

## 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)

2006

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

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.C  
Interfaith Dental Clinic  
1721 Patterson St.  
Nashville, TN 37203

D Employer Identification Number

62-1567615

E Telephone number

615-329-4790

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 is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,365,226.

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

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	399,022.			
c Indirect public support (not included on line 1a)	1c	128,467.			
d Government contributions (grants) (not included on line 1a)	1d	27,150.			
e Total (add lines 1a through 1d) (cash \$ 549,639. noncash \$ 5,000.)	1e			554,639.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			428,996.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			17,892.	
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) ▶ See Statement 1)	7			20,834.	
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
b Less: cost or other basis and sales expenses	8b	9,594.			
c Gain or (loss) (attach schedule) Statement 2	8c	-9,594.			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			-9,594.	
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 1b)	9a	342,865.			
b Less: direct expenses other than fundraising expenses	9b	95,811.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			247,054.	
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				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,259,821.	
13 Program services (from line 44, column (B))	13			1,130,565.	
14 Management and general (from line 44, column (C))	14			27,901.	
15 Fundraising (from line 44, column (D))	15			122,231.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			1,280,697.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			-20,876.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			2,169,425.	
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			2,148,549.	

**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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> .....	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> .....	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) .....	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) .....	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) .....	<b>25a</b>	156,999.	137,485.	3,547.	15,967.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) .....	<b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c. ....	<b>26</b>	608,755.	533,092.	13,757.	61,906.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c. ....	<b>27</b>	33,497.	29,333.	757.	3,407.
<b>28</b> Employee benefits not included on lines 25a - 27 .....	<b>28</b>	46,002.	40,284.	1,040.	4,678.
<b>29</b> Payroll taxes. ....	<b>29</b>	57,377.	50,245.	1,297.	5,835.
<b>30</b> Professional fundraising fees. ....	<b>30</b>				
<b>31</b> Accounting fees. ....	<b>31</b>				
<b>32</b> Legal fees. ....	<b>32</b>				
<b>33</b> Supplies .....	<b>33</b>	4,217.	2,783.	84.	1,350.
<b>34</b> Telephone. ....	<b>34</b>				
<b>35</b> Postage and shipping. ....	<b>35</b>				
<b>36</b> Occupancy .....	<b>36</b>	13,101.	12,118.	655.	328.
<b>37</b> Equipment rental and maintenance .....	<b>37</b>	13,532.	13,532.		
<b>38</b> Printing and publications .....	<b>38</b>	16,192.	3,724.	324.	12,144.
<b>39</b> Travel. ....	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings. ....	<b>40</b>				
<b>41</b> Interest .....	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule). ....	<b>42</b>	76,713.	76,713.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> See Statement 4 .....	<b>43a</b>	254,312.	231,256.	6,440.	16,616.
<b>b</b> .....	<b>43b</b>				
<b>c</b> .....	<b>43c</b>				
<b>d</b> .....	<b>43d</b>				
<b>e</b> .....	<b>43e</b>				
<b>f</b> .....	<b>43f</b>				
<b>g</b> .....	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) .....	<b>44</b>	1,280,697.	1,130,565.	27,901.	122,231.

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 \$ \_\_\_\_\_.

### 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 5

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 The program expenses are for the direct service of providing dental care to the uninsured working poor families and those over age 65. The clinic performed over 10,000 procedures during the year ended June 30, 2006.

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

1,130,565.

**b**

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

c

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

**d**

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(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).....

1,130,565.

