

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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2012****Open to Public Inspection****A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13****B** Check if applicable:

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

**C** Name of organization

SALVUS CENTER, INC.

Doing Business As

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

556 HARTSVILLE PIKE #200

Room/suite

City, town or post office, state, and ZIP code

GALLATIN TN 37066

**D** Employer identification number

20-2278505

**E** Telephone number

615-451-0038

**G** Gross receipts \$ 738,537**F** Name and address of principal officer:

BILL GRAVES  
556 HARTSVILLE PIKE #200  
GALLATIN TN 37066

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

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

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

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25		
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	16		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	301,548	Current Year	498,760
	<b>9</b> Program service revenue (Part VIII, line 2g)		332,737		204,087
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,597		1,151
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,225		34,539
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		690,107		738,537
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		369,404		454,286
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		33,000		47,056
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> 68,971				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		301,433		393,465
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		703,837		894,807
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-13,730		-156,270	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	830,139	End of Year	830,645
	<b>21</b> Total liabilities (Part X, line 26)		1,263		142,609
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		828,876		688,036

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

BILL GRAVES

DIRECTOR

Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

JW MCMURRAY

Preparer's signature

Date

02/11/14

Check ☒ if

self-employed

PTIN

P01347450

Firm's name } McMurray &amp; Associates, CPA's

Firm's EIN } 62-1765435

Firm's address } 641 E Main St  
Hendersonville, TN 37075-2606

Phone no. 615-824-2724

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question 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 \$ 710,300 including grants of \$ ) (Revenue \$ )

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

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

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

**4e** Total program service expenses 710,300

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 2		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> 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	<b>2a</b> 16		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

**Section A. Governing Body and Management**

	1a	25	1b	25	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		25		25		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent						
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?						X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						X
<b>6</b> Did the organization have members or stockholders?						X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					X	
<b>b</b> Each committee with authority to act on behalf of the governing body?					X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TED HILL	0.00									
	0.00	X						74,262	0	0
(2) SHELLEY AMES	40.00									
EXECUTIVE DIRECTOR	0.00	X						57,240	0	0
(3) RANDY CLINE	0.00									
	0.00	X						0	0	0
(4) BARRY CLOUSE	0.00									
	0.00	X						0	0	0
(5) WILDA DODSON	0.00									
	0.00	X						0	0	0
(6) BILL GRAVES	0.00									
	0.00	X						0	0	0
(7) DERRICK JACKSON	0.00									
	0.00	X						0	0	0
(8) ALLEN LINDSEY	0.00									
	0.00	X						0	0	0
(9) ANA LUDI	0.00									
	0.00	X						0	0	0
(10) STEVE MAYS	0.00									
	0.00	X						0	0	0
(11) LOTTIE MCCORMICK	0.00									
	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BILL MIZE	0.00									
	0.00	X						0	0	0
(13) WILLIAM MORRIS	0.00									
	0.00	X						0	0	0
(14) WADE POWERS	0.00									
	0.00	X						0	0	0
(15) JENNY RUSSO	0.00									
	0.00	X						0	0	0
(16) ALBERT STRAWTHER	0.00									
	0.00	X						0	0	0
(17) JAYSON TABOR	0.00									
	0.00	X						0	0	0
(18) ANN WHITESIDE	0.00									
	0.00	X						0	0	0
(19) BILL WRIGHT	0.00									
	0.00	X						0	0	0
<b>1b Sub-total</b> .....								131,502		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								131,502		

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> 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
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

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

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



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

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

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> 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 .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question 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, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b> 13,261				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 124,619				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 360,880				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	57,372				
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....	<b>u</b> 498,760				
<b>Program Service Revenue</b>	<b>2a</b> PATIENT FEES .....	<b>Busn. Code</b>	116,094	116,094		
	<b>b</b> CONTRACT SERVICE FEES .....		87,993	87,993		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....	<b>u</b> 204,087				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b> 1,151	1,151		
<b>4</b> Income from investment of tax-exempt bond proceeds .....		<b>u</b>				
<b>5</b> Royalties .....		<b>u</b>				
<b>6a</b> Gross rents .....		(i) Real (ii) Personal				
<b>b</b> Less: rental exps. ....						
<b>c</b> Rental inc. or (loss) .....						
<b>d</b> Net rental income or (loss) .....		<b>u</b>				
<b>7a</b> Gross amount from sales of assets other than inventory .....		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps. ....						
<b>c</b> Gain or (loss) .....						
<b>d</b> Net gain or (loss) .....		<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b> 34,539				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....		<b>u</b> 34,539				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....		<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>				
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....		<b>u</b>				
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e</b> <b>Total.</b> Add lines 11a-11d .....	<b>u</b>					
<b>12</b> <b>Total revenue.</b> See instructions. ....	<b>u</b> 738,537	205,238	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 to any question 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	391,011	350,425	32,469	8,117
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,132	21,044	9,762	1,326
10 Payroll taxes	31,143	27,959	2,548	636
11 Fees for services (non-employees):				
a Management	26,015	26,015		
b Legal				
c Accounting	5,500		5,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	47,056			47,056
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	11,879	407	1,629	9,843
13 Office expenses	6,333	2,530	3,028	775
14 Information technology	12,077	10,496	1,581	
15 Royalties				
16 Occupancy	50,150	48,726	1,424	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,187	136	1,051	
20 Interest	4,819	3,672	1,147	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,632	21,901	22,837	894
23 Insurance	6,505	4,540	1,965	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	133,894	133,894		
b IN KIND EXPENSES	47,621	41,906	5,715	
c STAFF DEVELOPMENT/RECRUIT	21,324	875	20,449	
d TECHNICAL SUPPORT	9,684	6,802	2,882	
e All other expenses	10,845	8,972	1,549	324
25 Total functional expenses. Add lines 1 through 24e	894,807	710,300	115,536	68,971
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 Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	1,139	<b>1</b>	24,022
	<b>2</b> Savings and temporary cash investments .....	197,674	<b>2</b>	78,050
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	61
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	2,994
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 877,121		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 151,603	631,326	<b>10c</b> 725,518
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	830,139	<b>16</b>	830,645	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,263	<b>17</b>	1,191
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	129,605
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	11,813
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,263	<b>26</b>	142,609
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	825,547	<b>27</b>	675,036
	<b>28</b> Temporarily restricted net assets .....	3,329	<b>28</b>	13,000
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	828,876	<b>33</b>	688,036	
<b>34</b> Total liabilities and net assets/fund balances .....	830,139	<b>34</b>	830,645	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	738,537
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	894,807
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-156,270
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	828,876
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	15,430
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	688,036

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	331,220	455,004	433,252	301,548	498,760	2,019,784
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	331,220	455,004	433,252	301,548	498,760	2,019,784
<b>5</b> 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)						626,515
<b>6</b> Public support. Subtract line 5 from line 4.						1,393,269

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	331,220	455,004	433,252	301,548	498,760	2,019,784
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,813	13,412	1,594	1,884		28,703
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						2,048,487
<b>12</b> Gross receipts from related activities, etc. (see instructions)						239,777

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	68.01 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	65.96 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2012.** 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—2011.** 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 ☐



**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012****Name of the organization**

SALVUS CENTER, INC.

**Employer identification number**

20-2278505

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

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

<b>Name of organization</b> SALVUS CENTER, INC.	<b>Employer identification number</b> 20-2278505
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF TENNESSEE 4TH FLOOR CORDELL HULL BLDG NASHVILLE TN 37243	\$ 118,119	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HCA FOUNDATION ONE PARK PLAZA NASHVILLE TN 37203	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD. HENDERSONVILLE TN 37075	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BAPTIST HEALING TRUST 1919 CHARLOTTE AVENUE, STE 203 NASHVILLE TN 37203	\$ 38,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	EZELL FOUNDATION PO BOX 100957 NASHVILLE TN 37224	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED WAY OF SUMNER COUNTY 1531 HUNT CLUB BLVD. STE 110 GALLATIN TN 37066	\$ 13,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 **u** \$ .....

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

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

a Revenues included in Form 990, Part VIII, line 1 **u** \$ .....

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

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

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

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** 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		599,142	151,603	447,539
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			<b>u</b>	725,518

**Part VII Investments—Other Securities.** 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)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

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

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

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

## Part XIII Supplemental Information

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





**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1 FUNDRAISING EVE (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	34,539			34,539
	2 Less: Contributions ....				
	3 Gross income (line 1 minus line 2) .....	34,539			34,539
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. Combine line 3, column (d), and line 10 .....				34,539

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ 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 operate 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 operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....Address **u** .....

