

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

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 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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.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's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS; but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,532,579.

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

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	932,760.			
b Indirect public support	1b	125,048.			
c Government contributions (grants)	1c	25,000.			
d Total (add lines 1a through 1c) (cash \$ 1,074,365. noncash \$ 8,443.)	1d	1,082,808.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	270,655.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	714.			
5 Dividends and interest from securities	5	3,143.			
6a Gross rents	6a	43,776.			
b Less: rental expenses	6b	29,639.			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	14,137.			
7 Other investment income (describe ▶ See Statement 1)	7	10,529.			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	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	120,419.			
b Less: direct expenses other than fundraising expenses	9b	40,962.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	79,457.			
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	535.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,461,978.			
13 Program services (from line 44, column (B))	13	796,684.			
14 Management and general (from line 44, column (C))	14	15,957.			
15 Fundraising (from line 44, column (D))	15	178,506.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	991,147.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	470,831.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,548,770.			
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	2,019,601.			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (2004)

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 \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	121,087.	103,161.	1,214.
26	Other salaries and wages	26	452,245.	385,294.	4,533.
27	Pension plan contributions	27	32,089.	27,338.	322.
28	Other employee benefits	28	25,808.	21,988.	258.
29	Payroll taxes	29	51,784.	44,118.	519.
30	Professional fundraising fees	30			
31	Accounting fees	31	3,548.	3,282.	177.
32	Legal fees	32			89.
33	Supplies	33	3,639.	3,350.	183.
34	Telephone	34	4,984.	3,448.	768.
35	Postage and shipping	35	5,700.	855.	356.
36	Occupancy	36			4,489.
37	Equipment rental and maintenance	37	22,333.	19,253.	1,189.
38	Printing and publications	38	9,290.	1,616.	404.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	31,357.	29,005.	1,568.
43	Other expenses not covered above (itemize):				784.
a	See Statement 3	43a	227,283.	153,976.	4,466.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	991,147.	796,684.	15,957.
					178,506.

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

 What is the organization's primary exempt purpose? ☐ See Statement 4

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & 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 5			
	(Grants and allocations \$ _____)			796,684.
b				
	(Grants and allocations \$ _____)			
c				
	(Grants and allocations \$ _____)			
d				
	(Grants and allocations \$ _____)			
e	Other program services			
	(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)			796,684.

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
ASSETS	45 Cash — non-interest-bearing	165,104.	45	229,327.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	50,897.		
	b Less: allowance for doubtful accounts	12,531.	53,498.	47c 38,366.
	48a Pledges receivable	811,617.		
	b Less: allowance for doubtful accounts	9,121.	357,049.	48c 802,496.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	162,873.	54	176,017.
	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	1,161,224.			
b Less: accumulated depreciation (attach schedule) Statement 6	341,106.	849,056.	57c 820,118.	
58 Other assets (describe See Statement 7)	5,860.	58	6,348.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,593,440.	59	2,072,672.	
LIABILITIES	60 Accounts payable and accrued expenses	38,091.	60	48,991.
	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 See Statement 8)	6,579.	65	4,080.
66 Total liabilities (add lines 60 through 65)	44,670.	66	53,071.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,385,897.	67	1,307,080.
	68 Temporarily restricted	162,873.	68	712,521.
	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)	1,548,770.	73	2,019,601.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,593,440.	74	2,072,672.

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.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	1,750,149.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	See Stmt 9 \$ 288,171.		
	Add amounts on lines (1) through (4)	b	288,171.
c	Line a minus line b	c	1,461,978.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,461,978.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,279,318.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	See Stmt 10 \$ 288,171.		
	Add amounts on lines (1) through (4)	b	288,171.
c	Line a minus line b	c	991,147.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	991,147.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 11				
		121,366.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	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	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	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.)	87b	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
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	89b	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.
90a List the states with which a copy of this return is filed <u>Tennessee</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	12
91 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>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here. 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 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 Patient Fees					
b Patient Fees					270,655.
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.					714.
96 Dividends & interest from securities					3,143.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	531120	14,137.			
98 Net rental income or (loss) from pers prop					
99 Other investment income					10,529.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					79,457.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous Income					535.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		14,137.			365,033.
105 Total (add line 104, columns (B), (D), and (E))					379,170.

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 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 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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 _____ Date _____

Type or print name and title _____

Paid
Pre-
parer's
Use
Only

Preparer's signature _____ Date _____

Check if self-employed ☐

Preparer's SSN or PTIN (See General Instruction W) P00293352

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

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 Section 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

2004

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

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
None				
Total number of other employees paid over \$50,000		0		

Part II 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

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

Schedule A (Form 990 or 990-EZ) 2004

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.)

1 X

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.)

