

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection****A** For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SALVUS CENTER, INC.</u>		D Employer identification number <u>20-2278505</u>
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>556 HARTSVILLE PIKE, STE 200</u>		<u>615-451-0038</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>GALLATIN TN 37066</u>		G Gross receipts \$ <u>566,692</u>
	F Name and address of principal officer: <u>JENNIFER FLANAGAN</u> <u>556 HARTSVILLE PIKE</u> <u>GALLATIN TN 37066</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: <u>WWW.SALVUSCENTER.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>2004</u> M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	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)	<u>3</u> <u>24</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>18</u>	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<u>5</u> <u>13</u>	
	6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>0</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>0</u>	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u> <u>0</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		<u>488,467</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>78,225</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>-689</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>566,003</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>386,699</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>25,298</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>95,888</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>16,852</u>	<u>159,320</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>16,852</u>	<u>571,317</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>-16,852</u>	<u>-5,314</u>
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		<u>909,240</u>	<u>908,479</u>
22 Net assets or fund balances. Subtract line 21 from line 20		<u>902</u>	<u>4,559</u>

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 <u>JENNIFER FLANAGAN</u>		Date <u>EXECUTIVE DIRECTOR</u>	
	Type or print name and title			
Paid Preparer Use Only	Print/type preparer's name <u>JW MCMURRAY</u>	Preparer's signature	Date <u>10/20/22</u>	Check <input checked="" type="checkbox"/> if PTIN self-employed
	Firm's name ▶ <u>MCMURRAY, FOX & ASSOCIATES, PLLC</u>	Firm's EIN ▶ <u>62-1765435</u>		
	Firm's address ▶ <u>639 E MAIN ST, SUITE 100</u> <u>HENDERSONVILLE, TN 37075-2606</u>	Phone no. <u>615-824-2724</u>		

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** (2021)

DAA

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 \$ 235,270 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 \$)

N/A

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

N/A

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

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

4e Total program service expenses 235,270

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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	0	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	13
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 on 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 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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on 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	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24													
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 on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		18												
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, 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 on Schedule O.														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	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 on 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 on 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 on 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 ► TN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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 ►
 JENNIFER FLANAGAN 556 HARTSVILLE PIKE
 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

☒ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLEY AMES	0.00									
EMERITUS MEMBER	0.00	X						0	0	0
(2) PAUL ASHLEY	0.00									
DIRECTOR	0.00	X						0	0	0
(3) STEVE BOTTS	0.00									
EMERITUS MEMBER	0.00	X						0	0	0
(4) ELAINE BOYD	0.00									
DIRECTOR	0.00	X						0	0	0
(5) DR. GENA CARTER	0.00									
DIRECTOR	0.00	X						0	0	0
(6) NANCY CORLEY	0.00									
DIRECTOR	0.00	X						0	0	0
(7) JOHN CROSS	0.00									
EMERITUS MEMBER	0.00	X						0	0	0
(8) BEN DUGGAN	0.00									
SECRETARY	0.00	X		X				0	0	0
(9) FRANK FREELS	0.00									
EMERITUS MEMBER	0.00	X						0	0	0
(10) YULI GARCIA-GODINEZ	0.00									
DIRECTOR	0.00	X						0	0	0
(11) REP. JOHNNY GARRETT	0.00									
DIRECTOR	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) TOM GIVENS	0.00									
TREASURER	0.00	X		X				0	0	0
(13) BILL GRAVES	0.00									
DIRECTOR	0.00	X						0	0	0
(14) HAL HENDRICKS	0.00									
DIRECTOR	0.00	X						0	0	0
(15) TED HILL	0.00									
EMERITUS MEMBER	0.00	X						0	0	0
(16) PASTOR DERRICK JACKSON	0.00									
DIRECTOR	0.00	X						0	0	0
(17) DILYA KNIGHT	0.00									
DIRECTOR	0.00	X						0	0	0
(18) GEOFFREY LIFTERTH	0.00									
DIRECTOR	0.00	X						0	0	0
(19) MELANIE LOWE	0.00									
BOARD CHAIR	0.00	X		X				0	0	0
1b Subtotal										
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 **0**

	Yes	No
3 Did the organization list any former officer, director, 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 **0**

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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	460,290			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,177			
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,200			
	h Total. Add lines 1a-1f		488,467			
	Program Service Revenue	2a CONTRACT SERVICE FEES	Business Code	78,225	78,225	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			78,225			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b	689			
	c Gain or (loss)	7c	-689			
	d Net gain or (loss)		-689	-689		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		566,003	77,536	0	0	

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	322,750	158,226	118,711	45,813
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,794	33,707	551	5,536
10 Payroll taxes	24,155	11,992	8,890	3,273
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,298			25,298
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	5,489			5,489
13 Office expenses	27,529		19,572	7,957
14 Information technology	20,640	8,915	9,203	2,522
15 Royalties				
16 Occupancy	40,910		40,910	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,835		18,835	
23 Insurance	7,929		7,929	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICE	15,230	15,230		
b PROFESSIONAL SERVICES	9,328		9,328	
c IN-KIND	7,200	7,200		
d DUES AND REGISTRATION	3,488		3,488	
e All other expenses	2,742		2,742	
25 Total functional expenses. Add lines 1 through 24e	571,317	235,270	240,159	95,888
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	25,839	1	13,251
	2 Savings and temporary cash investments	264,430	2	282,335
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,364	9	2,533
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 855,986		
	b Less: accumulated depreciation	10b 252,626	615,607	10c 603,360
	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	7,000
16 Total assets. Add lines 1 through 15 (must equal line 33)		909,240	16	908,479
Liabilities	17 Accounts payable and accrued expenses	902	17	2,021
	18 Grants payable		18	
	19 Deferred revenue		19	2,538
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		902	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	908,338	27	903,920
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	908,338	32	903,920
33 Total liabilities and net assets/fund balances	909,240	33	908,479	

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	566,003
2	Total expenses (must equal Part IX, column (A), line 25)	2	571,317
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	908,338
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 on Schedule O)	9	896
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	903,920

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 on 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 on Schedule O.		
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?		
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 on Schedule O and describe any steps taken to undergo such audits		

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) LINDA MURPHY	0.00									
BOARD CHAIR ELECT	0.00	X		X				0	0	0
(21) WENDY NAVARRO	0.00									
DIRECTOR	0.00	X						0	0	0
(22) DEWAYNE SCOTT	0.00									
DIRECTOR	0.00	X						0	0	0
(23) GRACE TOMKINS	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
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

	Yes	No
3 Did the organization list any former officer, director, 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

SCHEDULE A
(Form 990)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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**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 12, check one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 above (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						

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

Schedule A (Form 990) 2021

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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	407,571	490,397			488,467	1,386,435
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	407,571	490,397			488,467	1,386,435
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)						
6 Public support. Subtract line 5 from line 4						1,386,435

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	407,571	490,397			488,467	1,386,435
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,584	28,417				57,001
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						1,443,436
12 Gross receipts from related activities, etc. (see instructions)					12	554,914
13 First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	96.05 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.76 %
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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 10 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) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
2a		
b		Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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—provide details in Part VI)		
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

SALVUS CENTER, INC.

