

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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.

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable:

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

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.Faith Family Medical Clinic, Inc.  
326 21st Avenue North  
Nashville, TN 37203

D Employer identification number

62-1816811

E Telephone number

615-341-0808

F Accounting method:

☐ Cash ☒ Accrual  
☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates. ▶

H (c) Are all affiliates included? ☐ Yes ☐ No  
(If 'No,' attach a list. See instructions.)H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. ▶

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type  
(check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS; but if the organization  
chooses to file a return, be sure to file a complete return. Some states require a  
complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,145,901.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	921,715.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 921,715. noncash \$ )	1d	921,715.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	188,912.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	32,850.		
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe: )	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11	2,424.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,145,901.			
EXPENSES	13 Program services (from line 44, column (B))	13	619,505.		
	14 Management and general (from line 44, column (C))	14	78,175.		
	15 Fundraising (from line 44, column (D))	15	35,113.		
	16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	732,793.			
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	413,108.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,352,312.		
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,765,420.		

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/> .....				
23	Specific assistance to individuals (att sch) .....				
24	Benefits paid to or for members (att sch) .....				
25	Compensation of officers, directors, etc .....	110,000.	110,000.	0.	0.
26	Other salaries and wages .....	332,512.	332,512.		
27	Pension plan contributions .....	18,565.	18,565.		
28	Other employee benefits .....	37,404.	37,404.		
29	Payroll taxes .....	33,531.	33,531.		
30	Professional fundraising fees .....				
31	Accounting fees .....	4,869.		4,869.	
32	Legal fees .....				
33	Supplies .....	26,221.	17,628.	8,593.	
34	Telephone .....				
35	Postage and shipping .....	2,559.		2,559.	
36	Occupancy .....	1.	1.		
37	Equipment rental and maintenance .....	974.	974.		
38	Printing and publications .....				
39	Travel .....				
40	Conferences, conventions, and meetings .....				
41	Interest .....				
42	Depreciation, depletion, etc (attach schedule) .....	13,671.		13,671.	
43	Other expenses not covered above (itemize): a See Statement 1 .....	152,486.	68,890.	48,483.	35,113.
	b .....				
	c .....				
	d .....				
	e .....				
	f .....				
	g .....				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) .....	732,793.	619,505.	78,175.	35,113.

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

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

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Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ See Statement 2

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

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

a See Statement 3

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

619,505.

b

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

c

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

d

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

e Other program services.....

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

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

619,505.

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Form 990 (2005)

**Part IV** Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non-interest-bearing .....	8,594.	45	45,536.
	46 Savings and temporary cash investments .....	1,281,147.	46	1,555,429.
	47 a Accounts receivable .....	47 a		
	b Less: allowance for doubtful accounts .....	47 b	5,418.	47 c
	48 a Pledges receivable .....	48 a	120,250.	
	b Less: allowance for doubtful accounts .....	48 b		48 c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51 a Other notes & loans receivable (attach sch) .....	51 a		
	b Less: allowance for doubtful accounts .....	51 b		51 c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	10,576.	53	11,167.
	54 Investments – securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment: basis .....	55 a	145,951.	
	b Less: accumulated depreciation (attach schedule) .....	55 b	101,408.	55 c
	56 Investments – other (attach schedule) .....		56	
	57 a Land, buildings, and equipment: basis .....	57 a		
	b Less: accumulated depreciation (attach schedule) .....	57 b		57 c
	58 Other assets (describe ▶ .....		58	
59 Total assets (must equal line 74). Add lines 45 through 58 .....	1,363,950.	59	1,776,925.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	11,638.	60	11,505.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64 a Tax-exempt bond liabilities (attach schedule) .....		64 a	
	b Mortgages and other notes payable (attach schedule) .....		64 b	
	65 Other liabilities (describe ▶ .....		65	
	66 Total liabilities. Add lines 60 through 65 .....	11,638.	66	11,505.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	1,352,312.	67	1,765,420.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	1,352,312.	73	1,765,420.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73 .....	1,363,950.	74	1,776,925.

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<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	1,275,265.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	129,364.
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	129,364.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	1,145,901.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	1,145,901.

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	862,157.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities .....	<b>b1</b>	129,364.
2	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
3	Losses reported on Part I, line 20 .....	<b>b3</b>	
4	Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	129,364.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	732,793.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
2	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	732,793.