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 Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	512,307.	288,675.	423,189.	315,441.	1,539,612.
16 Membership fees received					
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	270,782.	227,804.	211,281.	134,093.	843,960.
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	2,071.	1,186.	829.	461.	4,547.
19 Net income from unrelated business activities not included in line 18	11,070.	13,291.	14,806.	10,292.	49,459.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	796,230.	530,956.	650,105.	460,287.	2,437,578.
24 Line 23 minus line 17	525,448.	303,152.	438,824.	326,194.	1,593,618.
25 Enter 1% of line 23	7,962.	5,310.	6,501.	4,603.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	31,872.
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 2000 through 2003 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	1,593,618.
d Add: Amounts from column (e) for lines: 18 4,547. 19 49,459. 22 _____ 26b _____		26d	54,006.
e Public support (line 26c minus line 26d total)		26e	1,539,612.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	96.61 %

27 Organizations described on line 12: N/A**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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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 11, 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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b			
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 —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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	\$	10,529.
Total	\$	<u>10,529.</u>

Statement 2
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>
Various Events	120,419.	0.	120,419.	40,962.	79,457.
Ryman Concert	0.	0.	0.	0.	0.
Total	<u>\$ 120,419.</u>	<u>\$ 0.</u>	<u>\$ 120,419.</u>	<u>\$ 40,962.</u>	<u>\$ 79,457.</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
Bad Debt	16,180.	16,180.		
Capital Campaign	57,879.			57,879.
Continuing Education	4,293.	4,007.	286.	
Dental Lab	55,762.	55,762.		
Dental Supplies	39,400.	39,400.		
Employee Advertising	300.	300.		
Fund Raising	8,601.			8,601.
Insurance	17,393.	14,108.	3,126.	159.
Merchant Card Fees	3,728.	1,864.		1,864.
Miscellaneous	2,733.	2,186.	547.	
Professional Services	9,523.	9,523.		
Security	488.	449.	24.	15.
Utilities	8,583.	7,939.	429.	215.
Volunteer Employee Recognition	2,420.	2,258.	54.	108.
Total	<u>\$ 227,283.</u>	<u>\$ 153,976.</u>	<u>\$ 4,466.</u>	<u>\$ 68,841.</u>

Statement 4
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.

Interfaith Dental Clinic

62-1567615

Statement 5
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
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, 2005.		
		796,684.
	<u>\$ 0.</u>	<u>\$ 796,684.</u>

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

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 45,981.	\$ 40,626.	\$ 5,355.
Machinery and Equipment	147,963.	132,925.	15,038.
Buildings	710,345.	122,399.	587,946.
Improvements	64,183.	10,075.	54,108.
Land	143,453.		143,453.
Miscellaneous	49,299.	35,081.	14,218.
Total	<u>\$ 1,161,224.</u>	<u>\$ 341,106.</u>	<u>\$ 820,118.</u>

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

Beneficial Interest		\$ 6,348.
Total		<u>\$ 6,348.</u>

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

Patient Credits		\$ 4,080.
Total		<u>\$ 4,080.</u>

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

Donated Professional Services	\$ 225,164.
Donated Supplies and Equipment	8,991.
Special Events Expenses	24,379.

Interfaith Dental Clinic

62-1567615

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

Tenant Expenses	\$ 29,637.
Total	\$ <u>288,171.</u>

Statement 10
Form 990, Part IV-B, Line b(4)
Other Amounts

Donated Dental Supplies	\$ 8,401.
Donated Office Supplies	590.
Donated Professional Services	224,944.
Donated Repairs and Maintenance	220.
Special Events Expenses	24,377.
Tenant Expenses	29,639.
Total	\$ <u>288,171.</u>

Statement 11
Form 990, Part V
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
Lindsey Cooper 507 Belgrave Court Nashville, TN 37215	Board Member Nominal	\$ 0.	\$ 0.	\$ 0.
Bishop Roy Clark 4400 Belmont Park Terrace #192 Nashville, TN 37215	Board Member Nominal	0.	0.	0.
Jenny Freeland 2203 Golf Club Lane Nashville, TN 37215	Board Member Nominal	0.	0.	0.
John Floyd 816 North Curtiswood Nashville, TN 37204	Board Member Nominal	0.	0.	0.
Steven Graham 512 Meadowlark Lane Brentwood, TN 37027	Board Member Nominal	0.	0.	0.
Mike Hammontree 149 Polk Place Franklin, TN 37064	Board Member Nominal	0.	0.	0.

