

Return of Organization Exempt From Income TaxUnder 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.

2008**Open to Public
Inspection****A For the 2008 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CUMBERLAND HEIGHTS FOUNDATION, INC.		D Employer identification number 62-6050684
		Doing Business As		E Telephone number (615) 352-1757
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 90727		
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37209		G Gross receipts \$ 21,724,445.
F Name and address of principal officer: ED TRIPLETT ROUTE 2, RIVER ROAD, NASHVILLE, TN 37209		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CUMBERLANDHEIGHTS.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE ARE COMMITTED TO THE TRADITION OF PROVIDING THE HIGHEST QUALITY OF CARE POSSIBLE, IN A		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of employees (Part V, line 2a)	5	398
	6	Total number of volunteers (estimate if necessary)	6	20
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,727,053.	558,581.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,222,821.	20,350,534.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,195.	102,983.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,745.	430,290.
	12		21,107,814.	21,442,388.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,713,109.	12,994,237.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	217,756.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,888.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,833,942.	8,455,331.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,764,807.	21,449,568.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,343,007.	-7,180.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	29,309,152.	27,846,997.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,982,655.	11,941,346.
22		17,326,497.	15,905,651.	

Part II Signature Block

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	Date	
	▶	ED TRIPLETT, CHIEF FINANCIAL OFFICER Type or print name and title		
Paid Preparer's Use Only	▶	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	▶	Firm's name (or yours if self-employed), address, and ZIP + 4 LATTIMORE BLACK MORGAN & CAIN, P.C. P.O. BOX 1869 BRENTWOOD, TN 37024-1869	EIN ▶	Preparer's identifying number (see instructions)
			Phone no. ▶ (615) 377-4600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
WE ARE COMMITTED TO THE TRADITION OF PROVIDING THE HIGHEST QUALITY OF CARE POSSIBLE, IN A COST EFFECTIVE MANNER, FOR PEOPLE - AND THEIR FAMILIES - WHO ARE AT RISK FOR, OR WHO ARE SUFFERING FROM, THE DISEASE OF CHEMICAL DEPENDENCY. TREATMENT ENCOMPASSES THE PHYSICAL, MENTAL,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,779,983. including grants of \$) (Revenue \$ 9,829,334.)
ENCOMPASSING THE WOMEN'S CENTER AND THE MEN'S CENTER, OUR RESIDENTIAL ADULT PROGRAMS OFFER GENDER RESPONSIVE TREATMENT TO ADULTS 18 AND UP. SERVICES INCLUDE INDIVIDUAL, GROUP, AND FAMILY COUNSELING, PSYCHO-EDUCATION, INTRODUCTION TO 12 STEP PROGRAMS AND ACTIVITIES, ART THERAPY, RECREATION THERAPY, ADVENTURE BASED COUNSELING, AND EQUINETHERAPY. TREATMENT IS INDIVIDUALIZED BASED ON THE PATIENT'S IDENTIFIED NEEDS. PSYCHIATRIC SERVICES ARE AVAILABLE AS AN ADJUNCT FOR THOSE WHO NEED THIS ASSISTANCE TO BEST MEET THE CHALLENGE OF RECOVERY FROM ADDICTION. IN ADDITION, SPECIALTY SERVICES ARE OFFERED FOR THOSE PATIENTS WHO HAVE EXPERIENCED A RELAPSE (E.G. A RETURN TO ACTIVE CHEMICAL USE). WE ALSO OFFER SPECIALTY PROGRAMMING FOR IMPAIRED PROFESSIONALS.