[illegible]

Yes	No
-----	----

d Does the organization have a written conflict of interest policy?

[illegible]

Yes	No
-----	----

**b** Did the organization file Form 1120-POL for this year?

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**Part V Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members.	85 c	N/A
d	Section 162(e) lobbying and political expenditures.	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86 b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90 a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	9
91 a	The books are in care of ▶ Nellie Ward-Cole Telephone number ▶ 615-341-0808		
	Located at ▶ P.O. Box 291027, Nashville TN ZIP + 4 ▶ 37229-0810		
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)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91 c	X
	If 'Yes,' enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		N/A

BAA

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Service Revenue					188,912.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					32,850.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous Income					2,424.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					224,186.
105 Total (add line 104, columns (B), (D), and (E))					224,186.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	See Statement 6
2	
3	
4	

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

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

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

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

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

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

Please Sign Here

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

Signature of officer: Dr. Tom Henderson Date: 1-11-2007

Type or print name and title: Dr. Tom Henderson, Executive Director

Paid Preparer's Use Only

Preparer's signature: Charles H. Parker Date: 1/11/07

Firm's name (or yours if self-employed), address, and ZIP + 4: Parker, Parker & Associates  
1000 NorthChase Dr - Suite 260  
Goodlettsville, TN 37072

Check if self-employed: ☐ Preparer's SSN or PTIN (See General Instruction W): P00293282

EIN: 62-1240315

Phone no.: (615) 859-8800



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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2005**

Name of the organization

Faith Family Medical Clinic, Inc.

Employer identification number

62-1816811

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 7		110,000.	0.	0.
Total number of other employees paid over \$50,000	0			

**Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

**Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in).....	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	426,832.	644,603.	1,000,583.	390,282.	2,462,300.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....	190,795.	150,660.	133,935.	32,049.	507,439.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.....	33,467.	16,194.	5,712.	4,691.	60,064.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 9.	1,280.	2,631.	1,393.		5,304.
23 Total of lines 15 through 22.....	652,374.	814,088.	1,141,623.	427,022.	3,035,107.
24 Line 23 minus line 17.....	461,579.	663,428.	1,007,688.	394,973.	2,527,668.
25 Enter 1% of line 23.....	6,524.	8,141.	11,416.	4,270.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... N/A.....					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.....					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e).....					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d
22 _____ 26b _____					26e
e Public support (line 26c minus line 26d total):.....					26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 50,000.	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 0.	
c Add: Amounts from column (e) for lines: 15 2,462,300. 16 _____					27c 2,969,739.
17 507,439. 20 _____ 21 _____					27d 50,000.
d Add: Line 27a total..... 50,000. and line 27b total..... 0.					27e 2,919,739.
e Public support (line 27c total minus line 27d total).....					27f 3,035,107.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).....					27g 96.20 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					27h 1.98 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).....					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

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

N/A

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots non-taxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

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

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

N/A

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

Yes	No	Amount

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (add lines c through h.) .....

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



Faith Family Medical Clinic, Inc.

62-1816811

Statement 1  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	141.	141.		
Counseling Services	21,706.		21,706.	
Dues & Subscriptions	1,370.		1,370.	
Fees & Licenses	1,580.	1,580.		
Fundraising - Consulting	30,500.			30,500.
Fundraising - Printing Exp.	4,226.			4,226.
Fundraising Expense	387.			387.
Insurance	23,422.	19,447.	3,975.	
Lab Services	36,673.	36,673.		
Meals and Entertainment	517.		517.	
Miscellaneous	11,579.		11,579.	
Office Cleaning Expense	4,154.	4,154.		
Other Professional Fees	450.		450.	
Transcription Services	8,886.		8,886.	
Utilities	6,895.	6,895.		
Total	\$ 152,486.	\$ 68,890.	\$ 48,483.	\$ 35,113.

Statement 2  
Form 990, Part III  
Organization's Primary Exempt Purpose

The Clinic's primary exempt purpose is to provide primary medical care and health education to low income, uninsured or underinsured persons in Nashville & Davidson county.