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

Name **u** .....Address **u** .....**16** Gaming manager information:Name **u** .....Gaming manager compensation **u** \$ .....Description of services provided **u** .....
☐ Director/officer
☐ Employee
☐ Independent contractor
**17** Mandatory distributions:

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

**Part IV Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

**U** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**U** Attach to Form 990.

OMB No. 1545-0047

**2012****Open To Public  
Inspection**

Name of the organization

SALVUS CENTER, INC.

Employer identification number

20-2278505

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( SERVICES & EQUI )	X	1	57,372	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31		X
32a		X

## Part II

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Employer identification number

20-2278505

SALVUS CENTER, INC.

## Form 990 - Organization's Mission or Most Significant Activities

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

## Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

TREASURER AND OTHER BOARD MEMBERS REVIEW 990 BEFORE FILING

## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

## Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 15,430

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2012</b>
For calendar year 2012, or tax year beginning <b>07/01/12</b> , and ending <b>06/30/13</b>		
Name  <b>SALVUS CENTER, INC.</b>	Employer Identification Number  <b>20-2278505</b>	

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) SUMNER BANK AND TRUST	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 150,000	10/17/12	10/17/17		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		129,605
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		129,605

Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

**2012**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)☐ See separate instructions.☒ Attach to your tax return.

Name(s) shown on return

SALVUS CENTER, INC.

Identifying number

20-2278505

Business or activity to which this form relates

Indirect Depreciation

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	19,218
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	19,975
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2012 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		7,875	3.0	MQ	200DB	1,969
b 5-year property		9,910	5.0	MQ	200DB	1,042
c 7-year property		1,433	7.0	MQ	200DB	358
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	07/31/12	124,940	39 yrs.	MM	S/L	3,070

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	45,632
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**Form **4562** (2012)

DAA

There are no amounts for Page 2



20-2278505

**Federal Asset Report**

FYE: 6/30/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>3-year GDS Property:</b>										
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3 MQ200DB	0	9,844
			<u>15,750</u>				<u>7,875</u>		<u>0</u>	<u>9,844</u>
<b>5-year GDS Property:</b>										
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5 MQ200DB	0	1,533
111	COMPUTERS	10/25/12	2,058			X	1,029	5 MQ200DB	0	1,286
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5 MQ200DB	0	2,033
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5 MQ200DB	0	4,988
114	COMPUTER	6/17/13	2,118			X	1,059	5 MQ200DB	0	1,112
			<u>19,820</u>				<u>9,910</u>		<u>0</u>	<u>10,952</u>
<b>7-year GDS Property:</b>										
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7 MQ200DB	0	1,791
			<u>2,866</u>				<u>1,433</u>		<u>0</u>	<u>1,791</u>
<b>Non-Residential Real Property:</b>										
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39 MMS/L	0	3,070
			<u>124,940</u>				<u>124,940</u>		<u>0</u>	<u>3,070</u>
<b>Prior MACRS:</b>										
1	QUICKBOOKS	6/13/05	400				400	3 HY 200DB	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000				8,000	3 HY 200DB	8,000	0
3	MEDINOTES EMR	8/14/07	9,680				9,680	3 HY 200DB	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71			X	35	3 HY 200DB	50	21
5	OFFICE 2007 SUITE	5/21/10	150			X	75	3 HY 200DB	104	46
6	BUILDING	2/22/10	299,526				299,526	39 MMS/L	17,472	7,680
7	SIGN-GALLATIN	9/13/10	1,266			X	934	7 HY 200DB	332	267
8	SECURITY SYSTEM	4/11/07	975				975	39 MMS/L	130	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448			X	1,224	3 HY 200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923			X	961	3 HY 200DB	1,923	0
11	STORAGE UNITS	7/28/08	195			X	97	3 HY 200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512			X	256	3 HY 200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260			X	130	3 HY 200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163			X	3,581	3 HY 200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000				2,000	7 HY 200DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400				400	7 HY 200DB	352	0
18	UPHOLSTERY	6/30/05	400				400	7 HY 200DB	352	0
19	SIDE CHAIRS	6/30/05	300				300	7 HY 200DB	263	0
20	DEFIBRILLATOR CORD	3/01/06	300				300	7 HY 200DB	264	36
21	USED DELL LAPTOP #1	3/01/06	250				250	5 HY 200DB	225	0
22	USED DELL LAPTOP #2	3/01/06	250				250	5 HY 200DB	225	0
23	USED DELL LAPTOP #3	3/01/06	250				250	5 HY 200DB	225	0
24	USED DELL LAPTOP #4	3/01/06	250				250	5 HY 200DB	225	0
25	USED DESK	3/01/06	200				200	7 HY 200DB	177	23
26	DRAPERIES	3/01/06	400				400	7 HY 200DB	354	46
27	EKG	3/01/06	2,000				2,000	7 HY 200DB	1,769	231
28	EXAM ROOM LIGHT	3/01/06	75				75	7 HY 200DB	66	9
29	EXAM TABLES/CABINET	3/01/06	600				600	7 HY 200DB	532	68
30	HP LASER JET PRINTER	3/01/06	150				150	5 HY 200DB	140	0
31	IBM COMPUTER	3/01/06	2,500				2,500	5 HY 200DB	2,250	0
32	MICROSCOPE	3/01/06	300				300	7 HY 200DB	266	34
33	MICROWAVE	3/01/06	100				100	7 HY 200DB	87	13
34	OFFICE FURNITURE	3/01/06	1,000				1,000	7 HY 200DB	884	116
35	2 PATIENT FILING CABINETS	3/01/06	400				400	7 HY 200DB	355	45
36	STORAGE SHELVES	3/01/06	200				200	7 HY 200DB	177	23
37	2 TABLES	3/01/06	150				150	7 HY 200DB	131	19
38	REFRIGERATOR	3/01/06	250				250	7 HY 200DB	220	30
39	DEFIBRILLATOR	6/30/05	1,000				1,000	7 HY 200DB	877	0
40	DRAW STATION DESK	3/01/06	100				100	7 HY 200DB	87	13
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