4b (Code:) (Expenses \$ 1,455,287. including grants of \$) (Revenue \$ 2,286,975.)
INTENSIVE OUTPATIENT SERVICES ARE OFFERED AT SIX LOCATIONS ACROSS THE MIDDLE TENNESSEE AREA--HERMITAGE, COOL SPRINGS, JACKSON, THOMPSON LANE, SMYRNA, AND RIVER ROAD. THESE SERVICES MEET FOR THREE HOURS/NIGHT, FOUR NIGHTS/WEEK AND INCLUDE PSYCHO-EDUCATION AND GROUP COUNSELING. CLIENTS MAY TRANSITION FROM THE RESIDENTIAL LEVEL OF CARE TO ONE OF THESE SERVICES OR MAY BE ADMITTED DIRECTLY DEPENDING ON THE NEEDS IDENTIFIED IN THEIR INDIVIDUAL ASSESSMENTS. IN ADDITION, A SPECIALTY PROGRAM, THE BRIDGE PROGRAM, HAS BEEN SPECIFICALLY DEVELOPED FOR PATIENTS COMPLETING A TRADITIONAL 30 DAY PRIMARY CARE PROGRAM. THIS PROGRAM FOCUSES ON INTEGRATION BACK INTO THE HOME, JOB, AND COMMUNITY.

4c (Code:) (Expenses \$ 2,152,966. including grants of \$) (Revenue \$ 0.)
CUMBERLAND HEIGHTS MEDICAL SERVICES OPERATES A 30 BED DETOXIFICATION UNIT, AS WELL AS PROVIDES MEDICAL SERVICES FOR ALL 105 LICENSED BEDS AT THE RIVER ROAD LOCATION. CUMBERLAND HEIGHTS MAKES AVAILABLE PHYSICAL HEALTH SERVICES TO PATIENTS, WHICH IS NECESSARY FOR THE EVALUATION AND TREATMENT OF ALCOHOL OR OTHER DRUG DEPENDENCIES. MEDICAL SERVICES OPERATES WITHIN THE FRAMEWORK OF THE DISEASE MODEL OF ADDICTION AS A PHYSICAL, EMOTIONAL, MENTAL AND SPIRITUAL DISEASE. NURSING PRACTICE IS BASED AROUND BIO-PSYCHOSOCIAL PRINCIPLES THAT APPROACH THE PATIENT ON A HOLISTIC BASIS. STAFF IS MAINTAINED 24 HOURS DAILY, SEVEN DAYS/WEEK AND CONSISTS OF REGISTERED NURSES, LICENSED PRACTICAL NURSES AND MEDICAL TECHNICIANS. THERE ARE SIX PHYSICIANS ON STAFF, INCLUDING TWO PSYCHIATRISTS. THE GOALS OF THE MEDICAL SERVICES DEPARTMENT AT

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 9,039,941. including grants of \$) (Revenue \$ 8,664,515.)

4e **Total program service expenses** ▶ \$ 14,428,177. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	78	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	398	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	0	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 25	
b Enter the number of voting members that are independent	1b 25	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►TN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
ED TRIPLETT - 615-432-3005
ROUTE 2, RIVER ROAD, NASHVILLE, TN 37209