**BAA**

Form 990 (2006)

**Part IV Balance Sheets** (See the 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 .....	209,323.	45	282,136.	
	46 Savings and temporary cash investments .....		46		
	47a Accounts receivable .....	77,610.			
	b Less: allowance for doubtful accounts .....	22,347.	47c	55,263.	
	48a Pledges receivable .....	244,960.			
	b Less: allowance for doubtful accounts .....	8,294.	48c	236,666.	
	49 Grants receivable .....		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b		
	51a Other notes and loans receivable (attach schedule) .....				
	b Less: allowance for doubtful accounts .....		51c		
	52 Inventories for sale or use .....		52		
	53 Prepaid expenses and deferred charges .....	2,089.	53	6,009.	
	54a Investments — publicly-traded securities .....		54a		
	b Investments — other securities (attach sch) .....		54b	344,724.	
	55a Investments — land, buildings, & equipment: basis .....				
	b Less: accumulated depreciation (attach schedule) .....		55c		
	56 Investments — other (attach schedule) .....		56		
	57a Land, buildings, and equipment: basis .....	1,695,489.			
b Less: accumulated depreciation (attach schedule) .....	404,468.	57c	1,291,021.		
58 Other assets, including program-related investments (describe ▶ <u>See Statement 7</u> .....	6,959.	58	8,322.		
59 Total assets (must equal line 74). Add lines 45 through 58 .....	2,225,957.	59	2,224,141.		
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	53,497.	60	72,215.	
	61 Grants payable .....		61		
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63		
	64a Tax-exempt bond liabilities (attach schedule) .....		64a		
	b Mortgages and other notes payable (attach schedule) .....		64b		
	65 Other liabilities (describe ▶ <u>See Statement 8</u> .....	3,035.	65	3,377.	
	66 Total liabilities. Add lines 60 through 65 .....	56,532.	66	75,592.	
	<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 .....	1,794,688.	67	1,923,861.
68 Temporarily restricted .....		374,737.	68	224,688.	
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 and column (B) must equal line 21) .....		2,169,425.	73	2,148,549.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 .....		2,225,957.	74	2,224,141.	

BAA

Form 990 (2006)

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements .....	a	1,744,029.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments .....		
2	Donated services and use of facilities .....		
3	Recoveries of prior year grants .....		
4	Other (specify): .....		
	See Stm 9 .....		
	Add lines b1 through b4 .....	b	382,989.
c	Subtract line b from line a .....	c	1,361,040.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b .....		
2	Other (specify): .....		
	See Stm 10 .....		
	Add lines d1 and d2 .....	d	-101,219.
e	Total revenue (Part I, line 12). Add lines c and d. ....	e	1,259,821.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b> Total expenses and losses per audited financial statements .....	<b>a</b>	1,764,905.
<b>b</b> Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities .....	<b>b1</b>	
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): _____		
See Stmt 11	<b>b4</b>	484,208.
Add lines b1 through b4 .....	<b>b</b>	484,208.
<b>c</b> Subtract line b from line a .....	<b>c</b>	1,280,697.
<b>d</b> Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
2 Other (specify): _____		
Add lines d1 and d2 .....	<b>d</b>	
<b>e</b> Total expenses (Part I, line 17). Add lines c and d .....	<b>e</b>	1,280,697.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
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75b	X
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75c		X

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75d	X	
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[illegible]

Yes	No
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76		X
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77		X

78a	X
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78b	N/A
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79		X
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80 a	X
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— 250 —

11/11/2011

81 b	X
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**Part VI Other Information (continued)**

		Yes	No
82a	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.)		
82b	372,754.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	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	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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.	N/A	
d	Section 162(e) lobbying and political expenditures.	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
b	Gross receipts, included on line 12, for public use of club facilities.	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	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.)	N/A	
88a	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.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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.		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.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>TN</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	15
91a	The books are in care of <u>Dr. Rhonda Switzer</u> Telephone number <u>615-329-4790</u> Located at <u>1721 Patterson St., Nashville, TN,</u> ZIP + 4 <u>37203</u>		
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)? If 'Yes,' enter the name of the foreign country <u></u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

Yes No

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

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a Patient Fees

b

c

d

e

f Medicare/Medicaid payments

g Fees &amp; contracts from government agencies

94 Membership dues and assessments

95 Interest on savings &amp; temporary cash invmnts

96 Dividends &amp; 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

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, 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).

See Statement 13

**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).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity .....					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

				Yes	No	
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....					X

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.

