686				2,686	5 MO S/L	0	134
120	ECLINICAL DRAGON	7/18/14	2,267				2,267	3 MOAmort	0	756

Total Other Depreciation284,932283,9321,2501,223**Total ACRS and Other Depreciation**284,932283,9321,2501,223**Grand Totals**

915,185

832,968

212,228

25,679

Less: Dispositions and Transfers

0

0

0

0

Less: Start-up/Org Expense

0

0

0

0

Net Grand Totals915,185832,968212,22825,679

20-2278505

TN Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior MACRS:								
1	QUICKBOOKS	6/13/05	400	400	400	0	0	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	8,000	8,000	0	0	0
3	MEDINOTES EMR	8/14/07	9,680	9,680	9,680	0	0	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	71	71	0	0	0
5	OFFICE 2007 SUITE	5/21/10	150	150	150	0	0	0
6	BUILDING	2/22/10	299,526	299,526	32,832	7,680	7,680	0
7	SIGN-GALLATIN	9/13/10	1,266	1,266	789	137	137	0
8	SECURITY SYSTEM	4/11/07	975	975	180	25	25	0
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	2,448	2,448	0	0	0
10	PAINTING - HVILLE	7/28/08	1,923	1,923	1,923	0	0	0
11	STORAGE UNITS	7/28/08	195	195	195	0	0	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	512	512	0	0	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	260	260	0	0	0
14	FLOOR - HVILLE	7/28/08	7,163	7,163	7,163	0	0	0
16	EXAM TABLES	6/30/05	2,000	2,000	1,756	0	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	400	352	0	0	0
18	UPHOLSTERY	6/30/05	400	400	352	0	0	0
19	SIDE CHAIRS	6/30/05	300	300	263	0	0	0
20	DEFIBRILATOR CORD	3/01/06	300	300	300	0	0	0
21	USED DELL LAPTOP #1	3/01/06	250	250	225	0	0	0
22	USED DELL LAPTOP #2	3/01/06	250	250	225	0	0	0
23	USED DELL LAPTOP #3	3/01/06	250	250	225	0	0	0
24	USED DELL LAPTOP #4	3/01/06	250	250	225	0	0	0
25	USED DESK	3/01/06	200	200	200	0	0	0
26	DRAPERIES	3/01/06	400	400	400	0	0	0
27	EKG	3/01/06	2,000	2,000	2,000	0	0	0
28	EXAM ROOM LIGHT	3/01/06	75	75	75	0	0	0
29	EXAM TABLES/CABINET	3/01/06	600	600	600	0	0	0
30	HP LASER JET PRINTER	3/01/06	150	150	140	0	0	0
31	IBM COMPUTER	3/01/06	2,500	2,500	2,250	0	0	0
32	MICROSCOPE	3/01/06	300	300	300	0	0	0
33	MICROWAVE	3/01/06	100	100	100	0	0	0
34	OFFICE FURNITURE	3/01/06	1,000	1,000	1,000	0	0	0
35	2 PATIENT FILING CABINETS	3/01/06	400	400	400	0	0	0
36	STORAGE SHELVES	3/01/06	200	200	200	0	0	0
37	2 TABLES	3/01/06	150	150	150	0	0	0
38	REFRIGERATOR	3/01/06	250	250	250	0	0	0
39	DEFIBRILLATOR	6/30/05	1,000	1,000	877	0	0	0
40	DRAW STATION DESK	3/01/06	100	100	100	0	0	0
41	3 OFFICE CHAIRS	6/30/05	300	300	263	0	0	0
42	END TABLE/OFFICE TABLE	6/30/05	400	400	352	0	0	0
43	LAMPS	3/01/06	150	150	150	0	0	0
44	CENTRIFUGE	3/01/06	300	300	300	0	0	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	200	177	0	0	0
46	2 SCALES	6/30/05	200	200	177	0	0	0
47	2 INFANT SCALES	6/30/05	200	200	177	0	0	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	300	262	0	0	0
49	3 EXAM STOOLS	3/01/06	225	225	225	0	0	0
50	DIAGNOSTIC KITS	6/30/05	400	400	352	0	0	0
51	LEG/ANKLE BRACES	3/01/06	200	200	200	0	0	0
52	FLOOR MATS	3/01/06	400	400	400	0	0	0
53	3 THERMOMETERS	3/01/06	225	225	225	0	0	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	3,372	3,372	0	0	0
55	ED OFFICE FURNITURE	3/21/06	968	968	968	0	0	0
56	FAX MACHINE	6/06/06	258	258	258	0	0	0
57	CRASH CART	6/06/06	88	88	88	0	0	0
58	COPIER	6/06/06	500	500	451	0	0	0
59	IBM COMPUTER	3/01/07	2,507	2,507	2,507	0	0	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	1,000	1,000	0	0	0
61	EXAM TABLE	7/28/08	300	300	259	27	27	0
62	WHEEL CHAIR	7/28/08	100	100	86	9	9	0
63	EKG STAND	7/28/08	150	150	130	13	13	0
64	MOBILE BLOOD PRESSURE	7/28/08	50	50	43	5	5	0
65	MINI REFRIGERATOR	7/28/08	50	50	43	5	5	0
66	VIEW BOX	7/28/08	25	25	22	2	2	0
67	2 SWIVEL DESK CHAIRS	7/28/08	100	100	86	9	9	0
68	22 CUSHIONED CHAIRS	7/28/08	900	900	779	81	81	0
69	FILE CABINET	7/28/08	100	100	86	9	9	0