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

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		\$ 142,028	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 24,370	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000	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		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 30,450	Person <input 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**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

Employer identification number

SALVUS CENTER, INC.

20-2278505

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 (for example, 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 7/25/06, 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 ▶

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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)?

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(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 FASB ASC 958 relating to these items:

a Revenue included on 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 make 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 program
 e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		277,979		277,979
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		578,007		578,007
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				855,986

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

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

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

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 10 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
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)					

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

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

Address ▶

- 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 ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ 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 ▶ \$

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 O
(Form 990)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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**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 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	\$	206
BOOK/TAX DIFFERENCE	\$	690
TOTAL	\$	896

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

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
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	1,050,000
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	2,620,000
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 2020 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	7,719

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	11,116
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		

Section B—Assets Placed in Service During 2021 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			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life	(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
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	18,835
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2021)

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	QUICKBOOKS	6/13/05	400			400	3 HY 200DB	400	0
	Sold/Scrapped: 1/01/22								
2	SCHEDULING SOFTWARE	3/01/06	8,000			8,000	3 HY 200DB	8,000	0
	Sold/Scrapped: 1/01/22								
3	MEDINOTES EMR	8/14/07	9,680			9,680	3 HY 200DB	9,680	0
	Sold/Scrapped: 1/01/22								
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		X	35	3 HY 200DB	71	0
	Sold/Scrapped: 1/01/22								
5	OFFICE 2007 SUITE	5/21/10	150		X	75	3 HY 200DB	150	0
	Sold/Scrapped: 1/01/22								
6	BUILDING	2/22/10	299,526			299,526	39 MMS/L	86,593	7,681
7	SIGN-GALLATIN	9/13/10	1,266		X	0	7 HY 200DB	1,266	0
8	SECURITY SYSTEM	4/11/07	975			975	39 MMS/L	355	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		X	1,224	3 HY 200DB	2,448	0
	Sold/Scrapped: 1/01/22								
10	PAINTING - HVILLE	7/28/08	1,923		X	961	3 HY 200DB	1,923	0
	Sold/Scrapped: 1/01/22								
11	STORAGE UNITS	7/28/08	195		X	97	3 HY 200DB	195	0
	Sold/Scrapped: 1/01/22								
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		X	256	3 HY 200DB	512	0
	Sold/Scrapped: 1/01/22								
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		X	130	3 HY 200DB	260	0
	Sold/Scrapped: 1/01/22								
14	FLOOR - HVILLE	7/28/08	7,163		X	3,581	3 HY 200DB	7,163	0
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
21	USED DELL LAPTOP #1	3/01/06	250			250	5 HY 200DB	225	0
	Sold/Scrapped: 1/01/22								
22	USED DELL LAPTOP #2	3/01/06	250			250	5 HY 200DB	225	0
	Sold/Scrapped: 1/01/22								
23	USED DELL LAPTOP #3	3/01/06	250			250	5 HY 200DB	225	0
	Sold/Scrapped: 1/01/22								
24	USED DELL LAPTOP #4	3/01/06	250			250	5 HY 200DB	225	0
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
27	EKG	3/01/06	2,000			2,000	7 HY 200DB	2,000	0
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
31	IBM COMPUTER	3/01/06	2,500			2,500	5 HY 200DB	2,250	0
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								
40	DRAW STATION DESK	3/01/06	100			100	7 HY 200DB	100	0
	Sold/Scrapped: 1/01/22								
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
	Sold/Scrapped: 1/01/22								

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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
	Sold/Scrapped: 1/01/22									
48	BLOOD PRESSURE MONITORS	6/30/05	300				300	7 HY 200DB	262	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
51	LEG/ANKLE BRACES	3/01/06	200				200	7 HY 200DB	200	0
	Sold/Scrapped: 1/01/22									
52	FLOOR MATS	3/01/06	400				400	7 HY 200DB	400	0
	Sold/Scrapped: 1/01/22									
53	3 THERMOMETERS	3/01/06	225				225	7 HY 200DB	225	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
57	CRASH CART	6/06/06	88				88	7 HY 200DB	88	0
	Sold/Scrapped: 1/01/22									
58	COPIER	6/06/06	500				500	5 HY 200DB	451	0
	Sold/Scrapped: 1/01/22									
59	IBM COMPUTER	3/01/07	2,507				2,507	5 HY 200DB	2,507	0
	Sold/Scrapped: 1/01/22									
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000				1,000	5 HY 200DB	1,000	0
	Sold/Scrapped: 1/01/22									
61	EXAM TABLE	7/28/08	300			X	150	7 HY 200DB	300	0
62	WHEEL CHAIR	7/28/08	100			X	50	7 HY 200DB	100	0
	Sold/Scrapped: 1/01/22									
63	EKG STAND	7/28/08	150			X	75	7 HY 200DB	150	0
	Sold/Scrapped: 1/01/22									
64	MOBILE BLOOD PRESSURE	7/28/08	50			X	25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
65	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
66	VIEW BOX	7/28/08	25			X	12	7 HY 200DB	25	0
	Sold/Scrapped: 1/01/22									
67	2 SWIVEL DESK CHAIRS	7/28/08	100			X	50	7 HY 200DB	100	0
	Sold/Scrapped: 1/01/22									
68	22 CUSHIONED CHAIRS	7/28/08	900			X	450	7 HY 200DB	900	0
	Sold/Scrapped: 1/01/22									
69	FILE CABINET	7/28/08	100			X	50	7 HY 200DB	100	0
70	COPIER STAND	7/28/08	25			X	12	7 HY 200DB	25	0
	Sold/Scrapped: 1/01/22									
71	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
72	VIEW BOX	7/28/08	50			X	25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
75	3 STINGER CART	9/30/07	795				795	7 HY 200DB	795	0
	Sold/Scrapped: 1/01/22									
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5 HY 200DB	3,000	0
	Sold/Scrapped: 1/01/22									
77	4 HEADS LAMPS	11/13/07	400				400	7 HY 200DB	400	0
	Sold/Scrapped: 1/01/22									
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543			X	1,271	5 HY 200DB	2,543	0
	Sold/Scrapped: 1/01/22									
79	LENOVA MONITOR	7/28/08	250			X	125	5 HY 200DB	250	0
	Sold/Scrapped: 1/01/22									
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	200	0
	Sold/Scrapped: 1/01/22									
82	PRINTER	7/08/08	150			X	75	5 HY 200DB	150	0
	Sold/Scrapped: 1/01/22									
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670			X	835	7 HY 200DB	1,670	0
	Sold/Scrapped: 1/01/22									
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	200	0