Please Sign Here

Signature of officer Rhonda Switzer Date 11/12/07

Type or print name and title. Rhonda Switzer Executive Director

Paid Preparer's Use Only	Preparer's signature	<u>Karen R. Stephens, CPA</u>	Date	<u>11/8/07</u>	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)	<u>P00293352</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>Parker, Parker &amp; Associates</u>						
	<u>1000 NorthChase Dr - Suite 260</u>			EIN	<u>62-1240315</u>			
<u>Goodlettsville, TN 37072</u>			Phone no.	<u>(615) 859-8800</u>				

**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

**2006**

Name of the organization

**Interfaith Dental Clinic**

Employer identification number

**62-1567615**

**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
<u>See Statement 14</u>		198,950.	15,755.	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
<u>None</u>		
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
<u>None</u>		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . . ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

## See Statement 15

- a Sale, exchange, or leasing of property? . . . . . 2a X
- b Lending of money or other extension of credit? . . . . . 2b X
- c Furnishing of goods, services, or facilities? . . . . . 2c X
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . 2d X
- e Transfer of any part of its income or assets? . . . . . 2e X
- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . 3a X
- b Did the organization have a section 403(b) annuity plan for its employees? . . . . . 3b X
- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . . 3c X
- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . 3d X
- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . . 4a X
- b Did the organization make any taxable distributions under section 4966? . . . . . 4b N/A
- c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 4c N/A
- d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ N/A
- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ N/A
- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ 0
- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ 0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:   
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	652,493.	571,039.	512,307.	288,675.	2,024,514.
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.....	270,655.	285,787.	270,782.	227,804.	1,055,028.
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.....	3,857.	3,857.	2,071.	1,186.	10,971.
19 Net income from unrelated business activities not included in line 18.....	14,137.	14,137.	11,070.	13,291.	52,635.
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.....					0.
23 Total of lines 15 through 22....	941,142.	874,820.	796,230.	530,956.	3,143,148.
24 Line 23 minus line 17.....	670,487.	589,033.	525,448.	303,152.	2,088,120.
25 Enter 1% of line 23.....	9,411.	8,748.	7,962.	5,310.	
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 2002 through 2005 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: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
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: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 2,024,514. 16 _____					27c
17 _____ 1,055,028. 20 _____ 21 _____					27d
d Add: Line 27a total..... 0. and line 27b total..... 0.					27e
e Public support (line 27c total minus line 27d total).....					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).....					3,143,148.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					97.98 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).....					0.35 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
	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? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
	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? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
	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.....	35		

**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 —			
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 .....	41	
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		
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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:

- 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.) .....

Yes	No	Amount

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





Interfaith Dental Clinic

62-1567615

Statement 1  
Form 990, Part I, Line 7  
Other Investment Income

Investment Income.....	\$ 20,834.
Total	<u>\$ 20,834.</u>

Statement 2  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Digital X-Ray	
Date Acquired:	10/25/2005	
How Acquired:	Purchase	
Date Sold:	12/31/2006	
To Whom Sold:		
Gross Sales Price:	0.	
Cost or Other Basis:	12,515.	
Depreciation:	2,921.	
		Gain (Loss) -9,594.

Total Gain (Loss) Other Assets \$ -9,594.

Total Net Gain (Loss) From Noninventory Sales \$ -9,594.

Statement 3  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Concert	179,898.	0.	179,898.	59,862.	120,036.
Gala	80,407.	0.	80,407.	18,964.	61,443.
Bleaching	63,155.	0.	63,155.	2,336.	60,819.
Various Events	19,405.	0.	19,405.	14,649.	4,756.
Total	<u>\$ 342,865.</u>	<u>\$ 0.</u>	<u>\$ 342,865.</u>	<u>\$ 95,811.</u>	<u>\$ 247,054.</u>

Statement 4  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Accounting & Bank Card Fees	15,305.	14,412.	255.	638.
Bad Debt	7,730.	7,730.		
Computer Support	11,242.	8,512.	1,124.	1,606.
Cont. Ed, Dues & Recognition	11,670.	9,725.	1,167.	778.

