Form 990

Return of Organization Exempt From Income Tax

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 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2006 calend	lar year, o	r tax year beginn	ng	, 2006, a	and er				
В	theck if	applicable:	Diane me	С		POD ODE SOLO AND COMP			A Barriero	fication Number	
Address change RS label CENTER FOR NONPROFIT MANAGEMENT, INC.											
	Nam	ne change	or print or type.	44 VANTAGE		1540		E Tele	phone num	ber	
	Initia	al return	See specific	NASHVILLE,	TN 3/228-	1548			5-259	-0100	
	Fina	al return	instruc- tions.					F Acc	ounting hod:	Cash X	Accrual
	Ame	ended return	134.75						Other (spec	cify) ►	
	App	lication pending	• Section	on 501(c)(3) organ	nizations and 494	7(a)(1) nonexempt		H and I are not applicable to s			(Sec.)
			charit (Form	able trusts must 1 990 or 990-EZ).	attach a complet	ed Schedule A	100	H (a) Is this a group return t			X No
G	Web s	ite: ► WWW.	V					H (b) If 'Yes,' enter number of H (c) Are all affiliates include			No
1	0	instinu tona						(If 'No,' attach a list. S			
	(check	ization type conly one)			3 ◀ (insert no.)			H (d) Is this a separate retu	Control of the Contro	Charles and the second	[22]
						ng organization and it		organization covered			X No
	gross	receipts are	normally	not more than \$2! a return, be sure	5,000. A return is	not required, but if t	-	I Group Exemptio			
-								M Check ► if to to attach Schedule B			
L	Gross	receipts: Ad	d lines 6b	, 8b, 9b, and 10b	to line 12 - 1,	Accets or Fund	Rala	nces (See the ins	71 170		1.).
3///2				ants, and similar			Daia	nces (See the mis	THE COOL	3./	
							1 a				
	88 4						-				
	1) 950	Committee of the commit	Committee of the committee of the				_				
						ia)					
	e	Total (add lines,	S	612.2	72 noncash S	14/	1	· · · · · · · · · · · · · · · · · · ·	. 1e	612	,272.
	2	Program ser	vice rever	nue includina gove	ernment fees and	i contracts (from Part	t VII. I	ine 93)	. 2		,214.
											,157.
											,115.
								1			
	h	Less: rental	expenses				6 b				
	c	Net rental in	come or (loss). Subtract lin	e 6b from line 6a	1			. 6c		
р				me (describe					7		
Ë				ales of assets other		(A) Securities		(B) Other			
REVENUE	oa	than invento	ory				88				
Ü	b	Less: cost of	or other ba	sis and sales exp	enses		88				
	С	Gain or (loss)	(attach sched	ule)			80		_		
)			. 8d		
						mount is from gamine	g, che	ck here			
	a			icluding \$			1 0	.1			
								11.	-		
						9b from line 9a			. 9c		
	200						4	1			
	100000000000000000000000000000000000000						-				
								.,	. 10 c		
	11	The state of the control of the state of the									450.
	12									1.65	6,208.
	13										9,519.
E	14										8,796.
P	15	_	_	1.77							
PENSES	16										
E	17									1,27	8,315.
_	10	Excess or	(deficit) fo	r the year. Subtra	ct line 17 from lin	ne 12					7,893.
N	S 19	Net assets	or fund ba	alances at beginn	ng of year (from	line 73, column (A))			19		6,717.
N E T	E 20										
	5 21									84	4,610.

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.

