Form **990**

Return of Organization Exempt From Income Tax

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	he 2005 calend	dar year, o	or tax year beginning		, 2005,	and en			,		
В	Check	if applicable:	Diameter 1					D E	nployer ide	ntification Number		
	Ad								8-200	3-2000064		
	Na	ame change	or print or type.	44 VANTAGE W	AY #230			Ет	lephone nu	mber		
	Ini	Initial return See NASHVILLE, TN 37228-1548							15-25	9-0100		
	\vdash	nal return	instruc- tions.						counting ethod:	Cash X Accrual		
	\vdash	mended return						l "	Other (sp			
	\vdash	plication pending	• Section	on 501(c)(3) organiza	tions and 494	7/aV1) nonevemnt	Н	and I are not applicable to				
	L_J^*	ppca.ion penang	charit	table trusts must atta	ich a complete	ed Schedule A		(a) Is this a group return				
			•	n 990 or 990-EZ).				(b) If 'Yes,' enter number				
G	Web	site: ► WWW.	CNM.OF	kG				(C) Are all affiliates incl				
j	Orgai	nization type			_		"	(If 'No,' attach a list				
	(chec	k only one)	<u></u>	X _{501(c)} 3	◀ (insert no.)	4947(a)(1) or	527	· ·		•		
K	Chec	k here 🏲 🗌 if	f the organ	nization's gross receip	ots are normal	ly not more than	n	(d) Is this a separate re organization covered				
	\$25,0	000. The organ	nization ne	eed not file a return w	ith the IRS; bu	ut if the organization				1,03 1.1 1.0		
		ses to file a re plete return.	turn, be s	ure to file a complete	return. Some	e states require a	1	Group Exemption				
			1 li Ch	Oh Oh 10h I II	10 h 1 2	61 227	M		-	ation is not required), 990-EZ, or 990-PF).		
	Gross rt I			8b, 9b, and 10b to li			201000), 330°EZ, 01 330°FF).		
Pa	-			ises, and Chang			salanc	es (See Instruction	S) T≔= 1			
	1			ants, and similar amo		II II		005 54				
								285,761				
	b	Indirect public	c support.				1 b	25,000				
	С	Government	contributio	ons (grants)			1 c					
	а	Total (add lines la through lc) (c	_{ash} \$	310,761.	_ noncash \$ _)			310,761.		
	2	-		ue including governm		•		,		874,183.		
	3	Membership	dues and	assessments					. 3	67,900.		
	4	Interest on sa	avings and	d temporary cash inve	estments				4	8,042.		
	5	Dividends an	d interest	from securities					. 5			
	6a	Gross rents					6a		E			
	b	Less: rental e	expenses .				6b		-4-			
	b Less: rental expenses							. 6c				
) 7			
KE>EZO		0		ne (describe		(A) Securities		(B) Other				
Ě	8a			es of assets other			8a					
Ü	b		-	is and sales expense		· -	8ь	1,489				
E				le)STATEMEN			8c	-1,489				
				bine line 8c, columns					→ - 1	-1,489.		
			, ,	ivities (attach schedu								
				luding \$, 0.700.					
	ű						9a					
	h	•	•	other than fundraising								
	ł .		•	om special events (si					_			
	ı			ry, less returns and a		·			1 30			
				ld								
			-	ales of inventory (attach so					10c			
				- ·						451.		
	11			art VII, line 103)						1,259,848.		
	12			es 1d, 2, 3, 4, 5, 6c, 7						989,161.		
Ē	13			n line 44, column (B)						158,169.		
E X P	14			eral (from line 44, col						130,109.		
Ň	15							-				
EN SES	16	•		•						1,147,330.		
	17			nes 16 and 44, colum						112,518.		
Ą	18			the year (subtract line								
N S E	19			ances at beginning of						198,935.		
Ţ	20			essets or fund balance						155,264. 466,717.		
	21	ivet assets of	r rund bala	ances at end of year	(combine lines	16, 19, and 20)		····· <u>·</u>	. 21	400, /1/.		

