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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016 , and ending 05-31-2017

B 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	
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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)

Website: ► WWW.NASHVILLEEDENTALSOCIETY.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. ▶ \$ 138,032

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
1	Revenue
2	Expenses
3	Changes in net assets or fund balances
4	Total

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	17,456	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	26,510	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)
3	Membership dues and assessments	3	78,707	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	15,359	21	Net assets or fund balances at end of year Combine lines 18 through 20
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			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	138,032		
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	53,159		
13	Professional fees and other payments to independent contractors	13	4,181		
14	Occupancy, rent, utilities, and maintenance	14	5,928		
15	Printing, publications, postage, and shipping	15	2,546		
16	Other expenses (describe in Schedule O)	16	60,518		
17	Total expenses. Add lines 10 through 16 ▶	17	126,332		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,700		
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	300,897		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	8,511		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	321,108		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)

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	300,216	22 321,056
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	681	24 52
25 Total assets	300,897	25 321,108
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)	300,897	27 321,108

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501(c)

What is the organization's primary exempt purpose?	(3) and 501(c)(4)
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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.	others)
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28	See Additional Data Table		
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(Grants \$) If this amount includes foreign grants, check here . . . ☐ 28a

29	29a
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(Grants \$) If this amount includes foreign grants, check here . . . ☐

30	302
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(Grants \$) If this amount includes foreign grants, check here ☐

(Grants \$)		If this amount includes foreign grants, check here ☐ ☐ ☐ ☐ ☐			
F4.011 (Line 4 - Schedule C)					

31 Other program services (describe in Schedule O) ☐

(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a
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32 Total program service expenses (add lines 28a through 31a)	.	.	.	.	.	.	.	.	.		▶ 32	
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Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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		
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 ▶ ANDREA HAYES Telephone no ▶ (615) 628-3300 Located at ▶ 660 BAKERS BRIDGE AVE FRANKLIN, TN ZIP + 4 ▶ 37067		
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)?	42b	No
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)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? If "No," provide an explanation in Schedule O	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		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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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
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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		2017-06-23 Date		
	ANDREA HAYES EXECUTIVE DIRECT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BOB BELLENFANT CPA	Preparer's signature	Date 2017-08-23	Check ☐ if self-employed	PTIN P00285790
	Firm's name ▶ BELLENFANT PLLC			Firm's EIN ▶ 47-4682450	
	Firm's address ▶ 9007 OVERLOOK BLVD 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 III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SEE SCHEDULE O (Grants \$)		28a	If this amount includes foreign grants, check here . . . ☐

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

(list each one even if not compensated — see the instructions for Part IV)

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

(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
BARRY BECK 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
JACK FLETCHER BOARD MEMBER	2 00	0	0	0
MARK FREELAND BOARD MEMBER	2 00	0	0	0
FORD GATGENS BOARD MEMBER	2 00	0	0	0
JAMES GILLCRIST BOARD MEMBER	2 00	0	0	0
DAN HARRIS BOARD MEMBER	2 00	0	0	0
TOM HEEREN BOARD MEMBER	2 00	0	0	0
DOUG HOLLIDAY BOARD MEMBER	2 00	0	0	0
ANNIE JONES BOARD MEMBER	2 00	0	0	0
TOM JONES BOARD MEMBER	2 00	0	0	0
ROBERT PULLIAM PRESIDENT	2 00	0	0	0
GREGORY RICHARDSON TREASURER	2 00	0	0	0

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

(list each one even if not compensated — see the instructions for Part IV)

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

(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
RAJ KSHATRI 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
JEFFERY YOST SECRETARY	2 00	0	0	0
DAVID MEISTER BOARD MEMBER	2 00	0	0	0
WALTER OWENS BOARD MEMBER	2 00	0	0	0
KB PARKES BOARD MEMBER	2 00	0	0	0
TERRYL PROPPER 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
HEATHER RIDGEWAY BOARD MEMBER	2 00	0	0	0
BUDDY SPEER BOARD MEMBER	2 00	0	0	0
MARK THOMASSON BOARD MEMBER	2 00	0	0	0
THOMAS UNDERWOOD BOARD MEMBER	2 00	0	0	0

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

(list each one even if not compensated — see the instructions for Part IV)

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

(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
KEVIN WEST BOARD MEMBER	2 00	0	0	0
BRIAN WEST IMMEDIATE PAST PRESIDENT	2 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
NASHVILLE DENTAL SOCIETY**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

2016**Open to Public
Inspection**

Employer identification number

71-0879786

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNTMEETINGS 36,889OFFICE 1,004TAXES 3,991DONATIONS 750DEPRECIATION 629INSURANCE 344OTHER 111DUES 16,800

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTNET UNREALIZED GAIN/LOSS ON INVEST 8,511

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEAREFURNITURE AND FIXTURES 681 52

990 Schedule O, Supplemental Information

Return Reference	Explanation
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