D	o 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 a	Grants paid from donor advised				-				
	funds (attach sch) (cash \$								
	non-cash \$								
	If this amount includes								
400 FE 1821	foreign grants, check here	22 a							
22 b	Other grants and allocations (att sch) (cash \$								
	(cash \$)								
	If this amount includes foreign grants, check here	22 b							
		LLW							
23	Specific assistance to individuals (attach schedule)	23							
24	Benefits paid to or for members (attach schedule)	24							
25 a	Compensation of current officers, directors, key employees, etc listed in								
	Part V-A (attach sch)	25 a	104,167.	88,542.	15,625.	0.			
E	Compensation of former officers,								
	directors, key employees, etc listed in Part V-B (attach sch)	25 b	40,960.	34,816.	6,144.	0.			
	Compensation and other distributions, not				-,				
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons								
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.			
0.0		200	0.	0.	0.	0.			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	311,676.	264,925.	46,751.				
27	Pension plan contributions not	27	21 110	26 721	1 717				
	included on lines 25a, b, and c	21	31,448.	26,731.	4,717.				
28	Employee benefits not included on lines 25a - 27	28	379.	322.	57.				
29	Payroll taxes.	29	34,416.	29,254.	5,162.				
30	Professional fundraising fees	30							
31	Accounting fees	31							
32	Legal fees	32	5,900.		5,900.				
33	Supplies	33	17,628.	14,658.	2,970.				
34			12,893. 18,733.	10,314.	2,579.				
	Postage and shipping Occupancy	$\overline{}$	92,400.	14,995. 73,920.	3,738. 18,480.				
37	Equipment rental and maintenance	37	29,466.	14,472.	14,994.				
38	Printing and publications	38	22,561.	18,859.	3,702.				
39	Travel	39	1,993.	601.	1,392.				
40	Conferences, conventions, and meetings	40	6,287.	4,075.	2,212.				
41	Interest	41							
42	Depreciation, depletion, etc (attach schedule)	42	17,504.		17,504.				
43	Other expenses not covered above (itemize): a SEE STATEMENT 1	43a	529,904.	513,035.	16,869.				
	b	43b	323,304.	313,033.	10,005.				
	°	43c							
	d	43d							
9	e	43e							
	f	43f							
1	g	43g							
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,278,315.	1,109,519.	168,796.	0.			
	Joint Costs. Check . If you are following SOP 98-2.								
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No								
If 'Y	es, enter (i) the aggregate amount of these		costs \$ to Management and gen		mount allocated to Progr and (iv) the				
	undraising \$	ocated	to management and gen	(SIG) 4	, and (iv) the	amount anocated			
THE RESERVE AS A SECOND	ACTION CONTRACTOR AND ACTION AND ACTION CONTRACTOR AND ACTION AND ACTION AND ACTION AND								

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.

production of the confidence and account of the confidence and acc	
What is the organization's primary exempt purpose? SEE STATEMENT 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the 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 CONDUCTS SEMINARS, WORKSHOPS, FORUMS, AND BRIEFINGS FOR REPRESENTATIVES OF NONPROFIT AGENCIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	267,288.
b CONSULTING SERVICES: CONSULTATIONS ARE PROVIDED TO NONPROFIT AGENCIES CONCERNING A VARIETY OF MANAGEMENT ISSUES TO ADDRESS SPECIFIC NEEDS AS REQUESTED BY THE AGENCIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	449,278.
c SALUTE TO EXCELLENCE AWARDS: CNM HOSTS AN ANNUAL AWARDS EVENT TO RECOGNIZE OUTSTANDING MANAGEMENT ACCOMPLISHMENTS BY NONPROFIT ORGANIZATIONS IN THE MIDDLE TENNESSEE AREA.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	131,754
d PERFORMANCE MEASUREMENT RESOURCE CENTER: PROVIDES NONPROFIT ORGANIZATIONS PERFORMANCE MEASUREMENT TOOLS TO COLLECT AND ANALYZE DATA AND SUPPORTING SERVICES TO BENCHMARK AND IMPROVE ORGANIZATION AND PROGRAM PERFORMANCE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	103,442
e Other program services. SEE STATEMENT 3	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	157,757
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	► 1,109,519.
BAA	Form 990 (2006