Form 990 (2005)

BAA

Form 990 (2005)

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.

L	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	(cash \$)					The state of the
23	If this amount includes foreign grants, check here	22				
24	Benefits paid to or for members (att sch)	24				100 to 10
25	Compensation of officers, directors, etc	25	95,809.	81,437.	14,372.	0.
26	Other salaries and wages	26	328,573.	279,287.	49,286.	
27	Pension plan contributions	27	15,421.	13,108.	2,313.	
28	Other employee benefits	28	512.	435.	77.	
29	Payroll taxes	29	31,369.	26,664.	4,705.	
30	Professional fundraising fees	30				
31	Accounting fees	31	5,500.		5,500.	
32	Legal fees	32				
33	Supplies	33	14,515.	12,188.	2,327.	
34	Telephone	34	17,091.	13,673.	3,418.	
35	Postage and shipping	35	15,934.	12,798.	3,136.	
36	Occupancy	36	85,489.	68,391.	17,098.	
37	Equipment rental and maintenance	37	27,821.	12,974.	14,847.	
38	Printing and publications	38	29,030.	23,067.	5,963.	
39	Travel	39	2,550.	510.	2,040.	
40	Conferences, conventions, and meetings	40	5,384.	2,794.	2,590.	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	11,909.		11,909.	
43	Other expenses not covered above (itemize):					
;	a SEE STATEMENT 3	43 a	460,423.	441,835.	18,588.	
	b	43 b				
	c	43 c				
	d	43 d				
	e	43 e				
		43 f				
	·	43 g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,147,330.	989,161.	158,169.	0.
	t Costs. Check. ► if you are following					
	any joint costs from a combined educationa					
	es,' enter (i) the aggregate amount of these				mount allocated to Progr	
\$_	; (iii) the amount all	ocated	to Management and gen	eral \$; and (iv) the	e amount allocated
to F	undraising \$.					

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? SEE STA All organizations must describe their exempt purpose achievements in clients served, publications issued, etc. Discuss achievements that are izations and 4947(a)(1) nonexempt charitable trusts must also enter the server of the server o	ATEMENT 4 n a clear and concise manner. State the number of e not measurable. (Section 501(c)(3) and (4) organhe amount of grants and allocations to others.)	Program Service Expenses (Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a TRAINING AND DEVELOPING SERVICES: CNM FORUMS, AND BRIEFINGS FOR REPRESENTATIVE		
(Grants and allocations \$) If this	s amount includes foreign grants, check here	243,085.
	E PROVIDED TO NONPROFIT AGENCIES UES TO ADDRESS SPECIFIC NEEDS AS	·
REQUESTED BY THE AGENCIES.		
	s amount includes foreign grants, check here 🏲 📗	392,011.
c <u>SALUTE TO EXCELLENCE AWARDS: CNM HOST</u>		
RECOGNIZE OUTSTANDING MANAGEMENT ACCOM		
ORGANIZATIONS IN THE MIDDLE TENNESSEE		
(Grants and allocations \$) If thi	s amount includes foreign grants, check here	122,033.
d PERFORMANCE MEASUREMENT RESOURCE CENTE	R: PROVIDES NONPROFIT	
ORGANIZATIONS PERFORMANCE MEASUREMENT	TOOLS TO COLLECT AND ANALYZE	
DATA AND SUPPORTING SERVICES TO BENCHM	ARK AND IMPROVE ORGANIZATION AND	
PROGRAM PERFORMANCE.		
	s amount includes foreign grants, check here	98,222.
e Other program services. SEE		
· · · · · · · · · · · · · · · · · · ·	s amount includes foreign grants, check here	133,810.
f Total of Program Service Expenses (should equal line 44, colu	mn (B), Program services)	989,161.