20-2278505

**Federal Asset Report**

FYE: 6/30/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current	
43	LAMPS	3/01/06	150				150	7 HY 200DB	132	18	
44	CENTRIFUGE	3/01/06	300				300	7 HY 200DB	264	36	
45	MEDICAL STORAGE CHESTS	6/30/05	200				200	7 HY 200DB	177	0	
46	2 SCALES	6/30/05	200				200	7 HY 200DB	177	0	
47	2 INFANT SCALES	6/30/05	200				200	7 HY 200DB	177	0	
48	BLOOD PRESSURE MONITORS	6/30/05	300				300	7 HY 200DB	262	0	
49	3 EXAM STOOLS	3/01/06	225				225	7 HY 200DB	198	27	
50	DIAGNOSTIC KITS	6/30/05	400				400	7 HY 200DB	352	0	
51	LEG/ANKLE BRACES	3/01/06	200				200	7 HY 200DB	177	23	
52	FLOOR MATS	3/01/06	400				400	7 HY 200DB	354	46	
53	3 THERMOMETERS	3/01/06	225				225	7 HY 200DB	198	27	
54	PHONE SYSTEM/CABLING	3/14/06	3,372				3,372	7 HY 200DB	2,981	391	
55	ED OFFICE FURNITURE	3/21/06	968				968	7 HY 200DB	854	114	
56	FAX MACHINE	6/06/06	258				258	7 HY 200DB	227	31	
57	CRASH CART	6/06/06	88				88	7 HY 200DB	78	10	
58	COPIER	6/06/06	500				500	5 HY 200DB	451	0	
59	IBM COMPUTER	3/01/07	2,507				2,507	5 HY 200DB	2,507	0	
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000				1,000	5 HY 200DB	942	58	
61	EXAM TABLE	7/28/08	300			X	150	7 HY 200DB	205	27	
62	WHEEL CHAIR	7/28/08	100			X	50	7 HY 200DB	67	9	
63	EKG STAND	7/28/08	150			X	75	7 HY 200DB	103	13	
64	MOBILE BLOOD PRESSURE	7/28/08	50			X	25	7 HY 200DB	34	5	
65	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	34	5	
66	VIEW BOX	7/28/08	25			X	12	7 HY 200DB	17	2	
67	2 SWIVEL DESK CHAIRS	7/28/08	100			X	50	7 HY 200DB	67	9	
68	22 CUSHIONED CHAIRS	7/28/08	900			X	450	7 HY 200DB	618	81	
69	FILE CABINET	7/28/08	100			X	50	7 HY 200DB	67	9	
70	COPIER STAND	7/28/08	25			X	12	7 HY 200DB	17	2	
71	MINI REFRIGERATOR	7/28/08	50			X	25	7 HY 200DB	34	5	
72	VIEW BOX	7/28/08	50			X	25	7 HY 200DB	34	5	
73	MINOLTA COPIER	7/28/08	200			X	100	5 HY 200DB	165	23	
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5 HY 200DB	678	28	
75	3 STINGER CART	9/30/07	795				795	7 HY 200DB	618	71	
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5 HY 200DB	2,476	349	
77	4 HEADS LAMPS	11/13/07	400				400	7 HY 200DB	311	36	
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543			X	1,271	5 HY 200DB	2,104	293	
79	LENOVA MONITOR	7/28/08	250			X	125	5 HY 200DB	207	29	
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5 HY 200DB	1,908	265	
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7 HY 200DB	138	18	
82	PRINTER	7/08/08	150			X	75	5 HY 200DB	124	17	
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670			X	835	7 HY 200DB	1,149	149	
84	PHONES	7/15/08	1,525			X	762	5 HY 200DB	1,262	175	
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7 HY 200DB	138	18	
86	C-PAP MACHINE	2/01/09	200			X	100	7 HY 200DB	138	18	
87	SCANNER FROM HMS	4/02/09	741			X	370	5 HY 200DB	612	86	
88	SCALES	4/09/09	25			X	12	7 HY 200DB	17	2	
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5 HY 200DB	320	52	
90	HVAC UNIT	2/22/10	15,000			X	7,500	5 HY 200DB	10,680	1,728	
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5 HY 200DB	4,984	806	
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5 HY 200DB	8,544	1,382	
93	PAVING	2/22/10	12,000			X	6,000	5 HY 200DB	8,544	1,382	
94	COMPAQ PC	9/09/10	669			X	321	5 HY 200DB	348	128	
95	COMPAQ PC #2	9/09/10	669			X	321	5 HY 200DB	348	128	
96	SERVER RACK	9/09/10	300			X	144	5 HY 200DB	156	58	
97	CABLE & PATCH PANEL	11/15/10	742			X	357	5 HY 200DB	385	143	
98	DONATED EKG MACHINE	7/07/11	5,000			X	4,285	7 HY 200DB	715	1,224	
99	LAPTOP M&G	7/08/11	630			X	504	5 HY 200DB	126	202	
100	DESK - GALLATIN	9/27/11	100			X	86	7 HY 200DB	14	25	
101	2 PCS - HENDERSONVILL	10/20/11	300			X	240	5 HY 200DB	60	96	
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	3,059	7 HY 200DB	510	874	
103	SOFA TABLE - GALLATIN	6/30/12	500			X	429	7 HY 200DB	71	123	
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	686	7 HY 200DB	114	196	
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	537	7 HY 200DB	89	153	
			435,766				395,092	121,401			19,975

**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
	<b>Total Other Depreciation</b>		<u>277,979</u>			<u>277,979</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>277,979</u>			<u>277,979</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		877,121			817,229		121,401	45,632
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>877,121</u>			<u>817,229</u>		<u>121,401</u>	<u>45,632</u>

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**TN Asset Report**

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**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<b>3-year GDS Property:</b>								
108	ECLINICAL SOFTWARE	1/31/13	15,750	15,750	0	3,938	9,844	5,906
			<u>15,750</u>	<u>15,750</u>	<u>0</u>	<u>3,938</u>	<u>9,844</u>	<u>5,906</u>
<b>5-year GDS Property:</b>								
110	VOICE AND DATA CABLING	9/30/12	2,272	2,272	0	795	1,533	738
111	COMPUTERS	10/25/12	2,058	2,058	0	515	1,286	771
112	COMPUTER EQUIPMENT	4/30/13	3,872	3,872	0	194	2,033	1,839
113	DONATED SERVERS AND RACKS	4/19/13	9,500	9,500	0	475	4,988	4,513
114	COMPUTER	6/17/13	2,118	2,118	0	106	1,112	1,006
			<u>19,820</u>	<u>19,820</u>	<u>0</u>	<u>2,085</u>	<u>10,952</u>	<u>8,867</u>
<b>7-year GDS Property:</b>								
107	PHONE EQUIPMENT	7/16/12	2,866	2,866	0	716	1,791	1,075
			<u>2,866</u>	<u>2,866</u>	<u>0</u>	<u>716</u>	<u>1,791</u>	<u>1,075</u>
<b>Non-Residential Real Property:</b>								
106	BUILDING IMPROVEMENT	7/31/12	124,940	124,940	0	3,070	3,070	0
			<u>124,940</u>	<u>124,940</u>	<u>0</u>	<u>3,070</u>	<u>3,070</u>	<u>0</u>
<b>Prior MACRS:</b>								
1	QUICKBOOKS	6/13/05	400	400	400	0	0	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	8,000	8,000	0	0	0
3	MEDINOTES EMR	8/14/07	9,680	9,680	9,680	0	0	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	71	50	21	21	0
5	OFFICE 2007 SUITE	5/21/10	150	150	104	46	46	0
6	BUILDING	2/22/10	299,526	299,526	17,472	7,680	7,680	0
7	SIGN-GALLATIN	9/13/10	1,266	1,266	332	267	267	0
8	SECURITY SYSTEM	4/11/07	975	975	130	25	25	0
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	2,448	2,448	0	0	0
10	PAINTING - HVILLE	7/28/08	1,923	1,923	1,923	0	0	0
11	STORAGE UNITS	7/28/08	195	195	195	0	0	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	512	512	0	0	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	260	260	0	0	0
14	FLOOR - HVILLE	7/28/08	7,163	7,163	7,163	0	0	0
16	EXAM TABLES	6/30/05	2,000	2,000	1,756	0	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	400	352	0	0	0
18	UPHOLSTERY	6/30/05	400	400	352	0	0	0
19	SIDE CHAIRS	6/30/05	300	300	263	0	0	0
20	DEFIBRILATOR CORD	3/01/06	300	300	264	36	36	0
21	USED DELL LAPTOP #1	3/01/06	250	250	225	0	0	0
22	USED DELL LAPTOP #2	3/01/06	250	250	225	0	0	0
23	USED DELL LAPTOP #3	3/01/06	250	250	225	0	0	0
24	USED DELL LAPTOP #4	3/01/06	250	250	225	0	0	0
25	USED DESK	3/01/06	200	200	177	23	23	0
26	DRAPERIES	3/01/06	400	400	354	46	46	0
27	EKG	3/01/06	2,000	2,000	1,769	231	231	0
28	EXAM ROOM LIGHT	3/01/06	75	75	66	9	9	0
29	EXAM TABLES/CABINET	3/01/06	600	600	532	68	68	0
30	HP LASER JET PRINTER	3/01/06	150	150	140	0	0	0
31	IBM COMPUTER	3/01/06	2,500	2,500	2,250	0	0	0
32	MICROSCOPE	3/01/06	300	300	266	34	34	0
33	MICROWAVE	3/01/06	100	100	87	13	13	0
34	OFFICE FURNITURE	3/01/06	1,000	1,000	884	116	116	0
35	2 PATIENT FILING CABINETS	3/01/06	400	400	355	45	45	0
36	STORAGE SHELVES	3/01/06	200	200	177	23	23	0
37	2 TABLES	3/01/06	150	150	131	19	19	0
38	REFRIGERATOR	3/01/06	250	250	220	30	30	0
39	DEFIBRILLATOR	6/30/05	1,000	1,000	877	0	0	0
40	DRAW STATION DESK	3/01/06	100	100	87	13	13	0
41	3 OFFICE CHAIRS	6/30/05	300	300	263	0	0	0
42	END TABLE/OFFICE TABLE	6/30/05	400	400	352	0	0	0