20-2278505

TN Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
70	COPIER STAND	7/28/08	25	25	22	2	2	0
71	MINI REFRIGERATOR	7/28/08	50	50	43	5	5	0
72	VIEW BOX	7/28/08	50	50	43	5	5	0
73	MINOLTA COPIER	7/28/08	200	200	200	0	0	0
74	2 DELL OPTIPLEX	7/28/08	720	720	720	0	0	0
75	3 STINGER CART	9/30/07	795	795	760	35	35	0
76	INSTALL COMPUTERS	7/28/08	3,000	3,000	3,000	0	0	0
77	4 HEADS LAMPS	11/13/07	400	400	382	18	18	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	2,543	2,543	0	0	0
79	LENOVA MONITOR	7/28/08	250	250	250	0	0	0
80	CABLE/WIRING	10/15/08	2,305	2,305	2,305	0	0	0
81	MEDICAL EQUIPMENT	7/01/08	200	200	173	18	18	0
82	PRINTER	7/08/08	150	150	150	0	0	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	1,670	1,447	149	149	0
84	PHONES	7/15/08	1,525	1,525	1,525	0	0	0
85	EQUIPMENT-MCPEAK	8/08/08	200	200	173	18	18	0
86	C-PAP MACHINE	2/01/09	200	200	173	18	18	0
87	SCANNER FROM HMS	4/02/09	741	741	741	0	0	0
88	SCALES	4/09/09	25	25	22	2	2	0
89	COMPUTER FROM GALLATIN	5/21/10	450	450	424	26	26	0
90	HVAC UNIT	2/22/10	15,000	15,000	14,136	864	864	0
91	PLUMBING FIXTURE	2/22/10	7,000	7,000	6,597	403	403	0
92	LIGHTING FIXTURE	2/22/10	12,000	12,000	11,309	691	691	0
93	PAVING	2/22/10	12,000	12,000	11,309	691	691	0
94	COMPAQ PC	9/09/10	669	669	553	77	77	0
95	COMPAQ PC #2	9/09/10	669	669	553	77	77	0
96	SERVER RACK	9/09/10	300	300	248	35	35	0
97	CABLE & PATCH PANEL	11/15/10	742	742	613	86	86	0
98	DONATED EKG MACHINE	7/07/11	5,000	5,000	2,814	624	624	0
99	LAPTOP M&G	7/08/11	630	630	449	72	72	0
100	DESK - GALLATIN	9/27/11	100	100	56	13	13	0
101	2 PCS - HENDERSONVILL	10/20/11	300	300	214	34	34	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	3,569	2,008	446	446	0
103	SOFA TABLE - GALLATIN	6/30/12	500	500	281	63	63	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	800	450	100	100	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	626	352	78	78	0
106	BUILDING IMPROVEMENT	7/31/12	124,940	124,940	6,274	3,203	3,203	0
107	PHONE EQUIPMENT	7/16/12	2,866	2,866	1,330	439	219	-220
108	ECLINICAL SOFTWARE	1/31/13	15,750	15,750	11,813	2,625	1,313	-1,312
110	VOICE AND DATA CABLING	9/30/12	2,272	2,272	1,386	354	177	-177
111	COMPUTERS	10/25/12	2,058	2,058	1,132	370	185	-185
112	COMPUTER EQUIPMENT	4/30/13	3,872	3,872	1,665	883	441	-442
113	DONATED SERVERS AND RACKS	4/19/13	9,500	9,500	4,085	2,166	1,083	-1,083
114	COMPUTER	6/17/13	2,118	2,118	911	483	242	-241
115	Trane HVAC unit	11/24/13	6,200	6,200	207	413	207	-206
117	Panoramic Imaging Dental	4/17/14	23,861	23,861	1,193	9,067	4,534	-4,533
118	3 Dell Laptops	5/22/14	1,050	1,050	53	399	200	-199
			<u>630,253</u>	<u>630,253</u>	<u>188,093</u>	<u>33,054</u>	<u>24,456</u>	<u>-8,598</u>

Other Depreciation:

15	LAND	2/22/10	277,979	277,979	0	0	0	0
116	HL7 Interface Software - Hville	10/31/13	2,000	2,000	500	667	333	-334
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686	2,686	0	134	134	0
120	ECLINICAL DRAGON	7/18/14	2,267	2,267	0	756	756	0

Total Other Depreciation

<u>284,932</u>	<u>284,932</u>	<u>500</u>	<u>1,557</u>	<u>1,223</u>	<u>-334</u>
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Total ACRS and Other Depreciation

<u>284,932</u>	<u>284,932</u>	<u>500</u>	<u>1,557</u>	<u>1,223</u>	<u>-334</u>
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Grand Totals**Less: Dispositions****Less: Start-up/Org Expense****Net Grand Totals**

915,185	915,185	188,593	34,611	25,679	-8,932
0	0	0	0	0	0
0	0	0	0	0	0
<u>915,185</u>	<u>915,185</u>	<u>188,593</u>	<u>34,611</u>	<u>25,679</u>	<u>-8,932</u>