Interfaith Dental Clinic

62-1567615

Statement 11 (continued)
Form 990, Part V
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
Sam McKenna, DDS, MD 1302 Hildreth Drive Nashville, TN 37215	Vice Chair Nominal	\$ 0.	\$ 0.	\$ 0.
Doug Nally, DMD 2831 Bransford Avenue Nashville, TN 37204	Chair Nominal	0.	0.	0.
Monique Benjamin 620 St. Jules Lane Nashville, TN 37211	Board Member Nominal	0.	0.	0.
James Gillcrist 802 Terrace Court Mount Juliet, TN 37122	Board Member Nominal	0.	0.	0.
Pam Chandler 213 Overlook Circle, Suite A3 Brentwood, TN 37027	Nominal	0.	0.	0.
Matt Gorham 6100 Jocelyn Hollow Road Nashville, TN 37205	Board Member Nominal	0.	0.	0.
John Organ, Jr. 5041 Grady Lane Whites Creek, TN 37189	Board Member Nominal	0.	0.	0.
Tom Underwood, DDS 4219 Hillsboro Road, # 105A Nashville, TN 37215	Board Member Nominal	0.	0.	0.
Brian West, DMD 2000 21st Avenue South Nashville, TN 37212	Chair Nominal	0.	0.	0.
Ed Perdue 146 W. Brookfield Ave. Nashville, TN 37205	Board Member Nominal	0.	0.	0.
Rhonda Switzer, D.M.D. 1721 Patterson Street Nashville, TN 37203	Executive Direc 40+	121,366.	0.	0.
Robert Sims 2000 Richard Jones Rd #109 Nashville, TN 37215	Board Member Nominal	0.	0.	0.
Total		\$ 121,366.	\$ 0.	\$ 0.

Statement 12
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
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.
96	Revenues from investments are directly used to support 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.
103b	Miscellaneous receipts are used for the exempt purpose of the organization.

**Exempt Organization Business
Income Tax Return (and proxy tax under Section 6033(e))**
For calendar year 2004 or other tax year beginning 7/01, 2004,
and ending 6/30, 2005

▶ See separate instructions.

OMB No. 1545-0687

2004

A <input type="checkbox"/> Check box if address changed B Exempt under Section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Please Print or Type	(<input type="checkbox"/> check box if name changed and see instructions) Interfaith Dental Clinic 1721 Patterson St. Nashville, TN 37203	D Employer identification number (Employees' trust, see instructions for Block D) 62-1567615 E New unrelated business activity codes (See instructions for Block E) 531120
C Book value of all assets at end of year 2,072,672.		F Group exemption number (see instructions for Block F) ▶ G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

▶ Lessor of Commercial Real Estate

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	43,776.	19,304.
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	43,776.	19,304.

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	1,221.
20 Charitable contributions (see instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21	8,233.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a		8,233.
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	9,454.
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)		30	15,018.
31 Net operating loss deduction		31	
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)		32	15,018.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
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	14,018.

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation) Controlled group members (sections 1561 and 1563) — check here <input type="checkbox"/> . 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	2,103.
36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	2,103.

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: <input type="checkbox"/> Form 3800 <input type="checkbox"/> 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		2,103.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax (add lines 41 and 42)	43		2,103.
44a Payments: A 2003 overpayment credited to 2004	44a	216.	
b 2004 estimated tax payments	44b	2,224.	
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 Other credits and payments: <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f		
45 Total payments (add lines 44a through 44f)	45		2,440.
46 Estimated tax penalty (see instructions). Check <input type="checkbox"/> 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		337.
49 Enter the amount of line 48 you want: Credited to 2005 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	49		337.

Part V Statements Regarding Certain Activities and Other Information (See instructions.)

1 At any time during the 2004 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,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here	Yes	No
		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? 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 on line 2, Part I.)	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
					X

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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	Title
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00293352
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	62-1240315
	Parker, Parker & Associates		
	1000 NorthChase Dr - Suite 260		
Goodlettsville, TN 37072		Phone no.	(615) 859-8800

Schedule C – Rent Income (From Real Property and Personal Property Leased with Real Property) (see instructions)

1 Description of property

(1) Commercial Office Space

(2)

(3)

(4)

2 Rent received or accrued

(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)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) See Statement 1
(1)	43,776.	19,304.
(2)		
(3)		
(4)		
Total	Total 43,776.	
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) 43,776.		Total deductions. Enter here and on line 6, col- umn (B), Part I, page 1 19,304.

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

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

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

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

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)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

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)						
Totals	Enter here and on line 10, column (A), Part I, page 1.	Enter here and on line 10, column (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

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)						
Totals (carry to Part II, line (5))						

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)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on line 11, column (A), Part I, page 1.	Enter here and on line 11, column (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.

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
		%	
		%	
		%	
		%	
Total – Enter here and on line 14, Part II, page 1			

Depreciation and Amortization
(Including Information on Listed Property)▶ See separate instructions.
▶ Attach to your tax return.**2004****67**

Name(s) shown on return

Interfaith Dental Clinic

Identifying number

62-1567615

Business or activity to which this form relates

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 instructions for a higher limit for certain businesses	1	\$102,000.
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	\$410,000.
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 2003 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 2005. 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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	27,500.

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 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

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

Section C — Assets Placed in Service During 2004 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	27,500.
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	

Statement 1
Form 990-T, Schedule C, Line 3
Deductions Directly Connected with Income

Commercial Office Space

Legal and Professional Fees.....	\$	2,365.
Repairs.....		1,449.
Taxes.....		8,405.
Utilities.....		5,722.
Wages and Salaries.....		1,322.
Exterior Custodial Related Expenses.....		41.
Total	\$	<u>19,304.</u>