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

Federal Asset Report **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Sold/Scrapped: 1/01/22								
86	C-PAP MACHINE	2/01/09	200		X	100	7 HY 200DB	200	0
	Sold/Scrapped: 1/01/22								
87	SCANNER FROM HMS	4/02/09	741		X	370	5 HY 200DB	741	0
	Sold/Scrapped: 1/01/22								
88	SCALES	4/09/09	25		X	12	7 HY 200DB	25	0
	Sold/Scrapped: 1/01/22								
89	COMPUTER FROM GALLATIN	5/21/10	450		X	225	5 HY 200DB	450	0
	Sold/Scrapped: 1/01/22								
90	HVAC UNIT	2/22/10	15,000		X	7,500	5 HY 200DB	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000		X	3,500	5 HY 200DB	7,000	0
92	LIGHTING FIXTURE	2/22/10	12,000		X	6,000	5 HY 200DB	12,000	0
93	PAVING	2/22/10	12,000		X	6,000	5 HY 200DB	12,000	0
94	COMPAQ PC	9/09/10	669		X	0	5 HY 200DB	669	0
	Sold/Scrapped: 1/01/22								
95	COMPAQ PC #2	9/09/10	669		X	0	5 HY 200DB	669	0
	Sold/Scrapped: 1/01/22								
96	SERVER RACK	9/09/10	300		X	0	5 HY 200DB	300	0
	Sold/Scrapped: 1/01/22								
97	CABLE & PATCH PANEL	11/15/10	742		X	0	5 HY 200DB	742	0
	Sold/Scrapped: 1/01/22								
98	DONATED EKG MACHINE	7/07/11	5,000		X	0	7 HY 200DB	5,000	0
	Sold/Scrapped: 1/01/22								
99	LAPTOP M&G	7/08/11	630		X	0	5 HY 200DB	630	0
	Sold/Scrapped: 1/01/22								
100	DESK - GALLATIN	9/27/11	100		X	0	7 HY 200DB	100	0
101	2 PCS - HENDERSONVILL	10/20/11	300		X	0	5 HY 200DB	300	0
	Sold/Scrapped: 1/01/22								
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569		X	1,784	7 HY 200DB	3,569	0
103	SOFA TABLE - GALLATIN	6/30/12	500		X	250	7 HY 200DB	500	0
	Sold/Scrapped: 1/01/22								
104	EXAM TABLES/FILE CABINET	6/30/12	800		X	400	7 HY 200DB	800	0
105	SIGNAGE FOR GALLATIN	6/30/12	626		X	313	7 HY 200DB	626	0
106	BUILDING IMPROVEMENT	7/31/12	124,940			124,940	39 MM S/L	28,699	3,203
107	PHONE EQUIPMENT	7/16/12	2,866		X	1,433	7 MQ200DB	2,866	0
108	ECLINICAL SOFTWARE	1/31/13	15,750		X	7,875	3 MQ200DB	15,750	0
110	VOICE AND DATA CABLING	9/30/12	2,272		X	1,136	5 MQ200DB	2,272	0
111	COMPUTERS	10/25/12	2,058		X	1,029	5 MQ200DB	2,058	0
	Sold/Scrapped: 1/01/22								
114	COMPUTER	6/17/13	2,118		X	1,059	5 MQ200DB	2,118	0
	Sold/Scrapped: 1/01/22								
115	Trane HVAC unit	11/24/13	6,200		X	3,100	15 HY S/L	4,650	207
118	3 Dell Laptops	5/22/14	1,050		X	525	5 MQ200DB	1,050	0
	Sold/Scrapped: 1/01/22								
			<u>593,020</u>				<u>527,033</u>	<u>280,527</u>	<u>11,116</u>

Other Depreciation:

115	LAND	2/22/10	277,979			277,979	0 -- Land	0	0
116	HL7 Interface Software - Hville	10/31/13	2,000		X	1,000	3 MO Amort	2,000	0
	Sold/Scrapped: 1/01/22								
120	ECLINICAL DRAGON	7/18/14	2,267			2,267	3 MO Amort	2,267	0
	Sold/Scrapped: 1/01/22								
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600			21,600	15 MO S/L	7,440	1,440
122	WIFI ADAPTERS - FIREWALL	5/05/16	1,757			1,757	3 MO Amort	1,757	0
	Sold/Scrapped: 1/01/22								
123	OPTIPLEX COMPUTER	6/14/16	1,016			1,016	5 MO S/L	1,016	0
	Sold/Scrapped: 1/01/22								
124	OPTIPLEX COMPUTER	6/14/16	1,016			1,016	5 MO S/L	1,016	0
	Sold/Scrapped: 1/01/22								
125	STORAGE CRAFT SHADOWPROTECT	6/14/16	3,164			3,164	3 MO Amort	3,164	0
	Sold/Scrapped: 1/01/22								
126	HARDWARE FOR SERVER REPLACEMENT	11/27/17	14,579			14,579	5 MO S/L	10,449	2,916
127	ECLINICAL WORKS	3/01/18	1,625		X	0	3 MO Amort	1,625	0
128	SERVER REPLACEMENT	5/03/18	3,450			3,450	5 MO S/L	2,185	690
129	LAPTOP JENNIFER FLANAGAN	5/21/18	1,580			1,580	5 MO S/L	975	316
130	COMPUTER SERVER	3/02/21	5,201			5,201	5 MO S/L	347	1,040
131	LAPTOP	3/02/21	2,881			2,881	5 MO S/L	192	576
132	Battery Backup	8/09/21	1,128			1,128	5 MO S/L	0	207
133	Battery Backup	8/09/21	1,128			1,128	5 MO S/L	0	207

2013153 SALVUS CENTER, INC.

20-2278505

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Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
134	Computer - JFlynt	3/22/22	1,445				1,445	5 MO S/L	0	72
135	Security System	10/28/21	2,680				2,680	7 MO S/L	0	255
	Total Other Depreciation		<u>346,496</u>				<u>343,871</u>		<u>34,433</u>	<u>7,719</u>
	Total ACRS and Other Depreciation		<u>346,496</u>				<u>343,871</u>		<u>34,433</u>	<u>7,719</u>
	Grand Totals		939,516				870,904		314,960	18,835
	Less: Dispositions and Transfers		83,530				59,067		82,841	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>855,986</u>				<u>811,837</u>		<u>232,119</u>	<u>18,835</u>