BAA Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Note:	Whe	ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the description	on	(A) Beginning of year		(B) End of year
7		Cash – non-interest-bearing			68,292.	45	28,900.
1		Savings and temporary cash investments			71,634.	46	289,039.
- [47 a	Accounts receivable	47 a	166,724.			
		Less: allowance for doubtful accounts	47 b		129,483.	47 c	166,724.
ļ							
	48 a	Pledges receivable	48a	24,078.		<u>.</u>	
1	b	Less: allowance for doubtful accounts	48b		24,035.	48c	24,078.
	49	Grants receivable				49	
A	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	:y 			50	
A S E T S	51 a	Other notes & loans receivable (attach sch)	51 a			. 74	
T	b	Less: allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges		<u></u>		53	
	54	Investments – securities (attach schedule) SEE	ST.6 ►X	Cost FMV	15,000.	54	15,000.
	55 a	Investments - land, buildings, & equipment: basis.	55 a				
	b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
-	56	Investments – other (attach schedule)				56	
		Land, buildings, and equipment: basis		173,557.		- T	
				· · · · · · · · · · · · · · · · · · ·			
- 1	b	Less: accumulated depreciation (attach schedule)STATEMENT7	57 b	133,125.	33,405.	57 c	40,432.
		Other assets (describe SEE STATEMENT 8)	5,000.	58	5,000.
		Total assets (must equal line 74). Add lines 45 throu			346,849.	59	569,173.
\dashv		Accounts payable and accrued expenses			26,844.	60	9,582
L	61	Grants payable				61	
Ā	62	Deferred revenue				62	92,874.
AB		Loans from officers, directors, trustees, and key employees (attach				63	
Ļ		Tax-exempt bond liabilities (attach schedule)				64a	
T		Mortgages and other notes payable (attach schedule)				64b	
E S)		65	
		Total liabilities. Add lines 60 through 65			147,914.	66	102,456
-10		izations that follow SFAS 117, check here ► X a					
Ĕ	•	through 69 and lines 73 and 74.				A 7.7	
۱ ا	67	Unrestricted			198,935.		466,717
ŝ	68	Temporarily restricted				68	
Ĕ	69	Permanently restricted	<u></u>			69	
P P	Organ	nizations that do not follow SFAS 117, check here	and c	omplete lines			
- 1		70 through 74.					
F UZD	70	Capital stock, trust principal, or current funds				70	
	7 1	Paid-in or capital surplus, or land, building, and equ				71	
B	72					72	
B4.14Z0E の	73	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19; column (B) mus	ough 69 or ling It equal line 2	nes 70 through	198,935.	73	466,717
รั	74		ines 66 and	73	346,849.	74	569,173
BAA		Total madification and not appoint and a second rest.					Form 990 (2005

	art IV-A Reconciliation of Revenuinstructions.)	ie per Audited Financia		Revenue per Re	tur	n (See
a	Total revenue, gains, and other support		nts		а	1,288,872.
b	1Net unrealized gains on investments	·	ь1			
	2Donated services and use of facilities			29,024.		
				29,024.		
	3Recoveries of prior year grants					
	4Other (specify):					
	Add lines b1 through b4				h	29,024.
С	Subtract line b from line a			<u> </u>	c	1,259,848.
d	Amounts included on Part I, line 12, but	not on line a:				
	1 Investment expenses not included on Pa	art I, line 6b	d1	7		
			 			
			امدا	Li		
	Add lines d1 and d2			<u></u>	d	
е	Total revenue (Part I, line 12). Add lines	c and d	· · · · · · · · · · · · · · · · · · ·	▶	е	1,259,848.
P	art IV-B Reconciliation of Expens	ses per Audited Financi	ial Statements with	n Expenses per F	Ret	turn
						1 150 054
a	Total expenses and losses per audited fi		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	а	1,176,354.
b	Amounts included on line a but not on P	,	امد ا	00 004		
	1 Donated services and use of facilities			29,024.		
	2Prior year adjustments reported on Part					
	3Losses reported on Part I, line 20					
	4Other (specify):		1 1 -1			
					L	20.024
С	Add lines b1 through b4				b	29,024.
d	Amounts included on Part I, line 17, but				C	1,147,330.
u	1 Investment expenses not included on Pa		d1			
	·	•	 			
	·· · ·		ומנו			
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17). Add line				e	1,147,330.
P	art V-A Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E	Employees (List eac e not compensated.) (S	h person who was an		icer, director, trustee,
_		(B) Title and average hours	(C) Compensation	(D) Contributions to		(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefit		account and other
		to position	enter -U-)	compensation plans		allowances
<u>SE</u>	E STATEMENT 9		95,809.	740).	0.
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		4			١	
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		†			ŀ	
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		†				
		1			- 1	
						