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MRS. LAKE TOLBERT EAKIN BOARD MEMBER	0.30	X						0.	0.	0.
FRANK C. GORRELL, III PRESIDENT	3.00	X						0.	0.	0.
JAMES W. PERKINS, III VICE PRESIDENT	3.00	X						0.	0.	0.
PAULA BENNETT BOARD MEMBER	0.30	X						0.	0.	0.
EDDIE BRYAN BOARD MEMBER	0.30	X						0.	0.	0.
HOWARD BURLEY BOARD MEMBER	0.30	X						0.	0.	0.
JOHN COLMORE BOARD MEMBER	0.30	X						0.	0.	0.
DON CRICHTON BOARD MEMBER	0.30	X						0.	0.	0.
ROBERT M. CRICHTON, JR. BOARD MEMBER	0.30	X						0.	0.	0.
ALEC MCDUGALL BOARD MEMBER	0.30	X						0.	0.	0.
JOHN DENSON BOARD MEMBER	0.30	X						0.	0.	0.
GAYLE RICHARDSON EADIE BOARD MEMBER	0.30	X						0.	0.	0.
J. ANTHONY FORT BOARD MEMBER	0.30	X						0.	0.	0.
ELIZABETH FOX-BRADEN BOARD MEMBER	0.30	X						0.	0.	0.
LOUIE BUNTIN BOARD MEMBER	0.30	X						0.	0.	0.
CAROLYN GODDARD BOARD MEMBER	0.30	X						0.	0.	0.
TERESA GEORGE BOARD MEMBER	0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETH HALL BOARD MEMBER	0.30	X						0.	0.	0.
A. WYLIE MCDUGALL BOARD MEMBER	0.30	X						0.	0.	0.
STAFFORD F. MCNAMEE, JR. BOARD MEMBER	0.30	X						0.	0.	0.
FRANK W. WADE BOARD MEMBER	0.30	X						0.	0.	0.
HORACE E. WILLIAMS BOARD MEMBER	0.30	X						0.	0.	0.
JAMES H. FLEMING BOARD MEMBER	0.30	X						0.	0.	0.
MARGE RAJOTTE EX-OFFICIO MEMBER	0.30	X						0.	0.	0.
SCOTTY ADAMS EX-OFFICIO MEMBER	0.30	X						0.	0.	0.
ROGERS C. BUNTIN HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
JOHN E. CAIN, III HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
1b Total								1,044,058.	0.	112,048.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	205,065.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	353,516.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			558,581.			
	Program Service Revenue	2 a PATIENT SERVICE REVENUE			Business Code 623990	20,350,534.	20,350,534.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			20,350,534.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			157,958.		157,958.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	(i) Real		(ii) Personal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory			56,759.			
		Less: cost or other basis and sales expenses			111,734.			
		Gain or (loss)			-54,975.			
	d	Net gain or (loss)			-54,975.		-54,975.	
	8 a	Gross income from fundraising events (not including \$ 205,065. of contributions reported on line 1c). See Part IV, line 18			a	266,134.		
		Less: direct expenses			b	170,323.		
		Net income or (loss) from fundraising events				95,811.	95,811.	
	9 a	Gross income from gaming activities. See Part IV, line 19			a			
		Less: direct expenses			b			
		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances			a				
	Less: cost of goods sold			b				
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
11 a	MISCELLANEOUS			623990	334,479.	334,479.		
	All other revenue							
e	Total. Add lines 11a-11d				334,479.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				21,442,388.	20,780,824.	0. 102,983.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,090,183.	954,007.	123,620.	12,556.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,478,672.	6,608,713.	2,789,835.	80,124.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,968.	154,461.	34,049.	3,458.
9 Other employee benefits	1,465,884.	1,089,145.	365,724.	11,015.
10 Payroll taxes	767,530.	556,091.	203,487.	7,952.
11 Fees for services (non-employees):				
a Management				
b Legal	34,170.		34,170.	
c Accounting	41,100.		41,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,145.		25,145.	
g Other	44,115.		44,115.	
12 Advertising and promotion	484,836.		484,836.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	307,670.	248,530.	59,140.	
17 Travel	221,551.	71,644.	141,391.	8,516.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,819.	14,043.	4,776.	
20 Interest	491,282.	368,462.	122,820.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,201,411.	901,059.	300,352.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	1,057,627.	822,649.	213,044.	21,934.
b BAD DEBT EXPENSE	760,493.	760,493.		
c FOOD SERVICES	736,741.	736,741.		
d UTILITIES	622,257.	137,304.	484,953.	
e SUPPLIES	478,669.	390,022.	88,647.	
f All other expenses	1,929,445.	614,813.	1,257,299.	57,333.
25 Total functional expenses. Add lines 1 through 24f	21,449,568.	14,428,177.	6,818,503.	202,888.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,500.	1	4,000.
	2 Savings and temporary cash investments	5,339,336.	2	5,880,476.
	3 Pledges and grants receivable, net	1,906,731.	3	1,148,653.
	4 Accounts receivable, net	2,261,609.	4	2,151,646.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	125,528.	9	153,072.
	10a Land, buildings, and equipment: cost basis ...	10a 25,009,824.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 8,448,241.		
		17,104,895.	10c	16,561,583.
	11 Investments - publicly traded securities	918,272.	11	771,810.
	12 Investments - other securities. See Part IV, line 11	561,352.	12	436,863.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,087,929.	15	738,894.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,309,152.	16	27,846,997.	
Liabilities	17 Accounts payable and accrued expenses	1,245,137.	17	1,201,477.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,411,915.	23	9,991,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	325,603.	25	748,869.
	26 Total liabilities. Add lines 17 through 25	11,982,655.	26	11,941,346.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,371,681.	27	12,489,160.
	28 Temporarily restricted net assets	2,179,811.	28	2,801,786.
	29 Permanently restricted net assets	775,005.	29	614,705.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	17,326,497.	33	15,905,651.
	34 Total liabilities and net assets/fund balances	29,309,152.	34	27,846,997.