20-2278505

AMT Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	QUICKBOOKS	6/13/05	400			400	3 HY 200DB	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000			8,000	3 HY 150DB	8,000	0
3	MEDINOTES EMR	8/14/07	9,680			9,680	3 HY 150DB	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		X	35	3 HY 200DB	71	0
5	OFFICE 2007 SUITE	5/21/10	150		X	75	3 HY 200DB	150	0
6	BUILDING	2/22/10	299,526			299,526	39 MMS/L	32,832	7,680
7	SIGN-GALLATIN	9/13/10	1,266		X	477	7 HY 200DB	789	137
8	SECURITY SYSTEM	4/11/07	975			975	39 MMS/L	180	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		X	1,224	3 HY 200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923		X	961	3 HY 200DB	1,923	0
11	STORAGE UNITS	7/28/08	195		X	97	3 HY 200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		X	256	3 HY 200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		X	130	3 HY 200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163		X	3,581	3 HY 200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000			2,000	7 HY 150DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400			400	7 HY 150DB	352	0
18	UPHOLSTERY	6/30/05	400			400	7 HY 150DB	352	0
19	SIDE CHAIRS	6/30/05	300			300	7 HY 150DB	263	0
20	DEFIBRILATOR CORD	3/01/06	300			300	7 HY 150DB	300	0
21	USED DELL LAPTOP #1	3/01/06	250			250	5 HY 150DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250			250	5 HY 150DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250			250	5 HY 150DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250			250	5 HY 150DB	225	0
25	USED DESK	3/01/06	200			200	7 HY 150DB	200	0
26	DRAPERIES	3/01/06	400			400	7 HY 150DB	400	0
27	EKG	3/01/06	2,000			2,000	7 HY 150DB	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75			75	7 HY 150DB	75	0
29	EXAM TABLES/CABINET	3/01/06	600			600	7 HY 150DB	600	0
30	HP LASER JET PRINTER	3/01/06	150			150	5 HY 150DB	140	0
31	IBM COMPUTER	3/01/06	2,500			2,500	5 HY 150DB	2,250	0
32	MICROSCOPE	3/01/06	300			300	7 HY 150DB	300	0
33	MICROWAVE	3/01/06	100			100	7 HY 150DB	100	0
34	OFFICE FURNITURE	3/01/06	1,000			1,000	7 HY 150DB	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400			400	7 HY 150DB	400	0
36	STORAGE SHELVES	3/01/06	200			200	7 HY 150DB	200	0
37	2 TABLES	3/01/06	150			150	7 HY 150DB	150	0
38	REFRIGERATOR	3/01/06	250			250	7 HY 150DB	250	0
39	DEFIBRILLATOR	6/30/05	1,000			1,000	7 HY 150DB	877	0
40	DRAW STATION DESK	3/01/06	100			100	7 HY 150DB	100	0
41	3 OFFICE CHAIRS	6/30/05	300			300	7 HY 150DB	263	0
42	END TABLE/OFFICE TABLE	6/30/05	400			400	7 HY 150DB	352	0
43	LAMPS	3/01/06	150			150	7 HY 150DB	150	0
44	CENTRIFUGE	3/01/06	300			300	7 HY 150DB	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200			200	7 HY 150DB	177	0
46	2 SCALES	6/30/05	200			200	7 HY 150DB	177	0
47	2 INFANT SCALES	6/30/05	200			200	7 HY 150DB	177	0
48	BLOOD PRESSURE MONITORS	6/30/05	300			300	7 HY 150DB	262	0
49	3 EXAM STOOLS	3/01/06	225			225	7 HY 150DB	225	0
50	DIAGNOSTIC KITS	6/30/05	400			400	7 HY 150DB	352	0
51	LEG/ANKLE BRACES	3/01/06	200			200	7 HY 150DB	200	0
52	FLOOR MATS	3/01/06	400			400	7 HY 150DB	400	0
53	3 THERMOMETERS	3/01/06	225			225	7 HY 150DB	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372			3,372	7 HY 150DB	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968			968	7 HY 150DB	968	0
56	FAX MACHINE	6/06/06	258		X	31	7 HY 150DB	258	0
57	CRASH CART	6/06/06	88			88	7 HY 150DB	88	0
58	COPIER	6/06/06	500			500	5 HY 150DB	451	0
59	IBM COMPUTER	3/01/07	2,507			2,507	5 HY 150DB	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000			1,000	5 HY 150DB	1,000	0
61	EXAM TABLE	7/28/08	300		X	150	7 HY 200DB	259	27
62	WHEEL CHAIR	7/28/08	100		X	50	7 HY 200DB	86	9
63	EKG STAND	7/28/08	150		X	75	7 HY 200DB	130	13
64	MOBILE BLOOD PRESSURE	7/28/08	50		X	25	7 HY 200DB	43	5
65	MINI REFRIGERATOR	7/28/08	50		X	25	7 HY 200DB	43	5
66	VIEW BOX	7/28/08	25		X	12	7 HY 200DB	22	2
67	2 SWIVEL DESK CHAIRS	7/28/08	100		X	50	7 HY 200DB	86	9
68	22 CUSHIONED CHAIRS	7/28/08	900		X	450	7 HY 200DB	779	81
69	FILE CABINET	7/28/08	100		X	50	7 HY 200DB	86	9