Statement 3  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
The Faith Family Medical Clinic is a primary care medical clinic designed solely to serve working people (and their families) of the greater Nashville area who have no health insurance. The Clinic provides quality, affordable, primary healthcare to the uninsured working people in the greater Nashville area and provides a way for healthcare professionals and many other concerned individuals to join together in meeting this need.		619,505.
Includes Foreign Grants: No		
	\$ 0.	\$ 619,505.

Client 5050

Faith Family Medical Clinic, Inc.

62-1816811

Statement 4  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 145,951.	\$ 101,408.	\$ 44,543.
Total	<u>\$ 145,951.</u>	<u>\$ 101,408.</u>	<u>\$ 44,543.</u>

Statement 5  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dr. Robert Alford 2300 Patterson Street Nashville, TN 37203	Board Member 0	\$ 0.	\$ 0.	\$ 0.
Claude Blankenship, CPA 109 Westpark Drive, Suite 430 Brentwood, TN 37027	Board Member 0	0.	0.	0.
Dr. David Gaw 1122 Stonewall Drive Nashville, TN 37220	Board Member 0	0.	0.	0.
Christine P. Sharpe 2521 Gardner Lane Nashville, TN 37207	Board Member 0	0.	0.	0.
Dr. Tom Henderson 1917 Oakhampton Place Brentwood, TN 37027	Medical Director 40	110,000.	6,600.	0.
Joe Hutts 30 Burton Hills Blvd., Ste 450 Nashville, TN 37215	Chairman 0	0.	0.	0.
Mike Kopp 1437 West Running Brook Road Nashville, TN 37209	Board Member 0	0.	0.	0.
Dr. John Lamb 2010 Church Street Nashville, TN 37205	Board Member 0	0.	0.	0.
Charles N. Martin, Jr. 20 Burton Hills Blvd, Ste 100 Nashville, TN 37215	Board Member 0	0.	0.	0.



Faith Family Medical Clinic, Inc.

62-1816811

Statement 5 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Philip M. Pfeffer 701 Murfreesboro Road Nashville, TN 37210	Board Member 0	\$ 0.	\$ 0.	\$ 0.
Rubel Shelly 3710 Franklin Road Nashville, TN 37204	Board Member 0	0.	0.	0.
Barbara R. Oglesby, R.N. 4512 Millrace Lane Nashville, TN 37205	Board Member 0	0.	0.	0.
Dorsey Tynes 5910 Robert E. Lee Court Nashville, TN 37215	Board Member 0	0.	0.	0.
Steve McHugh 5955 Post Road Nashville, TN 37205	Board Member 0	0.	0.	0.
Nellie Ward Cole PO Box 291027 Nashville, TN 37229-0810	Secretary/Tres. 0	0.	0.	0.
Eleanor Graves, M.Ed. 698 Putnam Drive Nashville, TN 37218	Board Member 0	0.	0.	0.
Doyle Gaw 9227 Old Smyrna Road Brentwood, TN 37027	Dev. Committee 0	0.	0.	0.
Harold "Mitch" Mitchel 3510 Richard Street Nashville, TN 37215	Dev. Committee 0	0.	0.	0.
Total		\$ 110,000.	\$ 6,600.	\$ 0.

Statement 6  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	The revenue reported here reflects fees for medical services provided to patients pursuant to the organization's exempt purpose, shown net of discounts given to patients served.
95	Interest revenues are used for expenses directly related to the organization's exempt purpose.

Faith Family Medical Clinic, Inc.

62-1816811

Statement 6 (continued)  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

Line # \_\_\_\_\_ Explanation of Activities \_\_\_\_\_

103b Miscellaneous receipts are used for the exempt purpose of the organization.

Statement 7  
Schedule A, Part I  
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compensation	Contribution EBP & DC	Expense Account
Dr. Tom Henderson 326 21st Ave N., Nashville, TN Nashville, TN 37203	Medical Dir. 40	110,000.	0.	0.
Total		\$ 110,000.	\$ 0.	\$ 0.

Statement 8  
Schedule A, Part III, Line 2  
Transactions with Trustees, Directors, Etc.

Only to the amount disclosed in Schedule A - Part 1.

Statement 9  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
OTHER INCOME	\$ 1,280.	\$ 2,631.	\$ 1,393.	\$ 0.	\$ 5,304.
Total	\$ 1,280.	\$ 2,631.	\$ 1,393.	\$ 0.	\$ 5,304.