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,124,903.	1,655,593.	1,655,876.	1,727,053.	558,581.	10,722,006.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 - 3	5,124,903.	1,655,593.	1,655,876.	1,727,053.	558,581.	10,722,006.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,907,112.
6 Public Support. Subtract line 5 from line 4.						7,814,894.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,124,903.	1,655,593.	1,655,876.	1,727,053.	558,581.	10,722,006.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	26,610.	44,952.	68,875.	78,195.	157,958.	376,590.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						11,098,596.
12 Gross receipts from related activities, etc. (see instructions)					12	87,422,803.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	70.41	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	60.76	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1479624.				
b Contributions	136,909.				
c Investment earnings or losses	-341,473.				
d Grants or scholarships					
e Other expenditures for facilities and programs	56,759.				
f Administrative expenses	9,628.				
g End of year balance	1208673.				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ .00 %
b Permanent endowment ☐ 50.86 %
c Term endowment ☐ 20.91 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		348,442.		348,442.
b Buildings		20,764,164.	5,317,522.	15,446,642.
c Leasehold improvements				
d Equipment		2,359,069.	2,074,396.	284,673.
e Other		1,538,149.	1,056,323.	481,826.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				16,561,583.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	▶

(a) Description of liability	(b) Amount
Federal income taxes	
FMV INTEREST RATE SWAP AGREEMENT	748,869.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	748,869.

832053
12-23-08
Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,442,388.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,449,568.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-7,180.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,413,666.
9	Total adjustments (net). Add lines 4-8	9	-1,413,666.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,420,846.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	21,270,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-325,116.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	170,323.
e	Add lines 2a through 2d	2e	-154,793.
3	Subtract line 2e from line 1	3	21,425,281.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,107.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,107.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	21,442,388.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	22,026,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	593,590.
e	Add lines 2a through 2d	2e	593,590.
3	Subtract line 2e from line 1	3	21,432,461.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,107.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,107.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	21,449,568.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: PATIENT ASSISTANCE**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RECLASSIFY DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990,

PART I, LINE 9B**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

RECLASSIFY DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990,

Part XIV Supplemental Information (continued)

PART I, LINE 9B

LOSS ON INTEREST RATE SWAP

SCHEDULE D, PAGE 4, PART XI, LINE 8:

CUMBERLAND HEIGHTS FOUNDATION INC. HAD PROVIDED THE SUBSTANTIAL PORTION OF THE OPERATING FUNDS FOR COMMUNITY HIGH SCHOOL(EIN:62-1776796) FROM 2005 - 2008. IN 2008, SCHOOL OPERATIONS WERE SUSPENDED AT COMMUNITY HIGH SCHOOL AND MOVED TO CUMBERLAND HEIGHTS FOUNDATION INC. IN 2008, BASED ON THE LACK OF REVENUE GENERATING OPERATIONS AT COMMUNITY HIGH SCHOOL, CUMBERLAND HEIGHTS FOUNDATION INC. DETERMINED THAT THE DEBT FROM COMMUNITY HIGH SCHOOL WAS UNCOLLECTIBLE AND HAS WRITTEN OFF THE INTERCOMPANY BALANCES. THE TOTAL WRITTEN OFF IS \$665,276.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		CONCERT (event type)	BREAKFAST (event type)	NONE (total number)	
Revenue	1 Gross receipts	193,138.	72,996.		266,134.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	193,138.	72,996.		266,134.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	20,188.	1,935.		22,123.
	6 Rent/facility costs				
	7 Other direct expenses	120,696.	47,692.		168,388.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(190,511.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				75,623.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," Explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," Explain: _____**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (e.g., maid, chauffeur, chef)**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.☒ Compensation committee☐ Written employment contract☐ Independent compensation consultant☒ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer Identification number