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AMT Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	COPIER STAND	7/28/08	25			X	12	7 HY 200DB	22	2
71	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	43	5
72	VIEW BOX	7/28/08	50			X	25	7 HY 200DB	43	5
73	MINOLTA COPIER	7/28/08	200			X	100	5 HY 200DB	200	0
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5 HY 200DB	720	0
75	3 STINGER CART	9/30/07	795				795	7 HY 200DB	760	35
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5 HY 200DB	3,000	0
77	4 HEADS LAMPS	11/13/07	400				400	7 HY 150DB	382	18
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		X	X	219	5 HY 200DB	2,543	0
79	LENOVA MONITOR	7/28/08	250			X	125	5 HY 200DB	250	0
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5 HY 200DB	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7 HY 200DB	173	18
82	PRINTER	7/08/08	150			X	75	5 HY 200DB	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		X	X	260	7 HY 200DB	1,447	149
84	PHONES	7/15/08	1,525			X	762	5 HY 200DB	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7 HY 200DB	173	18
86	C-PAP MACHINE	2/01/09	200			X	100	7 HY 200DB	173	18
87	SCANNER FROM HMS	4/02/09	741			X	370	5 HY 200DB	741	0
88	SCALES	4/09/09	25			X	12	7 HY 200DB	22	2
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5 HY 200DB	424	26
90	HVAC UNIT	2/22/10	15,000			X	7,500	5 HY 200DB	14,136	864
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5 HY 200DB	6,597	403
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5 HY 200DB	11,309	691
93	PAVING	2/22/10	12,000			X	6,000	5 HY 200DB	11,309	691
94	COMPAQ PC	9/09/10	669			X	116	5 HY 200DB	553	77
95	COMPAQ PC #2	9/09/10	669			X	116	5 HY 200DB	553	77
96	SERVER RACK	9/09/10	300			X	52	5 HY 200DB	248	35
97	CABLE & PATCH PANEL	11/15/10	742			X	129	5 HY 200DB	613	86
98	DONATED EKG MACHINE	7/07/11	5,000			X	2,186	7 HY 200DB	2,814	624
99	LAPTOP M&G	7/08/11	630			X	181	5 HY 200DB	449	72
100	DESK - GALLATIN	9/27/11	100			X	44	7 HY 200DB	56	13
101	2 PCS - HENDERSONVILL	10/20/11	300			X	86	5 HY 200DB	214	34
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	1,784	7 HY 200DB	2,008	446
103	SOFA TABLE - GALLATIN	6/30/12	500			X	250	7 HY 200DB	281	63
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	400	7 HY 200DB	450	100
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	313	7 HY 200DB	352	78
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39 MM S/L	6,274	3,203
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7 MQ 200DB	2,098	219
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3 MQ 200DB	13,781	1,313
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5 MQ 200DB	1,829	177
111	COMPUTERS	10/25/12	2,058			X	1,029	5 MQ 200DB	1,595	185
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5 MQ 200DB	2,769	441
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5 MQ 200DB	6,793	1,083
114	COMPUTER	6/17/13	2,118			X	1,059	5 MQ 200DB	1,514	242
115	Trane HVAC unit	11/24/13	6,200			X	3,100	15 HY S/L	3,203	207
117	Panoramic Imaging Dental	4/17/14	23,861			X	11,930	5 MQ 150DB	12,378	3,445
118	3 Dell Laptops	5/22/14	1,050			X	525	5 MQ 150DB	545	151
			<u>630,253</u>				<u>547,182</u>		<u>210,823</u>	<u>23,318</u>

Other Depreciation:

15	LAND	2/22/10	0				0	0 HY	0	0
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP &	3/30/15	2,686				2,686	5 MO S/L	0	134
Total Other Depreciation			<u>2,686</u>				<u>2,686</u>		<u>0</u>	<u>134</u>

Total ACRS and Other Depreciation	<u>2,686</u>	<u>2,686</u>	<u>0</u>	<u>134</u>
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Grand Totals	632,939	549,868	210,823	23,452
Less: Dispositions and Transfers	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals	<u>632,939</u>	<u>549,868</u>	<u>210,823</u>	<u>23,452</u>

20-2278505

Bonus Depreciation Report

FYE: 6/30/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
116	HL7 Interface Software - Hville	10/31/13	2,000		0	0	1,000	1,000
115	Trane HVAC unit	11/24/13	6,200		0	0	3,100	3,100
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		0	0	36	35
5	OFFICE 2007 SUITE	5/21/10	150		0	0	75	75
7	SIGN-GALLATIN	9/13/10	1,266		0	0	789	477
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		0	0	1,224	1,224
10	PAINTING - HVILLE	7/28/08	1,923		0	0	962	961
11	STORAGE UNITS	7/28/08	195		0	0	98	97
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		0	0	256	256
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		0	0	130	130
14	FLOOR - HVILLE	7/28/08	7,163		0	0	3,582	3,581
61	EXAM TABLE	7/28/08	300		0	0	150	150
62	WHEEL CHAIR	7/28/08	100		0	0	50	50
63	EKG STAND	7/28/08	150		0	0	75	75
64	MOBILE BLOOD PRESSURE	7/28/08	50		0	0	25	25
65	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
66	VIEW BOX	7/28/08	25		0	0	13	12
67	2 SWIVEL DESK CHAIRS	7/28/08	100		0	0	50	50
68	22 CUSHIONED CHAIRS	7/28/08	900		0	0	450	450
69	FILE CABINET	7/28/08	100		0	0	50	50
70	COPIER STAND	7/28/08	25		0	0	13	12
71	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
72	VIEW BOX	7/28/08	50		0	0	25	25
73	MINOLTA COPIER	7/28/08	200		0	0	100	100
74	2 DELL OPTIPLEX	7/28/08	720		0	0	360	360
76	INSTALL COMPUTERS	7/28/08	3,000		0	0	1,500	1,500
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		0	0	1,272	1,271
79	LENOVA MONITOR	7/28/08	250		0	0	125	125
80	CABLE/WIRING	10/15/08	2,305		0	0	1,153	1,152
81	MEDICAL EQUIPMENT	7/01/08	200		0	0	100	100
82	PRINTER	7/08/08	150		0	0	75	75
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		0	0	835	835
84	PHONES	7/15/08	1,525		0	0	763	762
85	EQUIPMENT-MCPEAK	8/08/08	200		0	0	100	100
86	C-PAP MACHINE	2/01/09	200		0	0	100	100
87	SCANNER FROM HMS	4/02/09	741		0	0	371	370
88	SCALES	4/09/09	25		0	0	13	12
89	COMPUTER FROM GALLATIN	5/21/10	450		0	0	225	225
90	HVAC UNIT	2/22/10	15,000		0	0	7,500	7,500
91	PLUMBING FIXTURE	2/22/10	7,000		0	0	3,500	3,500
92	LIGHTING FIXTURE	2/22/10	12,000		0	0	6,000	6,000
93	PAVING	2/22/10	12,000		0	0	6,000	6,000
94	COMPAQ PC	9/09/10	669		0	0	553	116
95	COMPAQ PC #2	9/09/10	669		0	0	553	116
96	SERVER RACK	9/09/10	300		0	0	248	52
97	CABLE & PATCH PANEL	11/15/10	742		0	0	613	129
98	DONATED EKG MACHINE	7/07/11	5,000		0	0	2,814	2,186
99	LAPTOP M&G	7/08/11	630		0	0	449	181
100	DESK - GALLATIN	9/27/11	100		0	0	56	44
101	2 PCS - HENDERSONVILL	10/20/11	300		0	0	214	86
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569		0	0	1,785	1,784
103	SOFA TABLE - GALLATIN	6/30/12	500		0	0	250	250
104	EXAM TABLES/FILE CABINET	6/30/12	800		0	0	400	400
105	SIGNAGE FOR GALLATIN	6/30/12	626		0	0	313	313
107	PHONE EQUIPMENT	7/16/12	2,866		0	0	1,433	1,433
108	ECLINICAL SOFTWARE	1/31/13	15,750		0	0	7,875	7,875
110	VOICE AND DATA CABLING	9/30/12	2,272		0	0	1,136	1,136
111	COMPUTERS	10/25/12	2,058		0	0	1,029	1,029
112	COMPUTER EQUIPMENT	4/30/13	3,872		0	0	1,936	1,936
113	DONATED SERVERS AND RACKS	4/19/13	9,500		0	0	4,750	4,750
114	COMPUTER	6/17/13	2,118		0	0	1,059	1,059
117	Panoramic Imaging Dental	4/17/14	23,861		0	0	11,931	11,930
118	3 Dell Laptops	5/22/14	1,050		0	0	525	525
Form 990, Page 1			<u>161,519</u>		<u>0</u>	<u>0</u>	<u>82,217</u>	<u>79,302</u>
Grand Total			<u>161,519</u>		<u>0</u>	<u>0</u>	<u>82,217</u>	<u>79,302</u>

