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Form

990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 06-01-2015 , and ending 05-31-2016

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NASHVILLE DENTAL SOCIETY

Number and street (or P O box, if mail is not delivered to street address)Room/suite

660 BAKERS BRIDGE AVE

City or town, state or province, country, and ZIP or foreign postal code

FRANKLIN, TN 37067

D Employer identification number

71-0879786

E Telephone number

F Group Exemption Number

G Accounting Method

☐ Cash

☒ Accrual

Other (specify)

H Check

☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

WWW.NASHVILLEDENTALSOCIETY.ORG

J Tax-exempt status

(check only one)

☐ 501(c)(3)

☒ 501(c)(6)

(insert no)

☐ 4947(a)(1)

or

☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 138,865

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,914
	2	Program service revenue including government fees and contracts	2	28,785
	3	Membership dues and assessments	3	73,009
	4	Investment income	4	19,915
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	1,242
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	138,865
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	50,128
	13	Professional fees and other payments to independent contractors	13	3,720
	14	Occupancy, rent, utilities, and maintenance	14	5,928
	15	Printing, publications, postage, and shipping	15	2,326
	16	Other expenses (describe in Schedule O)	16	41,107
Net Assets	17	Total expenses. Add lines 10 through 16	17	103,209
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,656
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	293,334
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-28,093
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	300,897

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	292,024	22	300,216
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	1,310	24	681
25 Total assets	293,334	25	300,897
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	293,334	27	300,897

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here . . .

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . .  

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

[illegible]

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>ANDREA HAYES</u> Telephone no ▶ <u>(615) 628-3300</u> Located at ▶ <u>660 BAKERS BRIDGE AVE FRANKLIN, TN</u> ZIP + 4 ▶ <u>37067</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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
		46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☐ 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 officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2016-08-15 Date				
	ANDREA HAYES EXECUTIVE DRECT Type or print name and title						
Paid Preparer Use Only	Prnt/Type preparer's name BOB BELLENFANT CPA		Preparer's signature		Date 2016-08-15	Check ☐ if self-employed	PTIN P00285790
	Firm's name ▶ BELLENFANT PLLC					Firm's EIN ▶ 47-4682450	
	Firm's address ▶ 9007 OVERLOOK BOULEVARD BRENTWOOD, TN 37027					Phone no (615) 370-8700	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No							

Additional Data

Software ID:
Software Version:
EIN: 71-0879786
Name: NASHVILLE DENTAL SOCIETY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILL AKIN BOARD MEMBER	2 00	0	0	0
JAMES ALLEN BOARD MEMBER	2 00	0	0	0
BARRY BECK BOARD MEMBER	2 00	0	0	0
LOUIS BONVISSUTO BOARD MEMBER	2 00	0	0	0
JAMES CLARK BOARD MEMBER	2 00	0	0	0
GEORGE CLAYTON BOARD MEMBER	2 00	0	0	0
MARK FREELAND BOARD MEMBER	2 00	0	0	0
WILLIAM GASTON BOARD MEMBER	2 00	0	0	0
JAMES GILLCRIST BOARD MEMBER	2 00	0	0	0
DAVID MALIN BOARD MEMBER	2 00	0	0	0
LORETTA MATIC BOARD MEMBER	2 00	0	0	0
WALTER OWENS BOARD MEMBER	2 00	0	0	0
TERRYL PROPPER BOARD MEMBER	2 00	0	0	0
ROBERT PULLIAM PRESIDENT	2 00	0	0	0
GERGORY RICHARDSON TREASURER	2 00	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RHONDA SWITZER-NADASDI PRESIDENT-ELECT	2 00	0	0	0
THOMAS UNDERWOOD BOARD MEMBER	2 00	0	0	0
BRIAN WEST BOARD MEMBER	2 00	0	0	0
JAMES WILLIAMS BOARD MEMBER	2 00	0	0	0
JEFFREY YOST SECRETARY	2 00	0	0	0
SARAH HUMPHREYS BOARD MEMBER	2 00	0	0	0
GRAHAM LOCKE BOARD MEMBER	2 00	0	0	0
JAMES PACE BOARD MEMBER	2 00	0	0	0
TIM PROVENCE BOARD MEMBER	2 00	0	0	0
RHETT RAUM BOARD MEMBER	2 00	0	0	0
HAROLD SPEER BOARD MEMBER	2 00	0	0	0
MARK THOMASSON BOARD MEMBER	2 00	0	0	0
DAN HARRIS BOARD MEMBER	2 00	0	0	0
HEATHER RIDGWAY BOARD MEMBER	2 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
NASHVILLE DENTAL SOCIETY**Employer identification number**

71-0879786

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTOTHER 1,242
Description of other expenses Part I line 16	DESCRIPTION AMOUNTMEETINGS 29,909OFFICE 1,013TAXES 3,723DONATIONS 1,750DEPRECIATION 629INSURANCE 332OTHER 3,751
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTNET UNREALIZED GAIN/LOSS ON INVEST (28,093)
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEAREFURNITURE AND FIXTURES 1,310 681
Other program services Part III line 31	NASHVILLE DENTAL SOCIETY PROVIDES OPPORTUNITIES FOR CONTINUING EDUCATION CREDITS, PROVIDES A DENTAL ASSISTANT REGISTRATION COURSE FOR TAKING THE STATE BOARD, AND MAINTAINS A LIST T O HELP THE PUBLIC FIND A DENTIST IN THEIR AREA