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

TN Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior MACRS:								
1	QUICKBOOKS	6/13/05	400	400	400	0	0	0
	Sold/Scrapped: 1/01/22							
2	SCHEDULING SOFTWARE	3/01/06	8,000	8,000	8,000	0	0	0
	Sold/Scrapped: 1/01/22							
3	MEDINOTES EMR	8/14/07	9,680	9,680	9,680	0	0	0
	Sold/Scrapped: 1/01/22							
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	71	71	0	0	0
	Sold/Scrapped: 1/01/22							
5	OFFICE 2007 SUITE	5/21/10	150	150	150	0	0	0
	Sold/Scrapped: 1/01/22							
6	BUILDING	2/22/10	299,526	299,526	86,593	7,681	7,681	0
7	SIGN-GALLATIN	9/13/10	1,266	1,266	1,266	0	0	0
8	SECURITY SYSTEM	4/11/07	975	975	355	25	25	0
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	2,448	2,448	0	0	0
	Sold/Scrapped: 1/01/22							
10	PAINTING - HVILLE	7/28/08	1,923	1,923	1,923	0	0	0
	Sold/Scrapped: 1/01/22							
11	STORAGE UNITS	7/28/08	195	195	195	0	0	0
	Sold/Scrapped: 1/01/22							
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	512	512	0	0	0
	Sold/Scrapped: 1/01/22							
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	260	260	0	0	0
	Sold/Scrapped: 1/01/22							
14	FLOOR - HVILLE	7/28/08	7,163	7,163	7,163	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
19	SIDE CHAIRS	6/30/05	300	300	263	0	0	0
20	DEFIBRILLATOR CORD	3/01/06	300	300	300	0	0	0
	Sold/Scrapped: 1/01/22							
21	USED DELL LAPTOP #1	3/01/06	250	250	225	0	0	0
	Sold/Scrapped: 1/01/22							
22	USED DELL LAPTOP #2	3/01/06	250	250	225	0	0	0
	Sold/Scrapped: 1/01/22							
23	USED DELL LAPTOP #3	3/01/06	250	250	225	0	0	0
	Sold/Scrapped: 1/01/22							
24	USED DELL LAPTOP #4	3/01/06	250	250	225	0	0	0
	Sold/Scrapped: 1/01/22							
25	USED DESK	3/01/06	200	200	200	0	0	0
26	DRAPERIES	3/01/06	400	400	400	0	0	0
	Sold/Scrapped: 1/01/22							
27	EKG	3/01/06	2,000	2,000	2,000	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
31	IBM COMPUTER	3/01/06	2,500	2,500	2,250	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
40	DRAW STATION DESK	3/01/06	100	100	100	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							

2013153 SALVUS CENTER, INC.

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TN Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
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
	Sold/Scrapped: 1/01/22							
48	BLOOD PRESSURE MONITORS	6/30/05	300	300	262	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
51	LEG/ANKLE BRACES	3/01/06	200	200	200	0	0	0
	Sold/Scrapped: 1/01/22							
52	FLOOR MATS	3/01/06	400	400	400	0	0	0
	Sold/Scrapped: 1/01/22							
53	3 THERMOMETERS	3/01/06	225	225	225	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
57	CRASH CART	6/06/06	88	88	88	0	0	0
	Sold/Scrapped: 1/01/22							
58	COPIER	6/06/06	500	500	451	0	0	0
	Sold/Scrapped: 1/01/22							
59	IBM COMPUTER	3/01/07	2,507	2,507	2,507	0	0	0
	Sold/Scrapped: 1/01/22							
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	1,000	1,000	0	0	0
	Sold/Scrapped: 1/01/22							
61	EXAM TABLE	7/28/08	300	300	300	0	0	0
62	WHEEL CHAIR	7/28/08	100	100	100	0	0	0
	Sold/Scrapped: 1/01/22							
63	EKG STAND	7/28/08	150	150	150	0	0	0
	Sold/Scrapped: 1/01/22							
64	MOBILE BLOOD PRESSURE	7/28/08	50	50	50	0	0	0
	Sold/Scrapped: 1/01/22							
65	MINI REFRIGERATOR	7/28/08	50	50	50	0	0	0
	Sold/Scrapped: 1/01/22							
66	VIEW BOX	7/28/08	25	25	25	0	0	0
	Sold/Scrapped: 1/01/22							
67	2 SWIVEL DESK CHAIRS	7/28/08	100	100	100	0	0	0
	Sold/Scrapped: 1/01/22							
68	22 CUSHIONED CHAIRS	7/28/08	900	900	900	0	0	0
	Sold/Scrapped: 1/01/22							
69	FILE CABINET	7/28/08	100	100	100	0	0	0
70	COPIER STAND	7/28/08	25	25	25	0	0	0
	Sold/Scrapped: 1/01/22							
71	MINI REFRIGERATOR	7/28/08	50	50	50	0	0	0
	Sold/Scrapped: 1/01/22							
72	VIEW BOX	7/28/08	50	50	50	0	0	0
	Sold/Scrapped: 1/01/22							
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
	Sold/Scrapped: 1/01/22							
75	3 STINGER CART	9/30/07	795	795	795	0	0	0
	Sold/Scrapped: 1/01/22							
76	INSTALL COMPUTERS	7/28/08	3,000	3,000	3,000	0	0	0
	Sold/Scrapped: 1/01/22							
77	4 HEADS LAMPS	11/13/07	400	400	400	0	0	0
	Sold/Scrapped: 1/01/22							
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	2,543	2,543	0	0	0
	Sold/Scrapped: 1/01/22							
79	LENOVA MONITOR	7/28/08	250	250	250	0	0	0
	Sold/Scrapped: 1/01/22							
80	CABLE/WIRING	10/15/08	2,305	2,305	2,305	0	0	0
81	MEDICAL EQUIPMENT	7/01/08	200	200	200	0	0	0
	Sold/Scrapped: 1/01/22							
82	PRINTER	7/08/08	150	150	150	0	0	0
	Sold/Scrapped: 1/01/22							
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	1,670	1,670	0	0	0
	Sold/Scrapped: 1/01/22							
84	PHONES	7/15/08	1,525	1,525	1,525	0	0	0
85	EQUIPMENT-MCPEAK	8/08/08	200	200	200	0	0	0

2013153 SALVUS CENTER, INC.

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TN Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
86	C-PAP MACHINE Sold/Scrapped: 1/01/22	2/01/09	200	200	200	0	0	0
87	SCANNER FROM HMS Sold/Scrapped: 1/01/22	4/02/09	741	741	741	0	0	0
88	SCALES Sold/Scrapped: 1/01/22	4/09/09	25	25	25	0	0	0
89	COMPUTER FROM GALLATIN Sold/Scrapped: 1/01/22	5/21/10	450	450	450	0	0	0
90	HVAC UNIT	2/22/10	15,000	15,000	15,000	0	0	0
91	PLUMBING FIXTURE	2/22/10	7,000	7,000	7,000	0	0	0
92	LIGHTING FIXTURE	2/22/10	12,000	12,000	12,000	0	0	0
93	PAVING	2/22/10	12,000	12,000	12,000	0	0	0
94	COMPAQ PC	9/09/10	669	669	669	0	0	0
95	COMPAQ PC #2 Sold/Scrapped: 1/01/22	9/09/10	669	669	669	0	0	0
96	SERVER RACK Sold/Scrapped: 1/01/22	9/09/10	300	300	300	0	0	0
97	CABLE & PATCH PANEL Sold/Scrapped: 1/01/22	11/15/10	742	742	742	0	0	0
98	DONATED EKG MACHINE Sold/Scrapped: 1/01/22	7/07/11	5,000	5,000	5,000	0	0	0
99	LAPTOP M&G Sold/Scrapped: 1/01/22	7/08/11	630	630	630	0	0	0
100	DESK - GALLATIN	9/27/11	100	100	100	0	0	0
101	2 PCS - HENDERSONVILL Sold/Scrapped: 1/01/22	10/20/11	300	300	300	0	0	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	3,569	3,569	0	0	0
103	SOFA TABLE - GALLATIN Sold/Scrapped: 1/01/22	6/30/12	500	500	500	0	0	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	800	800	0	0	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	626	626	0	0	0
106	BUILDING IMPROVEMENT	7/31/12	124,940	124,940	28,699	3,203	3,203	0
107	PHONE EQUIPMENT	7/16/12	2,866	2,866	2,866	0	0	0
108	ECLINICAL SOFTWARE	1/31/13	15,750	15,750	15,750	0	0	0
110	VOICE AND DATA CABLING	9/30/12	2,272	2,272	2,272	0	0	0
111	COMPUTERS	10/25/12	2,058	2,058	2,058	0	0	0
114	COMPUTER Sold/Scrapped: 1/01/22	6/17/13	2,118	2,118	2,118	0	0	0
115	Trane HVAC unit	11/24/13	6,200	6,200	3,100	413	207	-206
118	3 Dell Laptops Sold/Scrapped: 1/01/22	5/22/14	1,050	1,050	1,050	0	0	0
			<u>593,020</u>	<u>593,020</u>	<u>278,977</u>	<u>11,322</u>	<u>11,116</u>	<u>-206</u>