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**TN Asset Report**

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Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
43	LAMPS	3/01/06	150	150	132	18	18	0
44	CENTRIFUGE	3/01/06	300	300	264	36	36	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	200	177	0	0	0
46	2 SCALES	6/30/05	200	200	177	0	0	0
47	2 INFANT SCALES	6/30/05	200	200	177	0	0	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	300	262	0	0	0
49	3 EXAM STOOLS	3/01/06	225	225	198	27	27	0
50	DIAGNOSTIC KITS	6/30/05	400	400	352	0	0	0
51	LEG/ANKLE BRACES	3/01/06	200	200	177	23	23	0
52	FLOOR MATS	3/01/06	400	400	354	46	46	0
53	3 THERMOMETERS	3/01/06	225	225	198	27	27	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	3,372	2,981	391	391	0
55	ED OFFICE FURNITURE	3/21/06	968	968	854	114	114	0
56	FAX MACHINE	6/06/06	258	258	227	31	31	0
57	CRASH CART	6/06/06	88	88	78	10	10	0
58	COPIER	6/06/06	500	500	451	0	0	0
59	IBM COMPUTER	3/01/07	2,507	2,507	2,507	0	0	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	1,000	942	58	58	0
61	EXAM TABLE	7/28/08	300	300	205	27	27	0
62	WHEEL CHAIR	7/28/08	100	100	67	9	9	0
63	EKG STAND	7/28/08	150	150	103	13	13	0
64	MOBILE BLOOD PRESSURE	7/28/08	50	50	34	5	5	0
65	MINI REFRIGERATOR	7/28/08	50	50	34	5	5	0
66	VIEW BOX	7/28/08	25	25	17	2	2	0
67	2 SWIVEL DESK CHAIRS	7/28/08	100	100	67	9	9	0
68	22 CUSHIONED CHAIRS	7/28/08	900	900	618	81	81	0
69	FILE CABINET	7/28/08	100	100	67	9	9	0
70	COPIER STAND	7/28/08	25	25	17	2	2	0
71	MINI REFRIGERATOR	7/28/08	50	50	34	5	5	0
72	VIEW BOX	7/28/08	50	50	34	5	5	0
73	MINOLTA COPIER	7/28/08	200	200	165	23	23	0
74	2 DELL OPTIPLEX	7/28/08	720	720	678	28	28	0
75	3 STINGER CART	9/30/07	795	795	618	71	71	0
76	INSTALL COMPUTERS	7/28/08	3,000	3,000	2,476	349	349	0
77	4 HEADS LAMPS	11/13/07	400	400	311	36	36	0
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	2,543	2,104	293	293	0
79	LENOVA MONITOR	7/28/08	250	250	207	29	29	0
80	CABLE/WIRING	10/15/08	2,305	2,305	1,908	265	265	0
81	MEDICAL EQUIPMENT	7/01/08	200	200	138	18	18	0
82	PRINTER	7/08/08	150	150	124	17	17	0
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	1,670	1,149	149	149	0
84	PHONES	7/15/08	1,525	1,525	1,262	175	175	0
85	EQUIPMENT-MCPEAK	8/08/08	200	200	138	18	18	0
86	C-PAP MACHINE	2/01/09	200	200	138	18	18	0
87	SCANNER FROM HMS	4/02/09	741	741	612	86	86	0
88	SCALES	4/09/09	25	25	17	2	2	0
89	COMPUTER FROM GALLATIN	5/21/10	450	450	320	52	52	0
90	HVAC UNIT	2/22/10	15,000	15,000	10,680	1,728	1,728	0
91	PLUMBING FIXTURE	2/22/10	7,000	7,000	4,984	806	806	0
92	LIGHTING FIXTURE	2/22/10	12,000	12,000	8,544	1,382	1,382	0
93	PAVING	2/22/10	12,000	12,000	8,544	1,382	1,382	0
94	COMPAQ PC	9/09/10	669	669	348	128	128	0
95	COMPAQ PC #2	9/09/10	669	669	348	128	128	0
96	SERVER RACK	9/09/10	300	300	156	58	58	0
97	CABLE & PATCH PANEL	11/15/10	742	742	385	143	143	0
98	DONATED EKG MACHINE	7/07/11	5,000	5,000	715	1,224	1,224	0
99	LAPTOP M&G	7/08/11	630	630	126	202	202	0
100	DESK - GALLATIN	9/27/11	100	100	14	25	25	0
101	2 PCS - HENDERSONVILL	10/20/11	300	300	60	96	96	0
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	3,569	510	874	874	0
103	SOFA TABLE - GALLATIN	6/30/12	500	500	71	123	123	0
104	EXAM TABLES/FILE CABINET	6/30/12	800	800	114	196	196	0
105	SIGNAGE FOR GALLATIN	6/30/12	626	626	89	153	153	0
			<u>435,766</u>	<u>435,766</u>	<u>121,401</u>	<u>19,975</u>	<u>19,975</u>	<u>0</u>

**Other Depreciation:**

15	LAND	2/22/10	277,979	277,979	0	0	0	0
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Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
	<b>Total Other Depreciation</b>		<u>277,979</u>	<u>277,979</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>277,979</u>	<u>277,979</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		877,121	877,121	121,401	29,784	45,632	15,848
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>877,121</u>	<u>877,121</u>	<u>121,401</u>	<u>29,784</u>	<u>45,632</u>	<u>15,848</u>

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**AMT Asset Report**

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>3-year GDS Property:</b>										
108	ECLINICAL SOFTWARE	1/31/13	15,750			X	7,875	3 MQ200DB	0	9,844
			<u>15,750</u>				<u>7,875</u>		<u>0</u>	<u>9,844</u>
<b>5-year GDS Property:</b>										
110	VOICE AND DATA CABLING	9/30/12	2,272			X	1,136	5 MQ200DB	0	1,533
111	COMPUTERS	10/25/12	2,058			X	1,029	5 MQ200DB	0	1,286
112	COMPUTER EQUIPMENT	4/30/13	3,872			X	1,936	5 MQ200DB	0	2,033
113	DONATED SERVERS AND RACKS	4/19/13	9,500			X	4,750	5 MQ200DB	0	4,988
114	COMPUTER	6/17/13	2,118			X	1,059	5 MQ200DB	0	1,112
			<u>19,820</u>				<u>9,910</u>		<u>0</u>	<u>10,952</u>
<b>7-year GDS Property:</b>										
107	PHONE EQUIPMENT	7/16/12	2,866			X	1,433	7 MQ200DB	0	1,791
			<u>2,866</u>				<u>1,433</u>		<u>0</u>	<u>1,791</u>
<b>Non-Residential Real Property:</b>										
106	BUILDING IMPROVEMENT	7/31/12	124,940				124,940	39 MMS/L	0	3,070
			<u>124,940</u>				<u>124,940</u>		<u>0</u>	<u>3,070</u>
<b>Prior MACRS:</b>										
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	50	21
5	OFFICE 2007 SUITE	5/21/10	150			X	75	3 HY 200DB	104	46
6	BUILDING	2/22/10	299,526				299,526	39 MMS/L	17,472	7,680
7	SIGN-GALLATIN	9/13/10	1,266			X	934	7 HY 200DB	332	267
8	SECURITY SYSTEM	4/11/07	975				975	39 MMS/L	130	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448			X	1,224	3 HY 200DB	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923			X	961	3 HY 200DB	1,923	0
11	STORAGE UNITS	7/28/08	195			X	97	3 HY 200DB	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512			X	256	3 HY 200DB	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260			X	130	3 HY 200DB	260	0
14	FLOOR - HVILLE	7/28/08	7,163			X	3,581	3 HY 200DB	7,163	0
16	EXAM TABLES	6/30/05	2,000				2,000	7 HY 150DB	1,756	0
17	RECEPTION AREA CHAIRS	6/30/05	400				400	7 HY 150DB	352	0
18	UPHOLSTERY	6/30/05	400				400	7 HY 150DB	352	0
19	SIDE CHAIRS	6/30/05	300				300	7 HY 150DB	263	0
20	DEFIBRILATOR CORD	3/01/06	300				300	7 HY 150DB	264	36
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	177	23
26	DRAPERIES	3/01/06	400				400	7 HY 150DB	354	46
27	EKG	3/01/06	2,000				2,000	7 HY 150DB	1,769	231
28	EXAM ROOM LIGHT	3/01/06	75				75	7 HY 150DB	66	9
29	EXAM TABLES/CABINET	3/01/06	600				600	7 HY 150DB	532	68
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	266	34
33	MICROWAVE	3/01/06	100				100	7 HY 150DB	87	13
34	OFFICE FURNITURE	3/01/06	1,000				1,000	7 HY 150DB	884	116
35	2 PATIENT FILING CABINETS	3/01/06	400				400	7 HY 150DB	355	45
36	STORAGE SHELVES	3/01/06	200				200	7 HY 150DB	177	23
37	2 TABLES	3/01/06	150				150	7 HY 150DB	131	19
38	REFRIGERATOR	3/01/06	250				250	7 HY 150DB	220	30
39	DEFIBRILLATOR	6/30/05	1,000				1,000	7 HY 150DB	877	0
40	DRAW STATION DESK	3/01/06	100				100	7 HY 150DB	87	13
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