20-2278505

Depreciation Adjustment Report

FYE: 6/30/2015

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	1	QUICKBOOKS	0	0	0
Page 1	1	2	SCHEDULING SOFTWARE	0	0	0
Page 1	1	3	MEDINOTES EMR	0	0	0
Page 1	1	4	WINDOWS 7 PROFESSIONAL	0	0	0
Page 1	1	5	OFFICE 2007 SUITE	0	0	0
Page 1	1	6	BUILDING	7,680	7,680	0
Page 1	1	7	SIGN-GALLATIN	137	137	0
Page 1	1	8	SECURITY SYSTEM	25	25	0
Page 1	1	9	CABINETS - HENDERSONVILLE	0	0	0
Page 1	1	10	PAINTING - HVILLE	0	0	0
Page 1	1	11	STORAGE UNITS	0	0	0
Page 1	1	12	TOILET REPLACEMENT - HVILLE	0	0	0
Page 1	1	13	CABLE & JACK INSTALL - HVILLE	0	0	0
Page 1	1	14	FLOOR - HVILLE	0	0	0
Page 1	1	16	EXAM TABLES	0	0	0
Page 1	1	17	RECEPTION AREA CHAIRS	0	0	0
Page 1	1	18	UPHOLSTERY	0	0	0
Page 1	1	19	SIDE CHAIRS	0	0	0
Page 1	1	20	DEFIBRILATOR CORD	0	0	0
Page 1	1	21	USED DELL LAPTOP #1	0	0	0
Page 1	1	22	USED DELL LAPTOP #2	0	0	0
Page 1	1	23	USED DELL LAPTOP #3	0	0	0
Page 1	1	24	USED DELL LAPTOP #4	0	0	0
Page 1	1	25	USED DESK	0	0	0
Page 1	1	26	DRAPERIES	0	0	0
Page 1	1	27	EKG	0	0	0
Page 1	1	28	EXAM ROOM LIGHT	0	0	0
Page 1	1	29	EXAM TABLES/CABINET	0	0	0
Page 1	1	30	HP LASER JET PRINTER	0	0	0
Page 1	1	31	IBM COMPUTER	0	0	0
Page 1	1	32	MICROSCOPE	0	0	0
Page 1	1	33	MICROWAVE	0	0	0
Page 1	1	34	OFFICE FURNITURE	0	0	0
Page 1	1	35	2 PATIENT FILING CABINETS	0	0	0
Page 1	1	36	STORAGE SHELVES	0	0	0
Page 1	1	37	2 TABLES	0	0	0
Page 1	1	38	REFRIGERATOR	0	0	0
Page 1	1	39	DEFIBRILLATOR	0	0	0
Page 1	1	40	DRAW STATION DESK	0	0	0
Page 1	1	41	3 OFFICE CHAIRS	0	0	0
Page 1	1	42	END TABLE/OFFICE TABLE	0	0	0
Page 1	1	43	LAMPS	0	0	0
Page 1	1	44	CENTRIFUGE	0	0	0
Page 1	1	45	MEDICAL STORAGE CHESTS	0	0	0
Page 1	1	46	2 SCALES	0	0	0
Page 1	1	47	2 INFANT SCALES	0	0	0
Page 1	1	48	BLOOD PRESSURE MONITORS	0	0	0
Page 1	1	49	3 EXAM STOOLS	0	0	0
Page 1	1	50	DIAGNOSTIC KITS	0	0	0
Page 1	1	51	LEG/ANKLE BRACES	0	0	0
Page 1	1	52	FLOOR MATS	0	0	0
Page 1	1	53	3 THERMOMETERS	0	0	0
Page 1	1	54	PHONE SYSTEM/CABLING	0	0	0
Page 1	1	55	ED OFFICE FURNITURE	0	0	0
Page 1	1	56	FAX MACHINE	0	0	0
Page 1	1	57	CRASH CART	0	0	0
Page 1	1	58	COPIER	0	0	0
Page 1	1	59	IBM COMPUTER	0	0	0
Page 1	1	60	DELL FAX, SCANNER, COPIER	0	0	0
Page 1	1	61	EXAM TABLE	27	27	0
Page 1	1	62	WHEEL CHAIR	9	9	0
Page 1	1	63	EKG STAND	13	13	0
Page 1	1	64	MOBILE BLOOD PRESSURE	5	5	0
Page 1	1	65	MINI REFRIGERATOR	5	5	0
Page 1	1	66	VIEW BOX	2	2	0
Page 1	1	67	2 SWIVEL DESK CHAIRS	9	9	0