Other Depreciation:

115	LAND	2/22/10	277,979	277,979	0	0	0	0
116	HL7 Interface Software - Hville Sold/Scrapped: 1/01/22	10/31/13	2,000	2,000	2,000	0	0	0
120	ECLINICAL DRAGON Sold/Scrapped: 1/01/22	7/18/14	2,267	2,267	2,267	0	0	0
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	21,600	7,440	1,440	1,440	0
122	WIFI ADAPTERS - FIREWALL Sold/Scrapped: 1/01/22	5/05/16	1,757	1,757	1,757	0	0	0
123	OPTIPLEX COMPUTER Sold/Scrapped: 1/01/22	6/14/16	1,016	1,016	1,016	0	0	0
124	OPTIPLEX COMPUTER Sold/Scrapped: 1/01/22	6/14/16	1,016	1,016	1,016	0	0	0
125	STORAGE CRAFT SHADOWPROTECT Sold/Scrapped: 1/01/22	6/14/16	3,164	3,164	3,164	0	0	0
126	HARDWARE FOR SERVER REPLACEMENT	11/27/17	14,579	14,579	10,449	2,916	2,916	0
127	ECLINICAL WORKS	3/01/18	1,625	1,625	1,625	0	0	0
128	SERVER REPLACEMENT	5/03/18	3,450	3,450	2,185	690	690	0
129	LAPTOP JENNIFER FLANAGAN	5/21/18	1,580	1,580	975	316	316	0
130	COMPUTER SERVER	3/02/21	5,201	5,201	347	1,040	1,040	0
131	LAPTOP	3/02/21	2,881	2,881	192	576	576	0
132	Battery Backup	8/09/21	1,128	1,128	0	207	207	0
133	Battery Backup	8/09/21	1,128	1,128	0	207	207	0

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

TN Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
134	Computer - JFlynt	3/22/22	1,445	1,445	0	72	72	0
135	Security System	10/28/21	2,680	2,680	0	255	255	0
Total Other Depreciation			<u>346,496</u>	<u>346,496</u>	<u>34,433</u>	<u>7,719</u>	<u>7,719</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>346,496</u>	<u>346,496</u>	<u>34,433</u>	<u>7,719</u>	<u>7,719</u>	<u>0</u>
Grand Totals			939,516	939,516	313,410	19,041	18,835	-206
Less: Dispositions			83,530	83,530	82,841	0	0	0
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>855,986</u>	<u>855,986</u>	<u>230,569</u>	<u>19,041</u>	<u>18,835</u>	<u>-206</u>

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Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	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	86,593	7,681
7	SIGN-GALLATIN	9/13/10	1,266		X	0	7	HY 200DB	1,266	0
8	SECURITY SYSTEM	4/11/07	975			975	39	MMS/L	355	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		X	1,224	3	HY 200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923		X	961	3	HY 200DB	1,923	0
11	STORAGE UNITS	7/28/08	195		X	97	3	HY 200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		X	256	3	HY 200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		X	130	3	HY 200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163		X	3,581	3	HY 200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000			2,000	7	HY 150DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400			400	7	HY 150DB	352	0
18	UPHOLSTERY	6/30/05	400			400	7	HY 150DB	352	0
19	SIDE CHAIRS	6/30/05	300			300	7	HY 150DB	263	0
20	DEFRIBRILATOR CORD	3/01/06	300			300	7	HY 150DB	300	0
21	USED DELL LAPTOP #1	3/01/06	250			250	5	HY 150DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250			250	5	HY 150DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250			250	5	HY 150DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250			250	5	HY 150DB	225	0
25	USED DESK	3/01/06	200			200	7	HY 150DB	200	0
26	DRAPERIES	3/01/06	400			400	7	HY 150DB	400	0
27	EKG	3/01/06	2,000			2,000	7	HY 150DB	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75			75	7	HY 150DB	75	0
29	EXAM TABLES/CABINET	3/01/06	600			600	7	HY 150DB	600	0
30	HP LASER JET PRINTER	3/01/06	150			150	5	HY 150DB	140	0
31	IBM COMPUTER	3/01/06	2,500			2,500	5	HY 150DB	2,250	0
32	MICROSCOPE	3/01/06	300			300	7	HY 150DB	300	0
33	MICROWAVE	3/01/06	100			100	7	HY 150DB	100	0
34	OFFICE FURNITURE	3/01/06	1,000			1,000	7	HY 150DB	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400			400	7	HY 150DB	400	0
36	STORAGE SHELVES	3/01/06	200			200	7	HY 150DB	200	0
37	2 TABLES	3/01/06	150			150	7	HY 150DB	150	0
38	REFRIGERATOR	3/01/06	250			250	7	HY 150DB	250	0
39	DEFRIBRILLATOR	6/30/05	1,000			1,000	7	HY 150DB	877	0
40	DRAW STATION DESK	3/01/06	100			100	7	HY 150DB	100	0
41	3 OFFICE CHAIRS	6/30/05	300			300	7	HY 150DB	263	0
42	END TABLE/OFFICE TABLE	6/30/05	400			400	7	HY 150DB	352	0
43	LAMPS	3/01/06	150			150	7	HY 150DB	150	0
44	CENTRIFUGE	3/01/06	300			300	7	HY 150DB	300	0