62-6050684

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WADE M. CRAIG, JR. HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
JOHN HIATT HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
ARCH L. MACNAIR HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
EDWARD G NELSON HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
JAMES J. SANDERS, JR. HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
BETTY B. STADLER HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
WILLIAM J. TYNE, JR. HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
MARY POPE WHITSON HONORARY LIFETIME MEMBER	0.30	X						0.	0.	0.
CHUCK WATKINS BOARD MEMBER	0.30	X						0.	0.	0.
JAMES B MOORE CHIEF EXECUTIVE OFFICER	40.00			X				228,131.	0.	14,890.
GERALD T. WASHINGTON CHIEF DEVELOPMENT OFFICE	40.00			X				97,508.	0.	10,957.
CINDE L. STEWART FREEMAN CHIEF QUALITY OFFICER	40.00			X				111,500.	0.	25,065.
JAMES N. STANSELL, JR. SECRETARY/TREASURER	3.00			X				0.	0.	0.
CHARNER E. TRIPLETT CHIEF FINANCIAL OFFICER	40.00			X				153,120.	0.	5,875.
FRANK L. MILLER MARKETING REP	40.00					X		107,096.	0.	20,965.
JAY CROSSON AR DIRECTOR	40.00					X		98,053.	0.	21,601.
BARBARA LAREW-ADAMS DIRECTOR OF CLINICAL SER	40.00					X		107,359.	0.	11,050.
VICTORIA PEVSNER FORMER CHIEF CLINICAL OF	40.00						X	141,291.	0.	1,645.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN DENSON	BOARD MEMBER	183,905.	MARKETING A		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	6	3,650.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		571.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3	2,450.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MUSICAL INSTR)	X	2	17,227.	
26 Other ► (FOOD/ENTERTAI)	X	12	10,302.	
27 Other ► (TRAVEL/VACATI)	X	6	7,700.	
28 Other ► (EXERCISE EQUI)	X	1	3,049.	

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number
62-6050684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COST EFFECTIVE MANNER, FOR PEOPLE - AND THEIR FAMILIES - WHO ARE AT

RISK FOR, OR WHO ARE SUFFERING FROM, THE DISEASE OF CHEMICAL

DEPENDENCY. TREATMENT ENCOMPASSES THE PHYSICAL, MENTAL, EMOTIONAL, AND

SPIRITUAL DIMENSIONS OF RECOVERY BY OFFERING PROFESSIONAL EXCELLENCE,

THE PRINCIPLES OF THE TWELVE STEPS, AND A SAFE, LOVING ENVIRONMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMOTIONAL, AND SPIRITUAL DIMENSIONS OF RECOVERY BY OFFERING

PROFESSIONAL EXCELLENCE, THE PRINCIPLES OF THE TWELVE STEPS, AND A

SAFE, LOVING ENVIRONMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

CUMBERLAND HEIGHTS IS TO ENSURE THAT EACH PATIENT GET THE HIGHEST

QUALITY OF MEDICAL CARE POSSIBLE IN A SAFE, LOVING ENVIRONMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH RESIDENTIAL PROGRAM: CUMBERLAND HEIGHTS YOUTH SERVICES OFFERS