20-2278505

Depreciation Adjustment Report

FYE: 6/30/2015

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	68	22 CUSHIONED CHAIRS	81	81	0
Page 1	1	69	FILE CABINET	9	9	0
Page 1	1	70	COPIER STAND	2	2	0
Page 1	1	71	MINI REFRIGERATOR	5	5	0
Page 1	1	72	VIEW BOX	5	5	0
Page 1	1	73	MINOLTA COPIER	0	0	0
Page 1	1	74	2 DELL OPTIPLEX	0	0	0
Page 1	1	75	3 STINGER CART	35	35	0
Page 1	1	76	INSTALL COMPUTERS	0	0	0
Page 1	1	77	4 HEADS LAMPS	18	18	0
Page 1	1	78	LENOVA THICKCENTER PROCESS	0	0	0
Page 1	1	79	LENOVA MONITOR	0	0	0
Page 1	1	80	CABLE/WIRING	0	0	0
Page 1	1	81	MEDICAL EQUIPMENT	18	18	0
Page 1	1	82	PRINTER	0	0	0
Page 1	1	83	PRIVACY SCREEN, STOOLS	149	149	0
Page 1	1	84	PHONES	0	0	0
Page 1	1	85	EQUIPMENT-MCPEAK	18	18	0
Page 1	1	86	C-PAP MACHINE	18	18	0
Page 1	1	87	SCANNER FROM HMS	0	0	0
Page 1	1	88	SCALES	2	2	0
Page 1	1	89	COMPUTER FROM GALLATIN	26	26	0
Page 1	1	90	HVAC UNIT	864	864	0
Page 1	1	91	PLUMBING FIXTURE	403	403	0
Page 1	1	92	LIGHTING FIXTURE	691	691	0
Page 1	1	93	PAVING	691	691	0
Page 1	1	94	COMPAQ PC	77	77	0
Page 1	1	95	COMPAQ PC #2	77	77	0
Page 1	1	96	SERVER RACK	35	35	0
Page 1	1	97	CABLE & PATCH PANEL	86	86	0
Page 1	1	98	DONATED EKG MACHINE	624	624	0
Page 1	1	99	LAPTOP M&G	72	72	0
Page 1	1	100	DESK - GALLATIN	13	13	0
Page 1	1	101	2 PCS - HENDERSONVILL	34	34	0
Page 1	1	102	PHONE SYSTEM- GALLATIN	446	446	0
Page 1	1	103	SOFA TABLE - GALLATIN	63	63	0
Page 1	1	104	EXAM TABLES/FILE CABINET	100	100	0
Page 1	1	105	SIGNAGE FOR GALLATIN	78	78	0
Page 1	1	106	BUILDING IMPROVEMENT	3,203	3,203	0
Page 1	1	107	PHONE EQUIPMENT	219	219	0
Page 1	1	108	ECLINICAL SOFTWARE	1,313	1,313	0
Page 1	1	110	VOICE AND DATA CABLING	177	177	0
Page 1	1	111	COMPUTERS	185	185	0
Page 1	1	112	COMPUTER EQUIPMENT	441	441	0
Page 1	1	113	DONATED SERVERS AND RACKS	1,083	1,083	0
Page 1	1	114	COMPUTER	242	242	0
Page 1	1	115	Trane HVAC unit	207	207	0
Page 1	1	117	Panoramic Imaging Dental	4,534	3,445	1,089
Page 1	1	118	3 Dell Laptops	200	151	49
				<u>24,456</u>	<u>23,318</u>	<u>1,138</u>