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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
	Sold/Scrapped: 1/01/22									
48	BLOOD PRESSURE MONITORS	6/30/05	300				300	7 HY 150DB	262	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
51	LEG/ANKLE BRACES	3/01/06	200				200	7 HY 150DB	200	0
	Sold/Scrapped: 1/01/22									
52	FLOOR MATS	3/01/06	400				400	7 HY 150DB	400	0
	Sold/Scrapped: 1/01/22									
53	3 THERMOMETERS	3/01/06	225				225	7 HY 150DB	225	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
57	CRASH CART	6/06/06	88				88	7 HY 150DB	88	0
	Sold/Scrapped: 1/01/22									
58	COPIER	6/06/06	500				500	5 HY 150DB	451	0
	Sold/Scrapped: 1/01/22									
59	IBM COMPUTER	3/01/07	2,507				2,507	5 HY 150DB	2,507	0
	Sold/Scrapped: 1/01/22									
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000				1,000	5 HY 150DB	1,000	0
	Sold/Scrapped: 1/01/22									
61	EXAM TABLE	7/28/08	300		X		150	7 HY 200DB	300	0
62	WHEEL CHAIR	7/28/08	100		X		50	7 HY 200DB	100	0
	Sold/Scrapped: 1/01/22									
63	EKG STAND	7/28/08	150		X		75	7 HY 200DB	150	0
	Sold/Scrapped: 1/01/22									
64	MOBILE BLOOD PRESSURE	7/28/08	50		X		25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
65	MINI REFRIGERATOR	7/28/08	50		X		25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
66	VIEW BOX	7/28/08	25		X		12	7 HY 200DB	25	0
	Sold/Scrapped: 1/01/22									
67	2 SWIVEL DESK CHAIRS	7/28/08	100		X		50	7 HY 200DB	100	0
	Sold/Scrapped: 1/01/22									
68	22 CUSHIONED CHAIRS	7/28/08	900		X		450	7 HY 200DB	900	0
	Sold/Scrapped: 1/01/22									
69	FILE CABINET	7/28/08	100		X		50	7 HY 200DB	100	0
70	COPIER STAND	7/28/08	25		X		12	7 HY 200DB	25	0
	Sold/Scrapped: 1/01/22									
71	MINI REFRIGERATOR	7/28/08	50		X		25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
72	VIEW BOX	7/28/08	50		X		25	7 HY 200DB	50	0
	Sold/Scrapped: 1/01/22									
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
	Sold/Scrapped: 1/01/22									
75	3 STINGER CART	9/30/07	795				795	7 HY 200DB	795	0
	Sold/Scrapped: 1/01/22									
76	INSTALL COMPUTERS	7/28/08	3,000		X		1,500	5 HY 200DB	3,000	0
	Sold/Scrapped: 1/01/22									
77	4 HEADS LAMPS	11/13/07	400				400	7 HY 150DB	400	0
	Sold/Scrapped: 1/01/22									
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		X	X	219	5 HY 200DB	2,543	0
	Sold/Scrapped: 1/01/22									
79	LENOVA MONITOR	7/28/08	250		X		125	5 HY 200DB	250	0
	Sold/Scrapped: 1/01/22									
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	200	0
	Sold/Scrapped: 1/01/22									
82	PRINTER	7/08/08	150		X		75	5 HY 200DB	150	0
	Sold/Scrapped: 1/01/22									
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		X	X	260	7 HY 200DB	1,670	0
	Sold/Scrapped: 1/01/22									
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	200	0

2013153 SALVUS CENTER, INC.
20-2278505
FYE: 6/30/2022

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
86	C-PAP MACHINE	Sold/Scrapped: 1/01/22 2/01/09	200		X		100	7	HY 200DB	200	0
87	SCANNER FROM HMS	Sold/Scrapped: 1/01/22 4/02/09	741		X		370	5	HY 200DB	741	0
88	SCALES	Sold/Scrapped: 1/01/22 4/09/09	25		X		12	7	HY 200DB	25	0
89	COMPUTER FROM GALLATIN	Sold/Scrapped: 1/01/22 5/21/10	450		X		225	5	HY 200DB	450	0
90	HVAC UNIT	2/22/10	15,000		X		7,500	5	HY 200DB	15,000	0
91	PLUMBING FIXTURE	2/22/10	7,000		X		3,500	5	HY 200DB	7,000	0
92	LIGHTING FLXTURE	2/22/10	12,000		X		6,000	5	HY 200DB	12,000	0
93	PAVING	2/22/10	12,000		X		6,000	5	HY 200DB	12,000	0
94	COMPAQ PC	9/09/10	669		X		0	5	HY 200DB	669	0
95	COMPAQ PC #2	Sold/Scrapped: 1/01/22 9/09/10	669		X		0	5	HY 200DB	669	0
96	SERVER RACK	Sold/Scrapped: 1/01/22 9/09/10	300		X		0	5	HY 200DB	300	0
97	CABLE & PATCH PANEL	Sold/Scrapped: 1/01/22 11/15/10	742		X		0	5	HY 200DB	742	0
98	DONATED EKG MACHINE	Sold/Scrapped: 1/01/22 7/07/11	5,000		X		0	7	HY 200DB	5,000	0
99	LAPTOP M&G	Sold/Scrapped: 1/01/22 7/08/11	630		X		0	5	HY 200DB	630	0
100	DESK - GALLATIN	9/27/11	100		X		0	7	HY 200DB	100	0
101	2 PCS - HENDERSONVILL	10/20/11	300		X		0	5	HY 200DB	300	0
102	PHONE SYSTEM- GALLATIN	Sold/Scrapped: 1/01/22 2/27/12	3,569		X		1,784	7	HY 200DB	3,569	0
103	SOFA TABLE - GALLATIN	6/30/12	500		X		250	7	HY 200DB	500	0
104	EXAM TABLES/FILE CABINET	Sold/Scrapped: 1/01/22 6/30/12	800		X		400	7	HY 200DB	800	0
105	SIGNAGE FOR GALLATIN	6/30/12	626		X		313	7	HY 200DB	626	0
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39	MM S/L	28,699	3,203
107	PHONE EQUIPMENT	7/16/12	2,866		X		1,433	7	MQ 200DB	2,866	0
108	ECLINICAL SOFTWARE	1/31/13	15,750		X		7,875	3	MQ 200DB	15,750	0
110	VOICE AND DATA CABLING	9/30/12	2,272		X		1,136	5	MQ 200DB	2,272	0
111	COMPUTERS	10/25/12	2,058		X		1,029	5	MQ 200DB	2,058	0
114	COMPUTER	Sold/Scrapped: 1/01/22 6/17/13	2,118		X		1,059	5	MQ 200DB	2,118	0
115	Trane HVAC unit	Sold/Scrapped: 1/01/22 11/24/13	6,200		X		3,100	15	HY S/L	4,650	207
118	3 Dell Laptops	5/22/14	1,050		X		525	5	MQ 150DB	1,050	0
			<u>593,020</u>				<u>525,179</u>			<u>280,527</u>	<u>11,116</u>
Other Depreciation:											
15	LAND	2/22/10	0				0	0	HY	0	0
121	PARKING LOT PAVING & STRIPING	4/22/16	0				0	0	HY	0	0
123	OPTIPLEX COMPUTER	6/14/16	1,016				1,016	5	MO S/L	1,016	0
124	OPTIPLEX COMPUTER	Sold/Scrapped: 1/01/22 6/14/16	1,016				1,016	5	MO S/L	1,016	0
126	HARDWARE FOR SERVER REPLACEMENT	11/27/17	14,579				14,579	5	MO S/L	10,449	2,916
128	SERVER REPLACEMENT	5/03/18	3,450				3,450	5	MO S/L	2,185	690
129	LAPTOP JENNIFER FLANAGAN	5/21/18	1,580				1,580	5	MO S/L	975	316
130	COMPUTER SERVER	3/02/21	5,201				5,201	5	MO S/L	347	1,040
131	LAPTOP	3/02/21	0				0	0	HY	0	0
132	Battery Backup	8/09/21	0				0	0	HY	0	0
133	Battery Backup	8/09/21	0				0	0	HY	0	0
134	Computer - JFlynt	3/22/22	0				0	0	HY	0	0
135	Security System	10/28/21	0				0	0	HY	0	0
	Total Other Depreciation		<u>26,842</u>				<u>26,842</u>			<u>15,988</u>	<u>4,962</u>
	Total ACRS and Other Depreciation		<u>26,842</u>				<u>26,842</u>			<u>15,988</u>	<u>4,962</u>