Form 990 (2005) CENTER FOR NONPROFIT I	MANAGEMENT, INC	•	58-2000064		P	age 6		
Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continued)	· - · · · · · · · · · · · · · · · · · ·		Yes	No		
75 a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organization	business as board meetings	► 24		=			
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other through identifies the individuals and explains the relations.	sated professional and o th family or business re	other independent contr lationships? If 'Yes,' att	actors listed in Schedule	75b	-	X		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related								
to this organization through common supervision or common control?								
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization								
d Does the organization have a written conflict of Part V-B Former Officers, Directors, Tru	interest policy?			<u> 75 d</u>	X	لــــا		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emplor nd enter the amount of	oyee received compensa compensation or other	ation or other benefits (descri	bed be	elow) . See			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit ac plans and deferred compensation plans	count	xpense and ot vances	ther		
JIM VAILLANCOURT	0.	37,701.	0.			0.		
NASHVILLE, TN		-						
Part VI Other Information (See the instruc	tions.)				Yes	No		
76 Did the organization engage in any activity not	previously reported to t	he IRS? If 'Yes.'						
attach a detailed description of each activity					—	X		
77 Were any changes made in the organizing or g If 'Yes,' attach a conformed copy of the change	-	t not reported to the IRS	o/	. 77		X		
78a Did the organization have unrelated business g		or more during the year	covered by this return?	. 78a		Х		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	+	A		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79		Х		
80a Is the organization related (other than by associatements), governing bodies, trustees, office	ciation with a statewide	or nationwide organizat empt or nonexempt orga	ion) through common	. 80a		Х		
b If 'Yes,' enter the name of the organization ▶	<u>N/A</u>							
81 a Enter direct and indirect political expenditures.	and ch	eck whether it is 🔲 e:						
b Did the organization file Form 1120-POL for thi	s year?	<u></u> .,,,,,,,,,,,,,,,,,,,,,,,		. 81 b	,	X		
BAA				Form	n 990	(2005)		