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**AMT Asset Report**

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Asset	Description	Date	Cost	Bus	Sec	Basis	Per	Conv	Meth	Prior	Current	
		In Service		%	179							Bonus
43	LAMPS	3/01/06	150			150	7	HY	150DB	132	18	
44	CENTRIFUGE	3/01/06	300			300	7	HY	150DB	264	36	
45	MEDICAL STORAGE CHESTS	6/30/05	200			200	7	HY	150DB	177	0	
46	2 SCALES	6/30/05	200			200	7	HY	150DB	177	0	
47	2 INFANT SCALES	6/30/05	200			200	7	HY	150DB	177	0	
48	BLOOD PRESSURE MONITORS	6/30/05	300			300	7	HY	150DB	262	0	
49	3 EXAM STOOLS	3/01/06	225			225	7	HY	150DB	198	27	
50	DIAGNOSTIC KITS	6/30/05	400			400	7	HY	150DB	352	0	
51	LEG/ANKLE BRACES	3/01/06	200			200	7	HY	150DB	177	23	
52	FLOOR MATS	3/01/06	400			400	7	HY	150DB	354	46	
53	3 THERMOMETERS	3/01/06	225			225	7	HY	150DB	198	27	
54	PHONE SYSTEM/CABLING	3/14/06	3,372			3,372	7	HY	150DB	2,981	391	
55	ED OFFICE FURNITURE	3/21/06	968			968	7	HY	150DB	854	114	
56	FAX MACHINE	6/06/06	258		X	31	7	HY	150DB	227	31	
57	CRASH CART	6/06/06	88			88	7	HY	150DB	78	10	
58	COPIER	6/06/06	500			500	5	HY	150DB	451	0	
59	IBM COMPUTER	3/01/07	2,507			2,507	5	HY	150DB	2,507	0	
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000			1,000	5	HY	150DB	942	58	
61	EXAM TABLE	7/28/08	300			X	150	7	HY	200DB	205	27
62	WHEEL CHAIR	7/28/08	100			X	50	7	HY	200DB	67	9
63	EKG STAND	7/28/08	150			X	75	7	HY	200DB	103	13
64	MOBILE BLOOD PRESSURE	7/28/08	50			X	25	7	HY	200DB	34	5
65	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	34	5
66	VIEW BOX	7/28/08	25			X	12	7	HY	200DB	17	2
67	2 SWIVEL DESK CHAIRS	7/28/08	100			X	50	7	HY	200DB	67	9
68	22 CUSHIONED CHAIRS	7/28/08	900			X	450	7	HY	200DB	618	81
69	FILE CABINET	7/28/08	100			X	50	7	HY	200DB	67	9
70	COPIER STAND	7/28/08	25			X	12	7	HY	200DB	17	2
71	MINI REFRIGERATOR	7/28/08	50			X	25	7	HY	200DB	34	5
72	VIEW BOX	7/28/08	50			X	25	7	HY	200DB	34	5
73	MINOLTA COPIER	7/28/08	200			X	100	5	HY	200DB	165	23
74	2 DELL OPTIPLEX	7/28/08	720			X	360	5	HY	200DB	678	28
75	3 STINGER CART	9/30/07	795				795	7	HY	200DB	618	71
76	INSTALL COMPUTERS	7/28/08	3,000			X	1,500	5	HY	200DB	2,476	349
77	4 HEADS LAMPS	11/13/07	400				400	7	HY	150DB	311	36
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		X	X	439	5	HY	200DB	2,104	293
79	LENOVA MONITOR	7/28/08	250			X	125	5	HY	200DB	207	29
80	CABLE/WIRING	10/15/08	2,305			X	1,152	5	HY	200DB	1,908	265
81	MEDICAL EQUIPMENT	7/01/08	200			X	100	7	HY	200DB	138	18
82	PRINTER	7/08/08	150			X	75	5	HY	200DB	124	17
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		X	X	521	7	HY	200DB	1,149	149
84	PHONES	7/15/08	1,525			X	762	5	HY	200DB	1,262	175
85	EQUIPMENT-MCPEAK	8/08/08	200			X	100	7	HY	200DB	138	18
86	C-PAP MACHINE	2/01/09	200			X	100	7	HY	200DB	138	18
87	SCANNER FROM HMS	4/02/09	741			X	370	5	HY	200DB	612	86
88	SCALES	4/09/09	25			X	12	7	HY	200DB	17	2
89	COMPUTER FROM GALLATIN	5/21/10	450			X	225	5	HY	200DB	320	52
90	HVAC UNIT	2/22/10	15,000			X	7,500	5	HY	200DB	10,680	1,728
91	PLUMBING FIXTURE	2/22/10	7,000			X	3,500	5	HY	200DB	4,984	806
92	LIGHTING FIXTURE	2/22/10	12,000			X	6,000	5	HY	200DB	8,544	1,382
93	PAVING	2/22/10	12,000			X	6,000	5	HY	200DB	8,544	1,382
94	COMPAQ PC	9/09/10	669			X	321	5	HY	200DB	348	128
95	COMPAQ PC #2	9/09/10	669			X	321	5	HY	200DB	348	128
96	SERVER RACK	9/09/10	300			X	144	5	HY	200DB	156	58
97	CABLE & PATCH PANEL	11/15/10	742			X	357	5	HY	200DB	385	143
98	DONATED EKG MACHINE	7/07/11	5,000			X	4,285	7	HY	200DB	715	1,224
99	LAPTOP M&G	7/08/11	630			X	504	5	HY	200DB	126	202
100	DESK - GALLATIN	9/27/11	100			X	86	7	HY	200DB	14	25
101	2 PCS - HENDERSONVILL	10/20/11	300			X	240	5	HY	200DB	60	96
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569			X	3,059	7	HY	200DB	510	874
103	SOFA TABLE - GALLATIN	6/30/12	500			X	429	7	HY	200DB	71	123
104	EXAM TABLES/FILE CABINET	6/30/12	800			X	686	7	HY	200DB	114	196
105	SIGNAGE FOR GALLATIN	6/30/12	626			X	537	7	HY	200DB	89	153
			435,766				393,719				121,401	19,975



**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
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		599,142			537,877		121,401	45,632
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>599,142</u>			<u>537,877</u>		<u>121,401</u>	<u>45,632</u>