## Interfaith Dental Clinic

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Statement 4 (continued)  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Dental Lab	84,957.	84,957.		
Dental Supplies	64,281.	64,281.		
Employee Advertising	604.	604.		
Fund Raising	11,802.			11,802.
Insurance	12,415.	10,760.	1,448.	207.
Misc. Property Taxes	708.		708.	
Professional Services	11,056.	11,056.		
Telephone, Internet & Security	6,472.	5,409.	231.	832.
Utilities	16,070.	13,810.	1,507.	753.
Total	<u>\$ 254,312.</u>	<u>\$ 231,256.</u>	<u>\$ 6,440.</u>	<u>\$ 16,616.</u>

Statement 5  
Form 990, Part III  
Organization's Primary Exempt Purpose

Interfaith Dental Clinic is dedicated to providing affordable dental care to uninsured working poor families and those over age 65 in the greater Nashville area through access to affordable quality dental care, oral disease prevention services, and oral health education.

Statement 6  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 37,948.	\$ 17,925.	\$ 20,023.
Machinery and Equipment	308,666.	188,075.	120,591.
Buildings	1,170,428.	174,477.	995,951.
Land	143,453.		143,453.
Miscellaneous	34,994.	23,991.	11,003.
Total	<u>\$ 1,695,489.</u>	<u>\$ 404,468.</u>	<u>\$ 1,291,021.</u>

Statement 7  
Form 990, Part IV, Line 58  
Other Assets

Beneficial Interest	Total	\$ 8,322.
		<u>\$ 8,322.</u>

Interfaith Dental Clinic

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Statement 8  
Form 990, Part IV, Line 65  
Other Liabilities

Patient Credits.....	\$ 3,377.
Total	<u>\$ 3,377.</u>

Statement 9  
Form 990, Part IV-A, Line b(4)  
Other Amounts

Donated Professional Services.....	\$ 372,754.
Donated Supplies and Equipment.....	10,235.
Total	<u>\$ 382,989.</u>

Statement 10  
Form 990, Part IV-A, Line d(2)  
Other Amounts

Loss on Disposal of Equipment.....	\$ -9,594.
Special Events.....	-91,625.
Total	<u>\$ -101,219.</u>

Statement 11  
Form 990, Part IV-B, Line b(4)  
Other Amounts

Donated Dental Supplies.....	\$ 9,367.
Donated Professional Services.....	372,754.
Donated Repairs and Maintenance.....	868.
Loss on Disposal of Equipment.....	9,594.
Special Events Expenses.....	91,625.
Total	<u>\$ 484,208.</u>

Statement 12  
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
Glenn M. Bradley 309 22nd Ave. N Ste B Nashville, TN 37203	Board Member 0	\$ 0.	\$ 0.	0.

Interfaith Dental Clinic

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Statement 12 (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
Bishop Roy Clark 4400 Belmont Park Terrace #192 Nashville, TN 37215	Board Member 0	\$ 0.	\$ 0.	\$ 0.
Jenny Freeland 2203 Golf Club Lane Nashville, TN 37215	Development Cha 0	0.	0.	0.
Cheryl Chunn 2132 Old Hickory Blvd Nashville, TN 37215	Board Member 0	0.	0.	0.
Ann Martin 511 Union Street, Ste 1600 Nashville, TN 37219	Board Member 0	0.	0.	0.
Mike Hammontree 149 Polk Place Franklin, TN 37064	Secretary 0	0.	0.	0.
Sam McKenna, DDS, MD 1302 Hildreth Drive Nashville, TN 37215	Board Member 0	0.	0.	0.
James Gillcrist, DDS 310 Great Circle Road Nashville, TN 37243	Board Member 0	0.	0.	0.
Monique Benjamin 620 St. Jules Lane Nashville, TN 37211	Board Member 0	0.	0.	0.
Kathy Hall, DDS 500 Church St. # 430 Nashville, TN 37210	Board Member 0	0.	0.	0.
Pam Chandler 213 Overlook Circle, Suite A3 Brentwood, TN 37027	0	0.	0.	0.
Matt Gorham 124 30th Avenue North Nashville, TN 37203	Board Member 0	0.	0.	0.
John Organ, Jr. 5041 Grady Lane Whites Creek, TN 37189	Board Member 0	0.	0.	0.