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

20-2278505

Future Depreciation Report**FYE: 6/30/16**

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
69	FILE CABINET	7/28/08	100	5	5
70	COPIER STAND	7/28/08	25	1	1
71	MINI REFRIGERATOR	7/28/08	50	2	2
72	VIEW BOX	7/28/08	50	2	2
73	MINOLTA COPIER	7/28/08	200	0	0
74	2 DELL OPTIPLEX	7/28/08	720	0	0
75	3 STINGER CART	9/30/07	795	0	0
76	INSTALL COMPUTERS	7/28/08	3,000	0	0
77	4 HEADS LAMPS	11/13/07	400	0	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	0	0
79	LENOVA MONITOR	7/28/08	250	0	0
80	CABLE/WIRING	10/15/08	2,305	0	0
81	MEDICAL EQUIPMENT	7/01/08	200	9	9
82	PRINTER	7/08/08	150	0	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	74	74
84	PHONES	7/15/08	1,525	0	0
85	EQUIPMENT-MCPEAK	8/08/08	200	9	9
86	C-PAP MACHINE	2/01/09	200	9	9
87	SCANNER FROM HMS	4/02/09	741	0	0
88	SCALES	4/09/09	25	1	1
89	COMPUTER FROM GALLATIN	5/21/10	450	0	0
90	HVAC UNIT	2/22/10	15,000	0	0
91	PLUMBING FIXTURE	2/22/10	7,000	0	0
92	LIGHTING FIXTURE	2/22/10	12,000	0	0
93	PAVING	2/22/10	12,000	0	0
94	COMPAQ PC	9/09/10	669	39	39
95	COMPAQ PC #2	9/09/10	669	39	39
96	SERVER RACK	9/09/10	300	17	17
97	CABLE & PATCH PANEL	11/15/10	742	43	43
98	DONATED EKG MACHINE	7/07/11	5,000	447	447
99	LAPTOP M&G	7/08/11	630	73	73
100	DESK - GALLATIN	9/27/11	100	9	9
101	2 PCS - HENDERSONVILL	10/20/11	300	35	35
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	319	319
103	SOFA TABLE - GALLATIN	6/30/12	500	44	44
104	EXAM TABLES/FILE CABINET	6/30/12	800	71	71
105	SIGNAGE FOR GALLATIN	6/30/12	626	56	56
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	157	157
108	ECLINICAL SOFTWARE	1/31/13	15,750	656	656
110	VOICE AND DATA CABLING	9/30/12	2,272	125	125
111	COMPUTERS	10/25/12	2,058	117	117
112	COMPUTER EQUIPMENT	4/30/13	3,872	265	265
113	DONATED SERVERS AND RACKS	4/19/13	9,500	649	649
114	COMPUTER	6/17/13	2,118	145	145
115	Trane HVAC unit	11/24/13	6,200	207	207
117	Panoramic Imaging Dental	4/17/14	23,861	2,720	2,411
118	3 Dell Laptops	5/22/14	1,050	119	106
			<u>630,253</u>	<u>17,586</u>	<u>17,264</u>

Other Depreciation:

15	LAND	2/22/10	277,979	0	0
116	HL7 Interface Software - Hville	10/31/13	2,000	334	0
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP & 3 M	3/30/15	2,686	538	538
120	ECLINICAL DRAGON	7/18/14	2,267	755	0
	Total Other Depreciation		<u>284,932</u>	<u>1,627</u>	<u>538</u>
	Total ACRS and Other Depreciation		<u>284,932</u>	<u>1,627</u>	<u>538</u>
	Grand Totals		<u>915,185</u>	<u>19,213</u>	<u>17,802</u>

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

Asset	Description	Date In Service	Cost	TN
69	FILE CABINET	7/28/08	100	5
70	COPIER STAND	7/28/08	25	1
71	MINI REFRIGERATOR	7/28/08	50	2
72	VIEW BOX	7/28/08	50	2
73	MINOLTA COPIER	7/28/08	200	0
74	2 DELL OPTIPLEX	7/28/08	720	0
75	3 STINGER CART	9/30/07	795	0
76	INSTALL COMPUTERS	7/28/08	3,000	0
77	4 HEADS LAMPS	11/13/07	400	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	0
79	LENOVA MONITOR	7/28/08	250	0
80	CABLE/WIRING	10/15/08	2,305	0
81	MEDICAL EQUIPMENT	7/01/08	200	9
82	PRINTER	7/08/08	150	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	74
84	PHONES	7/15/08	1,525	0
85	EQUIPMENT-MCPEAK	8/08/08	200	9
86	C-PAP MACHINE	2/01/09	200	9
87	SCANNER FROM HMS	4/02/09	741	0
88	SCALES	4/09/09	25	1
89	COMPUTER FROM GALLATIN	5/21/10	450	0
90	HVAC UNIT	2/22/10	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000	0
92	LIGHTING FIXTURE	2/22/10	12,000	0
93	PAVING	2/22/10	12,000	0
94	COMPAQ PC	9/09/10	669	39
95	COMPAQ PC #2	9/09/10	669	39
96	SERVER RACK	9/09/10	300	17
97	CABLE & PATCH PANEL	11/15/10	742	43
98	DONATED EKG MACHINE	7/07/11	5,000	447
99	LAPTOP M&G	7/08/11	630	73
100	DESK - GALLATIN	9/27/11	100	9
101	2 PCS - HENDERSONVILL	10/20/11	300	35
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	319
103	SOFA TABLE - GALLATIN	6/30/12	500	44
104	EXAM TABLES/FILE CABINET	6/30/12	800	71
105	SIGNAGE FOR GALLATIN	6/30/12	626	56
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	313
108	ECLINICAL SOFTWARE	1/31/13	15,750	1,312
110	VOICE AND DATA CABLING	9/30/12	2,272	250
111	COMPUTERS	10/25/12	2,058	234
112	COMPUTER EQUIPMENT	4/30/13	3,872	530
113	DONATED SERVERS AND RACKS	4/19/13	9,500	1,300
114	COMPUTER	6/17/13	2,118	289
115	Trane HVAC unit	11/24/13	6,200	413
117	Panoramic Imaging Dental	4/17/14	23,861	5,441
118	3 Dell Laptops	5/22/14	1,050	239
			<u>630,253</u>	<u>22,747</u>

Other Depreciation:

15	LAND	2/22/10	277,979	0
116	HL7 Interface Software - HVille	10/31/13	2,000	666
119	AEGIS (3 OPTIPLEX 3020, 3 BACKUP & 3 M	3/30/15	2,686	538
120	ECLINICAL DRAGON	7/18/14	2,267	755
Total Other Depreciation			<u>284,932</u>	<u>1,959</u>

Total ACRS and Other Depreciation284,932 1,959**Grand Totals**915,185 24,706

Form 990	Two Year Comparison Report For calendar year 2014, or tax year beginning <u>07/01/14</u> , ending <u>06/30/15</u>	2013 & 2014
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Name

Taxpayer Identification Number

SALVUS CENTER, INC.