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Note: Ente			ee the monuclions.)			
	r gross amounts unless	Unrelated (A)	business income (B)	Excluded by section (C)	on 512, 513, or 514 (D)	(E) Related or exempt
otherwise i	indicated.	Business code	Amount	Exclusion code	Amount	function income
93 Pro	gram service revenue:					
a AS	SSOCIATION FEE-BCBS					26,630.
b SA	ALUTE EVENT TICKETS					44,210.
c SI	ERVICE FEES					796,088.
d WE	HERE TO BE SCENE					7,255.
e					·	
	dicare/Medicaid payments					
	s & contracts from government agencies					
-	mbership dues and assessments.					67,900.
	rest on savings & temporary cash invmnts .			14	8,042.	0,,500.
	ridends & interest from securities.				0,042.	
	rental income or (loss) from real estate:					
	, ,	1 :=-				ereta in en
	ot-financed property					
	debt-financed property			 		
	rental income or (loss) from pers prop					
	ner investment income					
	in or (loss) from sales of assets			18	-1,489.	
	er than inventory			10		
	income or (loss) from special events			+		
	ss profit or (loss) from sales of inventory					
	ner revenue: a	m saaniil	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		
b_ <u>M</u> .	ISCELLANEOUS					451.
c						
d						
e						
104 Sub	ototal (add columns (B), (D), and (E))	317			6,553.	942,534.
105 To	tal (add line 104, columns (B), (D), a	and (E))			>	949,087.
	105 plus line 1d, Part I, should equ	al the amount i	and Control 10 Double		· · · · · · · · · · · · · · · · · · ·	
Note: Line	ree place into tay t art if enterta equ	ar tire arrivarit	on line 12, Part I.			
	Relationship of Activities t			xempt Purposes	S (See the instruction	ns.)
Part VII	Relationship of Activities t	o the Acco	mplishment of E			
	Relationship of Activities t Explain how each activity for which	o the Accor	mplishment of E	of Part VII contribute		
Part VII	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose.	o the Accor	mplishment of E	of Part VII contribute		
Part VII	Relationship of Activities t Explain how each activity for which	o the Accor	mplishment of E	of Part VII contribute		
Part VII	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose.	o the Accor	mplishment of E	of Part VII contribute		
Part VII	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose.	o the Accor	mplishment of E	of Part VII contribute		
Part VII Line No.	Relationship of Activities to Explain how each activity for which of the organization's exempt purposes SEE STATEMENT 10	o the Accol	mplishment of E orted in column (E) on by providing funds	of Part VII contribute for such purposes).	d importantly to the a	accomplishment
Part VII Line No.	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose.	o the Accol	mplishment of E orted in column (E) on by providing funds	of Part VII contribute for such purposes).	d importantly to the a	accomplishment
Part VII Line No.	Relationship of Activities to Explain how each activity for which of the organization's exempt purposes SEE STATEMENT 10	o the Accol	mplishment of E ported in column (E) on by providing funds diaries and Disre	of Part VII contribute for such purposes).	d importantly to the a	accomplishment
Part VII	Explain how each activity for which of the organization's exempt purposed in SEE STATEMENT 10 Information Regarding Tax (A)	o the According income is reposes (other than according to the control of the control of the control of the According income is reposed to the According income inc	mplishment of E ported in column (E) on by providing funds diaries and Disre	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	accomplishment is.) (E)
Part IX	Explain how each activities to Explain how each activity for which of the organization's exempt purpose SEE STATEMENT 10 Information Regarding Tax	o the Accordance is reposes (other than	mplishment of E ported in column (E) on by providing funds diaries and Disre	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	accomplishment