Interfaith Dental Clinic

62-1567615

Statement 12 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Tom Underwood, DDS 4219 Hillsboro Road, # 105A Nashville, TN 37215	Board Member 0	\$ 0.	\$ 0.	\$ 0.
Brian West, DMD 2000 21st Avenue South Nashville, TN 37212	Board Member 0	0.	0.	0.
Ed Perdue 146 W. Brookfield Ave. Nashville, TN 37205	Board Member 0	0.	0.	0.
Dr. Rhonda Switzer, DMD 1721 Patterson Street Nashville, TN 37203	Executive Direc 0	133,516.	10,681.	12,802.
Robert Sims 2000 Richard Jones Rd #109 Nashville, TN 37215	Chairman 0	0.	0.	0.
Bill Mathis 1612 Knox Drive Brentwood, TN 37027	Board Member 0	0.	0.	0.
	Total	\$ 133,516.	\$ 10,681.	\$ 12,802.

Statement 13  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93A	Program fees are collected from patients based on income. The fees are used for expenses directly related to the organization's exempt purpose.
95	Interest revenues are used for expenses directly related to the organization's exempt purpose.
99	Investment revenues are used to support the organization's exempt purpose.
101	Special events revenue is money received from fund-raisers. The profits from these fund-raisers are used to support the organization's exempt purpose.
100	Gains on disposal of equipment are non-cash adjustments to revenue. Any proceeds received from a sale of equipment would be used for the exempt purpose.

Interfaith Dental Clinic

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Statement 14  
Schedule A, Part I  
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compensation</u>	<u>Contribut. EBP &amp; DC</u>	<u>Expense Account</u>
Craig Shadinger 1721 Patterson Stree Nashville, TN 37203	General Dentist 40	83,741.	6,699.	0.
Nancy Collins 1721 Patterson Street Nashville, TN 37203	Dental Hygienis 40	58,110.	4,488.	0.
Melissa Barron .1721 Patterson Street Nashville, TN 37203	Development Dir 40	57,099.	4,568.	0.
	Total	\$ 198,950.	\$ 15,755.	\$ 0.

Statement 15  
Schedule A, Part III, Line 2  
Transactions with Trustees, Directors, Etc.

Paid board member's company \$9,289 to perform payroll functions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2006**For calendar year 2006 or other tax year beginning 7/01, 2006,  
and ending 6/30, 2007Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type	( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Interfaith Dental Clinic</b> <b>1721 Patterson St.</b> <b>Nashville, TN 37203</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.)  <b>62-1567615</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E.)
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**C** Book value of all assets at end of year 2,224,141.

**F** Group exemption number (See instructions for Block F.) ▶

**G** Check organization type . . . . . ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Describe the organization's primary unrelated business activity.  
▶

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ☐ Yes ☒ No  
If 'Yes,' enter the name and identifying number of the parent corporation. . . ▶