20-2278505

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	567,161	377,871	-189,290
	2. Membership dues and assessments			
	3. Government contributions and grants	110,195	115,888	5,693
	4. Program service revenue	153,404	164,763	11,359
	5. Investment income	432	66	-366
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	52,891	53,018	127
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		18,000	18,000
	12. Total revenue. Add lines 1 through 11	884,083	729,606	-154,477
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	477,864	488,076	10,212
	17. Professional fundraising fees	25,500	18,000	-7,500
	18. Other professional fees	5,340	5,605	265
	19. Occupancy, rent, utilities, and maintenance	53,279	54,354	1,075
	20. Depreciation and Depletion	33,363	25,679	-7,684
	21. Other expenses	186,866	156,660	-30,206
	22. Total expenses. Add lines 13 through 21	782,212	748,374	-33,838
	23. Excess or (Deficit). Subtract line 22 from line 12	101,871	-18,768	-120,639
Other Information	24. Total exempt revenue	884,083	729,606	-154,477
	25. Total unrelated revenue			
	26. Total excludable revenue	153,836	182,829	28,993
	27. Total assets	797,641	773,973	-23,668
	28. Total liabilities	4,798	2,329	-2,469
	29. Retained earnings	792,843	771,644	-21,199
	30. Number of voting members of governing body	28	29	
	31. Number of independent voting members of governing body	28	29	
	32. Number of employees	13	14	
	33. Number of volunteers			

Form 990T		Two Year Comparison Report		2013 & 2014
Name		For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15		Taxpayer Identification Number
SALVUS CENTER, INC.				20-2278505
		2013	2014	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
11. Total trade or business income. Combine lines 1 through 10		11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	-1,000
	27. Unrelated business taxable income.	27.	-1,000	1,000
Tax & Credits	28. Income tax (corporate or trust)	28.		
	29. Proxy tax	29.		
	30. Alternative minimum tax	30.		
	31. Total taxes	31.		
	32. Other credits	32.		
	33. General business credit	33.		
	34. Credit for prior year minimum tax	34.		
	35. Total credits	35.		
	36. Net tax after credits	36.		
	37. Recapture taxes	37.		
38. Total Taxes	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. Total due/(Refund)	47.		

Form 990	Tax Return History	2014
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Name SALVUS CENTER, INC.	Employer Identification Number 20-2278505
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			498,760	677,356	493,759	
Membership dues						
Program service revenue			204,087	153,404	164,763	
Capital gain or loss						
Investment income			1,151	432	66	
Fundraising revenue (income/loss)			34,539	52,891	53,018	
Gaming revenue (income/loss)						
Other revenue					18,000	
Total revenue			738,537	884,083	729,606	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			454,286	477,864	488,076	
Professional fees			47,056	30,840	23,605	
Occupancy costs			50,150	53,279	54,354	
Depreciation and depletion			45,632	33,363	25,679	
Other expenses			297,683	186,866	156,660	
Total expenses			894,807	782,212	748,374	
Excess or (Deficit)			-156,270	101,871	-18,768	
Total exempt revenue			738,537	884,083	729,606	
Total unrelated revenue						
Total excludable revenue			738,537	153,836	182,829	
Total Assets			830,645	797,641	773,973	
Total Liabilities			142,609	4,798	2,329	
Net Fund Balances			688,036	792,843	771,644	

Form **990T****Tax Return History****2014**

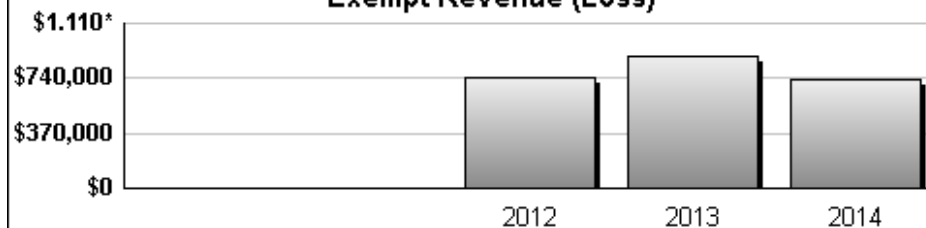
Name

SALVUS CENTER, INC.

Employer Identification Number

20-2278505

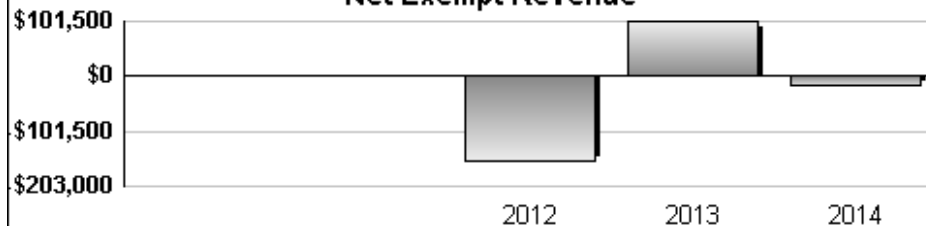
	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Contributions**Exempt Revenue (Loss)**

* in millions

Expenses Deductions

* in millions

Net Exempt Revenue

Form **990T****Tax Return History****2014**

Name

SALVUS CENTER, INC.

Employer Identification Number

20-2278505

	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