20-2278505

**Bonus Depreciation Report**

FYE: 6/30/2013

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
4	WINDOWS 7 PROFESSIONAL	5/21/10	71		0	0	36	35
5	OFFICE 2007 SUITE	5/21/10	150		0	0	75	75
7	SIGN-GALLATIN	9/13/10	1,266		0	0	332	934
9	CABINETS - HENDERSONVILLE	7/28/08	2,448		0	0	1,224	1,224
10	PAINTING - HVILLE	7/28/08	1,923		0	0	962	961
11	STORAGE UNITS	7/28/08	195		0	0	98	97
12	TOILET REPLACEMENT - HVILLE	7/28/08	512		0	0	256	256
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260		0	0	130	130
14	FLOOR - HVILLE	7/28/08	7,163		0	0	3,582	3,581
61	EXAM TABLE	7/28/08	300		0	0	150	150
62	WHEEL CHAIR	7/28/08	100		0	0	50	50
63	EKG STAND	7/28/08	150		0	0	75	75
64	MOBILE BLOOD PRESSURE	7/28/08	50		0	0	25	25
65	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
66	VIEW BOX	7/28/08	25		0	0	13	12
67	2 SWIVEL DESK CHAIRS	7/28/08	100		0	0	50	50
68	22 CUSHIONED CHAIRS	7/28/08	900		0	0	450	450
69	FILE CABINET	7/28/08	100		0	0	50	50
70	COPIER STAND	7/28/08	25		0	0	13	12
71	MINI REFRIGERATOR	7/28/08	50		0	0	25	25
72	VIEW BOX	7/28/08	50		0	0	25	25
73	MINOLTA COPIER	7/28/08	200		0	0	100	100
74	2 DELL OPTIPLEX	7/28/08	720		0	0	360	360
76	INSTALL COMPUTERS	7/28/08	3,000		0	0	1,500	1,500
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543		0	0	1,272	1,271
79	LENOVA MONITOR	7/28/08	250		0	0	125	125
80	CABLE/WIRING	10/15/08	2,305		0	0	1,153	1,152
81	MEDICAL EQUIPMENT	7/01/08	200		0	0	100	100
82	PRINTER	7/08/08	150		0	0	75	75
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670		0	0	835	835
84	PHONES	7/15/08	1,525		0	0	763	762
85	EQUIPMENT-MCPEAK	8/08/08	200		0	0	100	100
86	C-PAP MACHINE	2/01/09	200		0	0	100	100
87	SCANNER FROM HMS	4/02/09	741		0	0	371	370
88	SCALES	4/09/09	25		0	0	13	12
89	COMPUTER FROM GALLATIN	5/21/10	450		0	0	225	225
90	HVAC UNIT	2/22/10	15,000		0	0	7,500	7,500
91	PLUMBING FIXTURE	2/22/10	7,000		0	0	3,500	3,500
92	LIGHTING FIXTURE	2/22/10	12,000		0	0	6,000	6,000
93	PAVING	2/22/10	12,000		0	0	6,000	6,000
94	COMPAQ PC	9/09/10	669		0	0	348	321
95	COMPAQ PC #2	9/09/10	669		0	0	348	321
96	SERVER RACK	9/09/10	300		0	0	156	144
97	CABLE & PATCH PANEL	11/15/10	742		0	0	385	357
98	DONATED EKG MACHINE	7/07/11	5,000		0	0	715	4,285
99	LAPTOP M&G	7/08/11	630		0	0	126	504
100	DESK - GALLATIN	9/27/11	100		0	0	14	86
101	2 PCS - HENDERSONVILL	10/20/11	300		0	0	60	240
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569		0	0	510	3,059
103	SOFA TABLE - GALLATIN	6/30/12	500		0	0	71	429
104	EXAM TABLES/FILE CABINET	6/30/12	800		0	0	114	686
105	SIGNAGE FOR GALLATIN	6/30/12	626		0	0	89	537
107	PHONE EQUIPMENT	7/16/12	2,866		0	1,433	0	1,433
108	ECLINICAL SOFTWARE	1/31/13	15,750		0	7,875	0	7,875
110	VOICE AND DATA CABLING	9/30/12	2,272		0	1,136	0	1,136
111	COMPUTERS	10/25/12	2,058		0	1,029	0	1,029
112	COMPUTER EQUIPMENT	4/30/13	3,872		0	1,936	0	1,936
113	DONATED SERVERS AND RACKS	4/19/13	9,500		0	4,750	0	4,750
114	COMPUTER	6/17/13	2,118		0	1,059	0	1,059
<b>Form 990, Page 1</b>			<u>128,408</u>		<u>0</u>	<u>19,218</u>	<u>40,674</u>	<u>68,516</u>
<b>Grand Total</b>			<u>128,408</u>		<u>0</u>	<u>19,218</u>	<u>40,674</u>	<u>68,516</u>

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**Depreciation Adjustment Report**

FYE: 6/30/2013

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b><u>MACRS Adjustments:</u></b>						
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	21	21	0
Page 1	1	5	OFFICE 2007 SUITE	46	46	0
Page 1	1	6	BUILDING	7,680	7,680	0
Page 1	1	7	SIGN-GALLATIN	267	267	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	36	36	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	23	23	0
Page 1	1	26	DRAPERIES	46	46	0
Page 1	1	27	EKG	231	231	0
Page 1	1	28	EXAM ROOM LIGHT	9	9	0
Page 1	1	29	EXAM TABLES/CABINET	68	68	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	34	34	0
Page 1	1	33	MICROWAVE	13	13	0
Page 1	1	34	OFFICE FURNITURE	116	116	0
Page 1	1	35	2 PATIENT FILING CABINETS	45	45	0
Page 1	1	36	STORAGE SHELVES	23	23	0
Page 1	1	37	2 TABLES	19	19	0
Page 1	1	38	REFRIGERATOR	30	30	0
Page 1	1	39	DEFIBRILLATOR	0	0	0
Page 1	1	40	DRAW STATION DESK	13	13	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	18	18	0
Page 1	1	44	CENTRIFUGE	36	36	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	27	27	0
Page 1	1	50	DIAGNOSTIC KITS	0	0	0
Page 1	1	51	LEG/ANKLE BRACES	23	23	0
Page 1	1	52	FLOOR MATS	46	46	0
Page 1	1	53	3 THERMOMETERS	27	27	0
Page 1	1	54	PHONE SYSTEM/CABLING	391	391	0
Page 1	1	55	ED OFFICE FURNITURE	114	114	0
Page 1	1	56	FAX MACHINE	31	31	0
Page 1	1	57	CRASH CART	10	10	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	58	58	0
Page 1	1	61	EXAM TABLE	27	27	0
Page 1	1	62	WHEEL CHAIR	9	9	0
Page 1	1	63	EKG STAND	13	13	0
Page 1	1	64	MOBILE BLOOD PRESSURE	5	5	0
Page 1	1	65	MINI REFRIGERATOR	5	5	0
Page 1	1	66	VIEW BOX	2	2	0
Page 1	1	67	2 SWIVEL DESK CHAIRS	9	9	0

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**Depreciation Adjustment Report**

FYE: 6/30/2013

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	68	22 CUSHIONED CHAIRS	81	81	0
Page 1	1	69	FILE CABINET	9	9	0
Page 1	1	70	COPIER STAND	2	2	0
Page 1	1	71	MINI REFRIGERATOR	5	5	0
Page 1	1	72	VIEW BOX	5	5	0
Page 1	1	73	MINOLTA COPIER	23	23	0
Page 1	1	74	2 DELL OPTIPLEX	28	28	0
Page 1	1	75	3 STINGER CART	71	71	0
Page 1	1	76	INSTALL COMPUTERS	349	349	0
Page 1	1	77	4 HEADS LAMPS	36	36	0
Page 1	1	78	LENOVA THICKCENTER PROCESS	293	293	0
Page 1	1	79	LENOVA MONITOR	29	29	0
Page 1	1	80	CABLE/WIRING	265	265	0
Page 1	1	81	MEDICAL EQUIPMENT	18	18	0
Page 1	1	82	PRINTER	17	17	0
Page 1	1	83	PRIVACY SCREEN, STOOLS	149	149	0
Page 1	1	84	PHONES	175	175	0
Page 1	1	85	EQUIPMENT-MCPEAK	18	18	0
Page 1	1	86	C-PAP MACHINE	18	18	0
Page 1	1	87	SCANNER FROM HMS	86	86	0
Page 1	1	88	SCALES	2	2	0
Page 1	1	89	COMPUTER FROM GALLATIN	52	52	0
Page 1	1	90	HVAC UNIT	1,728	1,728	0
Page 1	1	91	PLUMBING FIXTURE	806	806	0
Page 1	1	92	LIGHTING FIXTURE	1,382	1,382	0
Page 1	1	93	PAVING	1,382	1,382	0
Page 1	1	94	COMPAQ PC	128	128	0
Page 1	1	95	COMPAQ PC #2	128	128	0
Page 1	1	96	SERVER RACK	58	58	0
Page 1	1	97	CABLE & PATCH PANEL	143	143	0
Page 1	1	98	DONATED EKG MACHINE	1,224	1,224	0
Page 1	1	99	LAPTOP M&G	202	202	0
Page 1	1	100	DESK - GALLATIN	25	25	0
Page 1	1	101	2 PCS - HENDERSONVILL	96	96	0
Page 1	1	102	PHONE SYSTEM- GALLATIN	874	874	0
Page 1	1	103	SOFA TABLE - GALLATIN	123	123	0
Page 1	1	104	EXAM TABLES/FILE CABINET	196	196	0
Page 1	1	105	SIGNAGE FOR GALLATIN	153	153	0
Page 1	1	106	BUILDING IMPROVEMENT	3,070	3,070	0
Page 1	1	107	PHONE EQUIPMENT	1,791	1,791	0
Page 1	1	108	ECLINICAL SOFTWARE	9,844	9,844	0
Page 1	1	110	VOICE AND DATA CABLING	1,533	1,533	0
Page 1	1	111	COMPUTERS	1,286	1,286	0
Page 1	1	112	COMPUTER EQUIPMENT	2,033	2,033	0
Page 1	1	113	DONATED SERVERS AND RACKS	4,988	4,988	0
Page 1	1	114	COMPUTER	1,112	1,112	0
				<u>45,632</u>	<u>45,632</u>	<u>0</u>