Part VII Line No. Part IX Name	Explain how each activities to Explain how each activity for which of the organization's exempt purpose SEE STATEMENT 10 Information Regarding Tax (A) address, and EIN of corporation,	o the Accordance is reposes (other than cable Subside	mplishment of E ported in column (E) on by providing funds diaries and Disre of prest Nature of	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	is.) (E) End-of-year
Part IX	Explain how each activities to Explain how each activity for which of the organization's exempt purpose SEE STATEMENT 10 Information Regarding Tax (A) address, and EIN of corporation,	o the Accordance is reposes (other than cable Subside	mplishment of E ported in column (E) on by providing funds diaries and Disre of prest Nature of	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	is.) (E) End-of-year
Part VII Line No. Part IX Name	Explain how each activities to Explain how each activity for which of the organization's exempt purpose SEE STATEMENT 10 Information Regarding Tax (A) address, and EIN of corporation,	o the Accordance is reposes (other than cable Subside	mplishment of E ported in column (E) on by providing funds diaries and Disre of prest Nature of prest %	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	is.) (E) End-of-year
Part VII Line No. Part IX Name	Explain how each activities to Explain how each activity for which of the organization's exempt purpose SEE STATEMENT 10 Information Regarding Tax (A) address, and EIN of corporation,	o the Accordance is reposes (other than cable Subside	diaries and Disresses	of Part VII contribute for such purposes). egarded Entities	d importantly to the a	is.) (E) End-of-year
Part IX Name pa	Explain how each activity for which of the organization's exempt purposed in the organization of the organ	o the According income is reposes (other than than than than than than than than	diaries and Disressess Nature of Same Same Same Same Same Same Same Same	of Part VII contribute for such purposes). egarded Entities (C) of activities	d importantly to the a (See the instruction (D) Total income	eccomplishment is.) (E) End-of-year assets
Part IX Name pa N/A	Explain how each activity for which of the organization's exempt purposed in the organization in	n income is reposes (other than the sees (other tha	diaries and Disress Nature of Salas	egarded Entities C) of activities	d importantly to the a (See the instruction (D) Total income	(E) End-of-year assets
Part IX Name pa N/A	Explain how each activity for which of the organization's exempt purposed in the organization of the organ	n income is reposes (other than the sees (other tha	diaries and Disress Nature of Salas	egarded Entities C) of activities	d importantly to the a (See the instruction (D) Total income	End-of-year assets instructions.) Yes X No
Part IX Name pa N/A Part X a Did th	Explain how each activity for which of the organization's exempt purposed in the organization in	n income is reposes (other than a sees (other than	mplishment of E ported in column (E) of by providing funds diaries and Disre of Nature of erest % % % % % % % % % % % % % % % % % %	egarded Entities conal Benefit Cona personal benefit contra	(See the instruction (D) Total income	(E) End-of-year assets
Part IX Name pa N/A Part X a Did th b Did to	Explain how each activity for which of the organization's exempt purposed in the organization's exempt purposed in the organization's exempt purposed in the organization in the organization, during the year, particular in the organization, during the year, particular in the organization, during the year, particular in the organization in the organization in the year, particular i	n income is reposes (other than the sees (other tha	mplishment of E ported in column (E) of by providing funds diaries and Disre of Nature of Serest Solution S	egarded Entities conal Benefit Cona personal benefit contra	(See the instruction (D) Total income	End-of-year assets instructions.) Yes X No
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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information— (See separate instructions.)