2013153 SALVUS CENTER, INC.

20-2278505

FYE: 6/30/2022

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		619,862				552,021		296,515	16,078
	Less: Dispositions and Transfers		74,342				49,025		73,653	0
	Net Grand Totals		545,520				502,996		222,862	16,078

2013153 SALVUS CENTER, INC.

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Bonus Depreciation Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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-GALLATTN	9/13/10	1,266		0	0	1,266	0
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 GALLATTN	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	669	0
95	COMPAQ PC #2	9/09/10	669		0	0	669	0
96	SERVER RACK	9/09/10	300		0	0	300	0
97	CABLE & PATCH PANEL	11/15/10	742		0	0	742	0
98	DONATED EKG MACHINE	7/07/11	5,000		0	0	5,000	0
99	LAPTOP M&G	7/08/11	630		0	0	630	0
100	DESK - GALLATTN	9/27/11	100		0	0	100	0
101	2 PCS - HENDERSONVILL	10/20/11	300		0	0	300	0
102	PHONE SYSTEM- GALLATTN	2/27/12	3,569		0	0	1,785	1,784
103	SOFA TABLE - GALLATTN	6/30/12	500		0	0	250	250
104	EXAM TABLES/FILE CABINET	6/30/12	800		0	0	400	400
105	SIGNAGE FOR GALLATTN	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
114	COMPUTER	6/17/13	2,118		0	0	1,059	1,059
115	Trane HVAC unit	11/24/13	6,200		0	0	3,100	3,100
116	HL7 Interface Software - HVille	10/31/13	2,000		0	0	1,000	1,000
118	3 Dell Laptops	5/22/14	1,050		0	0	525	525
127	ECLINICAL WORKS	3/01/18	1,625		0	0	1,625	0
Grand Total			125,911		0	0	68,612	57,299
Less: Dispositions and Transfers			40,607		0	0	24,463	16,144
Net Grand Total			85,304		0	0	44,149	41,155

2013153 SALVUS CENTER, INC.

20-2278505

FYE: 6/30/2022

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	QUICKBOOKS	0	0	0
Page 1	1	2	SCHEDULING SOFTWARE	0	0	0
Page 1	1	3	MEDINOTES EMR	0	0	0
Page 1	1	4	WINDOWS 7 PROFESSIONAL	0	0	0
Page 1	1	5	OFFICE 2007 SUITE	0	0	0
Page 1	1	6	BUILDING	7,681	7,681	0
Page 1	1	7	SIGN-GALLATIN	0	0	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	0	0	0
Page 1	1	62	WHEEL CHAIR	0	0	0
Page 1	1	63	EKG STAND	0	0	0
Page 1	1	64	MOBILE BLOOD PRESSURE	0	0	0
Page 1	1	65	MINI REFRIGERATOR	0	0	0
Page 1	1	66	VIEW BOX	0	0	0
Page 1	1	67	2 SWIVEL DESK CHAIRS	0	0	0

2013153 SALVUS CENTER, INC.

20-2278505

Depreciation Adjustment Report

FYE: 6/30/2022

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	68	22 CUSHIONED CHAIRS	0	0	0
Page 1	1	69	FILE CABINET	0	0	0
Page 1	1	70	COPIER STAND	0	0	0
Page 1	1	71	MINI REFRIGERATOR	0	0	0
Page 1	1	72	VIEW BOX	0	0	0
Page 1	1	73	MINOLTA COPIER	0	0	0
Page 1	1	74	2 DELL OPTIPLEX	0	0	0
Page 1	1	75	3 STINGER CART	0	0	0
Page 1	1	76	INSTALL COMPUTERS	0	0	0
Page 1	1	77	4 HEADS LAMPS	0	0	0
Page 1	1	78	LENOVA THICKCENTER PROCESS	0	0	0
Page 1	1	79	LENOVA MONITOR	0	0	0
Page 1	1	80	CABLE/WIRING	0	0	0
Page 1	1	81	MEDICAL EQUIPMENT	0	0	0
Page 1	1	82	PRINTER	0	0	0
Page 1	1	83	PRIVACY SCREEN, STOOLS	0	0	0
Page 1	1	84	PHONES	0	0	0
Page 1	1	85	EQUIPMENT-MCPEAK	0	0	0
Page 1	1	86	C-PAP MACHINE	0	0	0
Page 1	1	87	SCANNER FROM HMS	0	0	0
Page 1	1	88	SCALES	0	0	0
Page 1	1	89	COMPUTER FROM GALLATIN	0	0	0
Page 1	1	90	HVAC UNIT	0	0	0
Page 1	1	91	PLUMBING FIXTURE	0	0	0
Page 1	1	92	LIGHTING FIXTURE	0	0	0
Page 1	1	93	PAVING	0	0	0
Page 1	1	94	COMPAQ PC	0	0	0
Page 1	1	95	COMPAQ PC #2	0	0	0
Page 1	1	96	SERVER RACK	0	0	0
Page 1	1	97	CABLE & PATCH PANEL	0	0	0
Page 1	1	98	DONATED EKG MACHINE	0	0	0
Page 1	1	99	LAPTOP M&G	0	0	0
Page 1	1	100	DESK - GALLATIN	0	0	0
Page 1	1	101	2 PCS - HENDERSONVILL	0	0	0
Page 1	1	102	PHONE SYSTEM- GALLATIN	0	0	0
Page 1	1	103	SOFA TABLE - GALLATIN	0	0	0
Page 1	1	104	EXAM TABLES/FILE CABINET	0	0	0
Page 1	1	105	SIGNAGE FOR GALLATIN	0	0	0
Page 1	1	106	BUILDING IMPROVEMENT	3,203	3,203	0
Page 1	1	107	PHONE EQUIPMENT	0	0	0
Page 1	1	108	ECLINICAL SOFTWARE	0	0	0
Page 1	1	110	VOICE AND DATA CABLING	0	0	0
Page 1	1	111	COMPUTERS	0	0	0
Page 1	1	114	COMPUTER	0	0	0
Page 1	1	115	Trane HVAC unit	207	207	0
Page 1	1	118	3 Dell Laptops	0	0	0
				<u>11,116</u>	<u>11,116</u>	<u>0</u>