20-2278505

**Future Depreciation Report****FYE: 6/30/14**

FYE: 6/30/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	QUICKBOOKS	6/13/05	400	0	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	0	0
3	MEDINOTES EMR	8/14/07	9,680	0	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	0	0
5	OFFICE 2007 SUITE	5/21/10	150	0	0
6	BUILDING	2/22/10	299,526	7,680	7,680
7	SIGN-GALLATIN	9/13/10	1,266	190	190
8	SECURITY SYSTEM	4/11/07	975	25	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	0	0
10	PAINTING - HVILLE	7/28/08	1,923	0	0
11	STORAGE UNITS	7/28/08	195	0	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	0	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	0	0
14	FLOOR - HVILLE	7/28/08	7,163	0	0
16	EXAM TABLES	6/30/05	2,000	0	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0	0
18	UPHOLSTERY	6/30/05	400	0	0
19	SIDE CHAIRS	6/30/05	300	0	0
20	DEFIBRILATOR CORD	3/01/06	300	0	0
21	USED DELL LAPTOP #1	3/01/06	250	0	0
22	USED DELL LAPTOP #2	3/01/06	250	0	0
23	USED DELL LAPTOP #3	3/01/06	250	0	0
24	USED DELL LAPTOP #4	3/01/06	250	0	0
25	USED DESK	3/01/06	200	0	0
26	DRAPERIES	3/01/06	400	0	0
27	EKG	3/01/06	2,000	0	0
28	EXAM ROOM LIGHT	3/01/06	75	0	0
29	EXAM TABLES/CABINET	3/01/06	600	0	0
30	HP LASER JET PRINTER	3/01/06	150	0	0
31	IBM COMPUTER	3/01/06	2,500	0	0
32	MICROSCOPE	3/01/06	300	0	0
33	MICROWAVE	3/01/06	100	0	0
34	OFFICE FURNITURE	3/01/06	1,000	0	0
35	2 PATIENT FILING CABINETS	3/01/06	400	0	0
36	STORAGE SHELVES	3/01/06	200	0	0
37	2 TABLES	3/01/06	150	0	0
38	REFRIGERATOR	3/01/06	250	0	0
39	DEFIBRILLATOR	6/30/05	1,000	0	0
40	DRAW STATION DESK	3/01/06	100	0	0
41	3 OFFICE CHAIRS	6/30/05	300	0	0
42	END TABLE/OFFICE TABLE	6/30/05	400	0	0
43	LAMPS	3/01/06	150	0	0
44	CENTRIFUGE	3/01/06	300	0	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	0	0
46	2 SCALES	6/30/05	200	0	0
47	2 INFANT SCALES	6/30/05	200	0	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	0	0
49	3 EXAM STOOLS	3/01/06	225	0	0
50	DIAGNOSTIC KITS	6/30/05	400	0	0
51	LEG/ANKLE BRACES	3/01/06	200	0	0
52	FLOOR MATS	3/01/06	400	0	0
53	3 THERMOMETERS	3/01/06	225	0	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	0	0
55	ED OFFICE FURNITURE	3/21/06	968	0	0
56	FAX MACHINE	6/06/06	258	0	0
57	CRASH CART	6/06/06	88	0	0
58	COPIER	6/06/06	500	0	0
59	IBM COMPUTER	3/01/07	2,507	0	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	0	0
61	EXAM TABLE	7/28/08	300	27	27
62	WHEEL CHAIR	7/28/08	100	10	10
63	EKG STAND	7/28/08	150	14	14
64	MOBILE BLOOD PRESSURE	7/28/08	50	4	4
65	MINI REFRIGERATOR	7/28/08	50	4	4
66	VIEW BOX	7/28/08	25	3	3
67	2 SWIVEL DESK CHAIRS	7/28/08	100	10	10
68	22 CUSHIONED CHAIRS	7/28/08	900	80	80

20-2278505

**Future Depreciation Report****FYE: 6/30/14**

FYE: 6/30/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
69	FILE CABINET	7/28/08	100	10	10
70	COPIER STAND	7/28/08	25	3	3
71	MINI REFRIGERATOR	7/28/08	50	4	4
72	VIEW BOX	7/28/08	50	4	4
73	MINOLTA COPIER	7/28/08	200	12	12
74	2 DELL OPTIPLEX	7/28/08	720	14	14
75	3 STINGER CART	9/30/07	795	71	71
76	INSTALL COMPUTERS	7/28/08	3,000	175	175
77	4 HEADS LAMPS	11/13/07	400	35	35
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	146	146
79	LENOVA MONITOR	7/28/08	250	14	14
80	CABLE/WIRING	10/15/08	2,305	132	132
81	MEDICAL EQUIPMENT	7/01/08	200	17	17
82	PRINTER	7/08/08	150	9	9
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	149	149
84	PHONES	7/15/08	1,525	88	88
85	EQUIPMENT-MCPEAK	8/08/08	200	17	17
86	C-PAP MACHINE	2/01/09	200	17	17
87	SCANNER FROM HMS	4/02/09	741	43	43
88	SCALES	4/09/09	25	3	3
89	COMPUTER FROM GALLATIN	5/21/10	450	52	52
90	HVAC UNIT	2/22/10	15,000	1,728	1,728
91	PLUMBING FIXTURE	2/22/10	7,000	807	807
92	LIGHTING FIXTURE	2/22/10	12,000	1,383	1,383
93	PAVING	2/22/10	12,000	1,383	1,383
94	COMPAQ PC	9/09/10	669	77	77
95	COMPAQ PC #2	9/09/10	669	77	77
96	SERVER RACK	9/09/10	300	34	34
97	CABLE & PATCH PANEL	11/15/10	742	85	85
98	DONATED EKG MACHINE	7/07/11	5,000	875	875
99	LAPTOP M&G	7/08/11	630	121	121
100	DESK - GALLATIN	9/27/11	100	17	17
101	2 PCS - HENDERSONVILL	10/20/11	300	58	58
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	624	624
103	SOFA TABLE - GALLATIN	6/30/12	500	87	87
104	EXAM TABLES/FILE CABINET	6/30/12	800	140	140
105	SIGNAGE FOR GALLATIN	6/30/12	626	110	110
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	307	307
108	ECLINICAL SOFTWARE	1/31/13	15,750	3,937	3,937
110	VOICE AND DATA CABLING	9/30/12	2,272	296	296
111	COMPUTERS	10/25/12	2,058	309	309
112	COMPUTER EQUIPMENT	4/30/13	3,872	736	736
113	DONATED SERVERS AND RACKS	4/19/13	9,500	1,805	1,805
114	COMPUTER	6/17/13	2,118	402	402
			<u>599,142</u>	<u>27,664</u>	<u>27,664</u>

**Other Depreciation:**

15	LAND	2/22/10	<u>277,979</u>	<u>0</u>	<u>0</u>
<b>Total Other Depreciation</b>			<u>277,979</u>	<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>277,979</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>877,121</u>	<u>27,664</u>	<u>27,664</u>