PRIMARY CARE FOR ADOLESCENTS FROM 14-18 STRUGGLING WITH DRUG AND

ALCOHOL ABUSE AS WELL AS AN EXTENDED CARE PROGRAM. SERVICES OFFERED,

AMONG OTHERS, ARE INDIVIDUAL AND GROUP THERAPY, RECREATION, EDUCATION,

PSYCHIATRIC CARE IF NEEDED, AND FAMILY PROGRAMMING. THESE SERVICES

ALLOW US TO SUPPORT FAMILIES IN STOPPING THE ADDICTIVE PROCESS BEFORE

THE CYCLE CONTINUES INTO ANOTHER GENERATION. WHEN OTHER PROGRAMS ARE

RESTRICTING THEIR SERVICES TO ADOLESCENTS, CUMBERLAND HEIGHTS IS MOVING

FORWARD TOWARD EXPANDED SERVICES AT HIGHLY COMPETITIVE RATES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number
62-6050684

EXPENSES \$ 1134413. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2534379.

FIRST STEP PROGRAM:

THIS COMBINED RESIDENTIAL AND OUTPATIENT PROGRAM OFFERS GENDER RESPONSIVE OPTIONS FOR BOTH MEN AND WOMEN UNDER THE UMBRELLA OF SERVICES OFFERED IN THE WOMEN'S AND MEN'S CENTER. FIRST STEP RESIDENTIAL PROGRAMMING INCLUDES A FOCUS ON BIO-PSYCHO-SOCIAL-SPIRITUAL CRISIS STABILIZATION, PSYCHO-EDUCATION, AND AN INTRODUCTION TO THE RECOVERY SKILLS THAT WILL ASSIST THE PATIENT IN SUCCESSFULLY TRANSITIONING TO THE INTENSIVE OUTPATIENT LEVEL OF CARE.

EXPENSES \$ 733930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5638536.

OTHER PROGRAM SERVICES

EXPENSES \$ 7171598. INCLUDING GRANTS OF \$ 0. REVENUE \$ 491600.

FORM 990, PART VI, SECTION A, LINE 2: DON & ROB CRICHTON ARE BOTH BOARD MEMBERS AND BROTHERS

ALEC & WILEY MCDOUGAL ARE FATHER AND SON AND BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 10: BEGINNING IN 2009 A DRAFT FORM 990 IS PRESENTED TO ALL BOARD MEMBERS ATTENDING THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: REQUIRE A ANNUAL CONFLICT OF INTEREST POLICY STATEMENT FROM EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS IS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62-6050684

RESPONSIBLE FOR SETTING THE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE BOARD HAS DELEGATED THIS RESPONSIBILITY TO A SUBCOMMITTEE CALLED THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF CERTAIN MEMBERS OF THE BOARD. THE COMMITTEE DETERMINES THE COMPENSATION OF THE CEO BY ITSELF, AND THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IN CONSULTATION WITH THE CEO. THE COMMITTEE USES OUTSIDE RESOURCES TO ASSIST IT IN DETERMINING MARKET COMPENSATION FOR COMPARISON PURPOSES, INCLUDING USING ANY AVAILABLE INDUSTRY COMPENSATION SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS ARE AVAILABLE AT WWW.GIVINGMATTERS.COM

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT PROCESS AND REVIEWING THE FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN DENSON

(D) DESCRIPTION OF TRANSACTION: MARKETING AND ADVERTISING SERVICES

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization CUMBERLAND HEIGHTS FOUNDATION, INC. **Employer identification number** 62-6050684

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CUMBERLAND HEIGHTS PROFESSIONAL ASSOCIATES - 58-1965168	ADDICTION MEDICINE	TENNESSEE	509(A)(2)	501(C)(3)	CUMBERLAND HEIGHTS FOUNDATION, INC
CREATIVE RECOVERIES COMMUNITIES, INC. D/B/A COMMUNITY HIGH SCHOOL - 62-17767	HIGH SCHOOL	TENNESSEE	170(B)(1)(A)(VI)	501(C)(3)	CUMBERLAND HEIGHTS FOUNDATION, INC

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) CUMBERLAND HEIGHTS PROFESSIONAL ASSOCIATION, INC.	M	738,894.
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

828102
04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