2005

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

CENTER FOR NONPROFIT MANAGEMENT, 1	INC.		58-2000064		
Part I Compensation of the Five High (See instructions. List each one. If there	hest Paid Employees Ot e are none, enter 'None.')	her Than Offic	ers, Directors, a	nd Trustees	
(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					
Part II – A Compensation of the Five High (See instructions. List each one (wheth	hest Paid Independent C	ontractors for	Professional Se	rvices	
				(c) Compensation	
(a) Name and address of each independent contract FRANK PARSONS		(6) 191	(b) Type of service		
503 WAXWOOD DRIVE BRENTWOOD, TN 3	7027	CONSULTING		51,060.	
		-			
		1			
		-			
		-			
Total number of others receiving over \$50,000 for professional services		0			
Part II — B Compensation of the Five Hig (List each contractor who performed se	•			there are none	
enter 'None.' See instructions.)		- I - I - I - I - I - I - I - I - I - I		T	
(a) Name and address of each independent contra	ctor paid more than \$50,000	(b) Typ	oe of service	(c) Compensation	
NONE					
		. –			
		-			
Total number of other contractors receiving over \$50,000 for other services		0			

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

Note	You may use the worksheet in th	e instructions for conv	erting from the accru	al to the cash method	of accounting.	
begi	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	274,198.	353,953.	480,688.		1,556,586.
	Membership fees received	53,985.	49,050.	50,030.	45,710.	198,775.
	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	683,206.	688,743.	613,088.	576,468.	2,561,505.
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	1,908.	1,748.	3,076.	6,862.	13,594.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE, STMT11		465.	479.	554.	1,912.
23	Total of lines 15 through 22		1,093,959.		1,077,341.	4,332,372.
	Line 23 minus line 17	 	405,216.			1,770,867.
25	Enter 1% of line 23	 	10,940.	11,474.		
26	Organizations described on line		_	olumn (e), line 24	·	35,417.
	 Prepare a list for your records to show the supported organization) whose total gifts I return. Enter the total of all these excess 	name of and amount contri or 2001 through 2004 exceed amounts	buted by each person (othe led the amount shown in lir	r than a governmental unit one 26a. Do not file this list	or publicly with your 26b	725,166.
	: Total support for section 509(a)(1	l) test: Enter line 24, o	column (e)		▶ 26c	1,770,867.
C	Add: Amounts from column (e) for	or lines: 18	13,594. 1,912.	19		740 670
						740,672.
	Public support (line 26c minus lin					1,030,195. 58.17 %
	Public support percentage (line Organizations described on line	26e (numerator) divide	ed by line 26c (denon	ninator))		30.17 %
21	For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	received from a 'disq , each 'disqualified po	ualified person, preparent		
	(2004)					
	b For any amount included in line to show the name of, and amoun \$5,000. (Include in the list organ After computing the difference be differences (the excess amounts)	it received for each ye izations described in li etween the amount rec o for each year:	ar, that was more tha nes 5 through 11b, as eived and the larger a	n the larger of (1) the well as individuals.) amount described in	e amount on line 25 fo Do not file this list wi (1) or (2), enter the su	or the year or (2) th your return. m of these
	(2004) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total min Total support for section 509(a)(2)	(2003)	(2002) _		_ (2001)	
,	. Add. Amounts from Column (e) it	20		21	27.0	
,	Add: Line 27a total	ar	nd line 27b total		27 d	
·	Public support (line 27c total min	us line 27d total).			▶ 27e	
f	Total support for section 509(a)(2	2) test: Enter amount f	from line 23, column	(e)► 27f	=	
	i abiic support percentage (inte			milator <i>j</i> j		
ŀ	Investment income percentage (line 18, column (e) (ni	umerator) divided by	line 27f (denominator	r)) ► 27h	010
	Universal Country Fay on avancing					

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

Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) Part V N/A Yes No 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? 29 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? 30 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? 31 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? . . . 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32b nondiscriminatory basis? . c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... 32 c d Copies of all material used by the organization or on its behalf to solicit contributions?..... 32 d 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: 33 a a Students' rights or privileges?.... 33 b 33 c d Scholarships or other financial assistance?.... 33 d e Educational policies?..... 33 e f Use of facilities?..... 33f g Athletic programs?.... 33 a h Other extracurricular activities? 33 h 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? 34 a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement.

CENTER FOR NONPROFIT MANAGEMENT, INC 58-2000064 Schedule A (Form 990 or 990-EZ) 2005 Page 5 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Part VI-A N/A if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' provisions apply. (a) Affiliated group Limits on Lobbying Expenditures To be completed for ALL electing totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying)...... 36 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 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is-Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000...... \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000...... \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000...... \$1,000,000..... 42 Grassroots nontaxable amount (enter 25% of line 41)..... 42 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (or fiscal year beginning in) (a) (b) (d) (c) (e) 2005 2004 2003 2002 Total 45 Lobbying nontaxable amount... Lobbying ceiling amount (150% of line 45(e))... Total lobbying expenditures 48 Grassroots nontaxable amount. Grassroots ceiling amount (150% of line 48(e)). 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 Yes No Amount 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.....

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

g Direct contact with legislators, their staffs, government officials, or a legislative body......

Schedule A (Form 990 or 990-EZ) 2005 CENTER FOR NONPROFIT MANAGEMENT, IN 58-2000064 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization d	irectly or ind	directly engage in any of the following	with any other organization described g to political organizations?	in section	501(0	:)
			a noncharitable exempt organization		ſ	Yes	No
	, ,				51 a (i)		X
(ii) Oi	her assets				a (ii)		X
b Other	transactions:						
(i)Sa	b (i)		X				
(ii) Pu	b (ii)		X				
(iii)Re	b (iii)		X				
					b (iv)		X
• • •	•				b (v)		X
` '					b (vi)		X
				mp (b) should always show the fair may	c c	of	X
the go	ods, other assets, or sen	vices given b	by the reporting organization. If the or now in column (d) the value of the goo	mn (b) should always show the fair mar ganization received less than fair markeds, other assets, or services received:	et value ir	וטו	
(a)	(b)	•	(c)	(d)			
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and s	haring arran	ngement	s
N/A							
		_					
					-		
		-					
	organization directly or in bed in section 501(c) of t		liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ıshin		
N/A			, ypo or organization	Decomposition of volumes.			
N/A							