Asset	Description	Date In Service	Cost	TN
<b><u>Prior MACRS:</u></b>				
1	QUICKBOOKS	6/13/05	400	0
2	SCHEDULING SOFTWARE	3/01/06	8,000	0
3	MEDINOTES EMR	8/14/07	9,680	0
4	WINDOWS 7 PROFESSIONAL	5/21/10	71	0
5	OFFICE 2007 SUITE	5/21/10	150	0
6	BUILDING	2/22/10	299,526	7,680
7	SIGN-GALLATIN	9/13/10	1,266	190
8	SECURITY SYSTEM	4/11/07	975	25
9	CABINETS - HENDERSONVILLE	7/28/08	2,448	0
10	PAINTING - HVILLE	7/28/08	1,923	0
11	STORAGE UNITS	7/28/08	195	0
12	TOILET REPLACEMENT - HVILLE	7/28/08	512	0
13	CABLE & JACK INSTALL - HVILLE	7/28/08	260	0
14	FLOOR - HVILLE	7/28/08	7,163	0
16	EXAM TABLES	6/30/05	2,000	0
17	RECEPTION AREA CHAIRS	6/30/05	400	0
18	UPHOLSTERY	6/30/05	400	0
19	SIDE CHAIRS	6/30/05	300	0
20	DEFIBRILATOR CORD	3/01/06	300	0
21	USED DELL LAPTOP #1	3/01/06	250	0
22	USED DELL LAPTOP #2	3/01/06	250	0
23	USED DELL LAPTOP #3	3/01/06	250	0
24	USED DELL LAPTOP #4	3/01/06	250	0
25	USED DESK	3/01/06	200	0
26	DRAPERIES	3/01/06	400	0
27	EKG	3/01/06	2,000	0
28	EXAM ROOM LIGHT	3/01/06	75	0
29	EXAM TABLES/CABINET	3/01/06	600	0
30	HP LASER JET PRINTER	3/01/06	150	0
31	IBM COMPUTER	3/01/06	2,500	0
32	MICROSCOPE	3/01/06	300	0
33	MICROWAVE	3/01/06	100	0
34	OFFICE FURNITURE	3/01/06	1,000	0
35	2 PATIENT FILING CABINETS	3/01/06	400	0
36	STORAGE SHELVES	3/01/06	200	0
37	2 TABLES	3/01/06	150	0
38	REFRIGERATOR	3/01/06	250	0
39	DEFIBRILLATOR	6/30/05	1,000	0
40	DRAW STATION DESK	3/01/06	100	0
41	3 OFFICE CHAIRS	6/30/05	300	0
42	END TABLE/OFFICE TABLE	6/30/05	400	0
43	LAMPS	3/01/06	150	0
44	CENTRIFUGE	3/01/06	300	0
45	MEDICAL STORAGE CHESTS	6/30/05	200	0
46	2 SCALES	6/30/05	200	0
47	2 INFANT SCALES	6/30/05	200	0
48	BLOOD PRESSURE MONITORS	6/30/05	300	0
49	3 EXAM STOOLS	3/01/06	225	0
50	DIAGNOSTIC KITS	6/30/05	400	0
51	LEG/ANKLE BRACES	3/01/06	200	0
52	FLOOR MATS	3/01/06	400	0
53	3 THERMOMETERS	3/01/06	225	0
54	PHONE SYSTEM/CABLING	3/14/06	3,372	0
55	ED OFFICE FURNITURE	3/21/06	968	0
56	FAX MACHINE	6/06/06	258	0
57	CRASH CART	6/06/06	88	0
58	COPIER	6/06/06	500	0
59	IBM COMPUTER	3/01/07	2,507	0
60	DELL FAX, SCANNER, COPIER	7/07/07	1,000	0
61	EXAM TABLE	7/28/08	300	27
62	WHEEL CHAIR	7/28/08	100	10
63	EKG STAND	7/28/08	150	14
64	MOBILE BLOOD PRESSURE	7/28/08	50	4
65	MINI REFRIGERATOR	7/28/08	50	4
66	VIEW BOX	7/28/08	25	3
67	2 SWIVEL DESK CHAIRS	7/28/08	100	10
68	22 CUSHIONED CHAIRS	7/28/08	900	80

Asset	Description	Date In Service	Cost	TN
69	FILE CABINET	7/28/08	100	10
70	COPIER STAND	7/28/08	25	3
71	MINI REFRIGERATOR	7/28/08	50	4
72	VIEW BOX	7/28/08	50	4
73	MINOLTA COPIER	7/28/08	200	12
74	2 DELL OPTIPLEX	7/28/08	720	14
75	3 STINGER CART	9/30/07	795	71
76	INSTALL COMPUTERS	7/28/08	3,000	175
77	4 HEADS LAMPS	11/13/07	400	35
78	LENOVA THICKCENTER PROCESS	7/28/08	2,543	146
79	LENOVA MONITOR	7/28/08	250	14
80	CABLE/WIRING	10/15/08	2,305	132
81	MEDICAL EQUIPMENT	7/01/08	200	17
82	PRINTER	7/08/08	150	9
83	PRIVACY SCREEN, STOOLS	7/08/08	1,670	149
84	PHONES	7/15/08	1,525	88
85	EQUIPMENT-MCPEAK	8/08/08	200	17
86	C-PAP MACHINE	2/01/09	200	17
87	SCANNER FROM HMS	4/02/09	741	43
88	SCALES	4/09/09	25	3
89	COMPUTER FROM GALLATIN	5/21/10	450	52
90	HVAC UNIT	2/22/10	15,000	1,728
91	PLUMBING FIXTURE	2/22/10	7,000	807
92	LIGHTING FIXTURE	2/22/10	12,000	1,383
93	PAVING	2/22/10	12,000	1,383
94	COMPAQ PC	9/09/10	669	77
95	COMPAQ PC #2	9/09/10	669	77
96	SERVER RACK	9/09/10	300	34
97	CABLE & PATCH PANEL	11/15/10	742	85
98	DONATED EKG MACHINE	7/07/11	5,000	875
99	LAPTOP M&G	7/08/11	630	121
100	DESK - GALLATIN	9/27/11	100	17
101	2 PCS - HENDERSONVILL	10/20/11	300	58
102	PHONE SYSTEM- GALLATIN	2/27/12	3,569	624
103	SOFA TABLE - GALLATIN	6/30/12	500	87
104	EXAM TABLES/FILE CABINET	6/30/12	800	140
105	SIGNAGE FOR GALLATIN	6/30/12	626	110
106	BUILDING IMPROVEMENT	7/31/12	124,940	3,204
107	PHONE EQUIPMENT	7/16/12	2,866	614
108	ECLINICAL SOFTWARE	1/31/13	15,750	7,875
110	VOICE AND DATA CABLING	9/30/12	2,272	591
111	COMPUTERS	10/25/12	2,058	617
112	COMPUTER EQUIPMENT	4/30/13	3,872	1,471
113	DONATED SERVERS AND RACKS	4/19/13	9,500	3,610
114	COMPUTER	6/17/13	2,118	805
			<u>599,142</u>	<u>35,455</u>

**Other Depreciation:**

15	LAND	2/22/10	<u>277,979</u>	<u>0</u>
<b>Total Other Depreciation</b>			<u>277,979</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>277,979</u>	<u>0</u>
<b>Grand Totals</b>			<u>877,121</u>	<u>35,455</u>



**Federal Statements****Tax-Exempt Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
		\$ <u>1,151</u>					
Total		\$ <u><u>1,151</u></u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES	\$ 7,930	\$ 7,685	\$ 218	\$ 27
LICENSES AND PERMITS	1,200	900	300	
DUES AND REGISTRATION	1,004	209	795	
BANK CHARGES	711	178	236	297
Total	\$ 10,845	\$ 8,972	\$ 1,549	\$ 324

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
SUMNER COUNTY	\$ 5,000
CITY OF HENDERSONVILLE	1,500
	185,063
STATE OF TENNESSEE	
Cash Contribution	118,119
HCA FOUNDATION	
Cash Contribution	50,000
THE MEMORIAL FOUNDATION	
Cash Contribution	40,000
BAPTIST HEALING TRUST	
Cash Contribution	38,500
EZELL FOUNDATION	
Cash Contribution	15,000
UNITED WAY OF SUMNER COUNTY	
Cash Contribution	13,261
THE DODSON FAMILY TRUST	
Cash Contribution	8,000
FIRST UNITED METHODIST CHURCH	
Cash Contribution	8,267
LONG HOLLOW BAPTIST CHURCH	
Cash Contribution	8,050
FRIENDS OF SUMNER REGIONAL MEDICAL	
Cash Contribution	8,000
Total	\$ 498,760

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ <u>667,485</u>	\$ <u>626,515</u>
Total	\$ <u><u>667,485</u></u>	\$ <u><u>626,515</u></u>

2013153 SALVUS CENTER, INC.

20-2278505

FYE: 6/30/2013

2/11/2014 1:30 PM

## Federal Statements

### Schedule A, Part II, Line 12

Description

Amount

CONTRACT SERVICE FEES

\$ 87,993

PATIENT FEES

116,094

1,151

FUNDRAISING EVENT

34,539

Total

\$ 239,777