2013153 SALVUS CENTER, INC.

20-2278505

Future Depreciation Report**FYE: 6/30/23**

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
6	BUILDING	2/22/10	299,526	7,680	7,680
7	SIGN-GALLATIN	9/13/10	1,266	0	0
8	SECURITY SYSTEM	4/11/07	975	25	25
16	EXAM TABLES	6/30/05	2,000	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0	0
19	SIDE CHAIRS	6/30/05	300	0	0
25	USED DESK	3/01/06	200	0	0
28	EXAM ROOM LIGHT	3/01/06	75	0	0
29	EXAM TABLES/CABINET	3/01/06	600	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
37	2 TABLES	3/01/06	150	0	0
38	REFRIGERATOR	3/01/06	250	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
45	MEDICAL STORAGE CHESTS	6/30/05	200	0	0
46	2 SCALES	6/30/05	200	0	0
49	3 EXAM STOOLS	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
61	EXAM TABLE	7/28/08	300	0	0
69	FILE CABINET	7/28/08	100	0	0
80	CABLE/WIRING	10/15/08	2,305	0	0
84	PHONES	7/15/08	1,525	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
100	DESK - GALLATIN	9/27/11	100	0	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	0	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	0	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	0	0
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	0	0
108	ECLINICAL SOFTWARE	1/31/13	15,750	0	0
110	VOICE AND DATA CABLING	9/30/12	2,272	0	0
115	Trane HVAC unit	11/24/13	6,200	206	206
			<u>520,710</u>	<u>11,115</u>	<u>11,115</u>

Other Depreciation:

15	LAND	2/22/10	277,979	0	0
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	1,440	0
126	HARDWARE FOR SERVER REPLACEMENT	11/27/17	14,579	1,214	1,214
127	ECLINICAL WORKS	3/01/18	1,625	0	0
128	SERVER REPLACEMENT	5/03/18	3,450	575	575
129	LAPTOP JENNIFER FLANAGAN	5/21/18	1,580	289	289
130	COMPUTER SERVER	3/02/21	5,201	1,040	1,040
131	LAPTOP	3/02/21	2,881	577	0
132	Battery Backup	8/09/21	1,128	225	0
133	Battery Backup	8/09/21	1,128	225	0
134	Computer - JFlynt	3/22/22	1,445	289	0
135	Security System	10/28/21	2,680	383	0
Total Other Depreciation			<u>335,276</u>	<u>6,257</u>	<u>3,118</u>
Total ACRS and Other Depreciation			<u>335,276</u>	<u>6,257</u>	<u>3,118</u>

2013153 SALVUS CENTER, INC.

20-2278505

Future Depreciation Report

FYE: 6/30/23

FYE: 6/30/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Grand Totals			<u>855,986</u>	<u>17,372</u>	<u>14,233</u>

2013153 SALVUS CENTER, INC.

20-2278505

TN Future Depreciation Report**FYE: 6/30/23**

FYE: 6/30/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
<u>Prior MACRS:</u>				
6	BUILDING	2/22/10	299,526	7,680
7	SIGN-GALLATIN	9/13/10	1,266	0
8	SECURITY SYSTEM	4/11/07	975	25
16	EXAM TABLES	6/30/05	2,000	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0
19	SIDE CHAIRS	6/30/05	300	0
25	USED DESK	3/01/06	200	0
28	EXAM ROOM LIGHT	3/01/06	75	0
29	EXAM TABLES/CABINET	3/01/06	600	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
37	2 TABLES	3/01/06	150	0
38	REFRIGERATOR	3/01/06	250	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
45	MEDICAL STORAGE CHESTS	6/30/05	200	0
46	2 SCALES	6/30/05	200	0
49	3 EXAM STOOLS	3/01/06	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968	0
61	EXAM TABLE	7/28/08	300	0
69	FILE CABINET	7/28/08	100	0
80	CABLE/WIRING	10/15/08	2,305	0
84	PHONES	7/15/08	1,525	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
100	DESK - GALLATIN	9/27/11	100	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	0
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	0
108	ECLINICAL SOFTWARE	1/31/13	15,750	0
110	VOICE AND DATA CABLING	9/30/12	2,272	0
115	Trane HVAC unit	11/24/13	6,200	414
			<u>520,710</u>	<u>11,323</u>

Other Depreciation:

15	LAND	2/22/10	277,979	0
121	PARKING LOT PAVING & STRIPING	4/22/16	21,600	1,440
126	HARDWARE FOR SERVER REPLACEMENT	11/27/17	14,579	1,214
127	ECLINICAL WORKS	3/01/18	1,625	0
128	SERVER REPLACEMENT	5/03/18	3,450	575
129	LAPTOP JENNIFER FLANAGAN	5/21/18	1,580	289
130	COMPUTER SERVER	3/02/21	5,201	1,040
131	LAPTOP	3/02/21	2,881	577
132	Battery Backup	8/09/21	1,128	225
133	Battery Backup	8/09/21	1,128	225
134	Computer - JFlynt	3/22/22	1,445	289
135	Security System	10/28/21	2,680	383
Total Other Depreciation			<u>335,276</u>	<u>6,257</u>
Total ACRS and Other Depreciation			<u>335,276</u>	<u>6,257</u>

2013153 SALVUS CENTER, INC.

20-2278505

TN Future Depreciation Report

FYE: 6/30/23

FYE: 6/30/2022

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
	Grand Totals		<u>855,986</u>	<u>17,580</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning <u>07/01/21</u> , ending <u>06/30/22</u>		

Name

Taxpayer Identification Number

SALVUS CENTER, INC.20-2278505

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	28,177	28,177
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	460,290	460,290
	4. Program service revenue	4.	78,225	78,225
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	-689	-689
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12.	566,003	566,003
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.	386,699	386,699
	17. Professional fundraising fees	17.	25,298	25,298
	18. Other professional fees	18.		
	19. Occupancy, rent, utilities, and maintenance	19.	40,910	40,910
	20. Depreciation and Depletion	20.	16,852	1,983
	21. Other expenses	21.	99,575	99,575
	22. Total expenses. Add lines 13 through 21	22.	571,317	554,465
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-5,314	11,538
Other Information	24. Total exempt revenue	24.	566,003	566,003
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.	77,536	77,536
	27. Total assets	27.	608,038	300,441
	28. Total liabilities	28.	4,559	4,559
	29. Retained earnings	29.	903,920	295,882
	30. Number of voting members of governing body	30.	24	
	31. Number of independent voting members of governing body	31.	18	
	32. Number of employees	32.	13	
	33. Number of volunteers	33.		