**J** The books are in care of ▶ **Dr. Rhonda Switzer** Telephone number ▶ **615-329-4790**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales . . . . .			
b Less returns and allowances . . . . . c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2		
3 Gross profit. Subtract line 2 from line 1c. . . . .	3		
4 a Capital gain net income (attach Schedule D) . . . . .	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4 b		
c Capital loss deduction for trusts . . . . .	4 c		
5 Income (loss) from partnerships and S corporations (attach statement) . . . . .	5		
6 Rent income (Schedule C) . . . . .	6		
7 Unrelated debt-financed income (Schedule E) . . . . .	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	9		
10 Exploited exempt activity income (Schedule I) . . . . .	10		
11 Advertising income (Schedule J) . . . . .	11		
12 Other income (See instructions; attach schedule.) . . . . .	12		
13 Total. Combine lines 3 through 12 . . . . .	13	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14		
15 Salaries and wages . . . . .	15		
16 Repairs and maintenance . . . . .	16		
17 Bad debts . . . . .	17		
18 Interest (attach schedule) . . . . .	18		
19 Taxes and licenses . . . . .	19		
20 Charitable contributions (See instructions for limitation rules.) . . . . .	20		
21 Depreciation (attach Form 4562) . . . . .	21		
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22 a		22 b
23 Depletion . . . . .	23		
24 Contributions to deferred compensation plans . . . . .	24		
25 Employee benefit programs . . . . .	25		
26 Excess exempt expenses (Schedule I) . . . . .	26		
27 Excess readership costs (Schedule J) . . . . .	27		
28 Other deductions (attach schedule) . . . . .	28		
29 Total deductions. Add lines 14 through 28 . . . . .	29		18,746.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	30		-18,746.
31 Net operating loss deduction (limited to the amount on line 30) . . . . .	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	32		-18,746.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34		-18,746.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here. ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34. 35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions. 37**38 Alternative minimum tax.** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116). 40a

b Other credits (see instructions). 40b

c General business credit. Check here and indicate which forms are attached:

☐ Form 3800 ☐ Form(s) (specify) 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827). 40d

e Total credits. Add lines 40a through 40d. 40e 0.

**41** Subtract line 40e from line 39. 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 42☐ Other (attach schedule). 42**43 Total tax.** Add lines 41 and 42. 43 0.**44a Payments:** A 2005 overpayment credited to 2006. 44a

b 2006 estimated tax payments. 44b

c Tax deposited with Form 8868. 44c

d Foreign organizations: Tax paid or withheld at source (see instructions). 44d

e Backup withholding (see instructions). 44e

f Credit for federal telephone excise tax paid (attach Form 8913). 44f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total... 44g**45 Total payments.** Add lines 44a through 44g. 45 0.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached. 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed. 47**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48**49 Enter the amount of line 48 you want:** Credited to 2007 estimated tax ☐ Refunded ☐ 49**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. Yes No

If YES, enter the name of the foreign country here. X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.. Yes No

If YES, see the instructions for other forms the organization may have to file. X

3 Enter the amount of tax-exempt interest received or accrued during the tax year. \$ 0.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

1 Inventory at beginning of year. 1 6 Inventory at end of year. 6

2 Purchases. 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7

3 Cost of labor. 3

4a Additional section 263A costs (attach schedule). 4a

b Other costs (attach sch). 4b

5 Total. Add lines 1 through 4b. 5

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Karen R. Stephens, CPA Date 11/12/07 Title Exec. Director

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ NoPaid Preparer's Use Only Preparer's signature Karen R. Stephens, CPA Date 11/8/07 Check if self-employed ☐ Preparer's SSN or PTIN P00293352 Firm's name (or yours if self-employed), address, and ZIP code Parker, Parker & Associates EIN 62-1240315 1000 NorthChase Dr - Suite 260 Phone no. (615) 859-8800 Goodlettsville, TN 37072



**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)**1** Description of property

(1)		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		<b>3</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...
<b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 .....				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

<b>1</b> Name of Controlled Organization		<b>2</b> Employer Identification Number	<b>Exempt Controlled Organizations</b>		
			<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income
(1)					<b>6</b> Deductions directly connected with income in column 5
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>						

**Schedule J – Advertising Income** (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5)).</b>						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I.</b>						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5).</b>						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14.</b>			

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2006**Attachment  
Sequence No. **67**

Name(s) shown on return

**Interfaith Dental Clinic**

Business or activity to which this form relates

Identifying number

**62-1567615**Form **990-T****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 the instructions for a higher limit for certain businesses.	1	\$108,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.).	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 2007. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	18,746.

**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 2006.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

**Section B — Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

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

**Section C — Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	18,746.
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	