	Balance Sheets (See the instructions.)	(A)		(B)
te: W	here required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	Beginning of year		(B) End of year
45	Cash - non-interest-bearing	28,900.	45	113,859.
46	Savings and temporary cash investments	289,039.	46	458,963.
	I I STAN WAR			
	Accounts receivable 47a 142,495.	166 704	4-7	140 405
b	Less: allowance for doubtful accounts	166,724.	47 c	142,495.
	107 700			
48 a	Pledges receivable 48a 197,780.	24 070	40 -	197,780.
b	Less: allowance for doubtful accounts	24,078.	48c	131,100.
	Grants receivable		49	
	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
51 a	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
51 a	Other notes and loans receivable			
	(attach schedule)	4	51 c	
	Less: allowance for doubtful accounts		52	5,845.
	Inventories for sale or use		53	3,043.
53	Prepaid expenses and deferred charges.		54a	
54 a	Investments – publicly-traded securities. Cost FMV Investments – other securities (attach sch)	15,000.		15,000.
	Investments – other securities (attach scri) 311114	10,000.	54,5	20,000.
	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1		
ŀ	Less: accumulated depreciation (attach schedule)		55 c	
56	Investments — other (attach schedule).		56	
	Land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)STATEMENT. 5 57b 150,629.	40,432.	57 c	29,361.
	Other assets, including program-related investments			
30	(describe ► SEE STATEMENT 6).	5,000.	58	5,000.
59	Total assets (must equal line 74). Add lines 45 through 58	569,173.	59	968,303.
60	Accounts payable and accrued expenses		60	7,977.
61	Grants payable		61	
62	Deferred revenue	92,874.	62	115,716
62	Loans from officers, directors, trustees, and key			
1	employees (attach schedule)		63	
	a Tax-exempt bond liabilities (attach schedule)		64a	
1	b Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)	100 456	65	100 (00
66	Total liabilities. Add lines 60 through 65	102,456	. 66	123,693
Org	ganizations that follow SFAS 117, check here ► X and complete lines 67			
	through 69 and lines 73 and 74.	466 767		F1 / /F1
C7	Unrestricted		100.000	514,451
68			68	330,159
68			69	
Or	ganizations that do not follow SFAS 117, check here ► and complete lines			
	70 through 74.		70	
70			71	
71			72	
72	S 100 A SECTION AND ADDRESS OF THE CONTROL AND ADDRESS SECTION AND ADDRESS OF THE CONTROL OF THE		12	
72 73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	466,717	. 73	844,610
5	72. (Column (A) must equal line 19 and column (B) must equal line 21)			968,303
110	Three requirites girly fiet assetshally paidlibes. Add illibs of and re-	0001-10		

For	m 990 (2006) CENTER FOR NONPRO	FIT MANAGEMENT, IN	C.	58-2000	0064 Page 5
P	at IV-A Reconciliation of Revenue			Revenue per Return	n (See the
	instructions.)			10	
a	Total revenue, gains, and other support p		s	a	1,702,379.
b	Amounts included on line a but not on Pa		1 -1		
	1 Net unrealized gains on investments				
	2Donated services and use of facilities			46,171.	
	3Recoveries of prior year grants		The state of the s		
	4Other (specify):				
	Add lines b1 through b4				46,171.
C	Subtract line b from line a			c	1,656,208.
d	Amounts included on Part I, line 12, but r		Last		
	1 Investment expenses not included on Par				
	2Other (specify):				
	Add lines d1 and d2.				1 (50 200
e	Total revenue (Part I, line 12). Add lines	c and d	al Ctatamanta with	Evnances nev Det	1,656,208.
	art IV-B Reconciliation of Expens	es per Audited Financi	ai Statements with	Expenses per Ret	urn
	Tatal auranees and leases are guidited for	annoint atatamenta			1 224 406
a	Total expenses and losses per audited fir Amounts included on line a but not on Pa			a	1,324,486.
b	1Donated services and use of facilities		61	46 171	
	2Prior year adjustments reported on Part I			46,171.	
	3Losses reported on Part I, line 20				
			Transport Control		
	4Other (specify).		b4		
	Add lines b1 through b4			b	46,171.
	Subtract line b from line a				1,278,315.
C	Amounts included on Part I, line 17, but I				1,270,313.
d	1 Investment expenses not included on Pa		41		
	ZOuter (specify).		d2		
	Add lines d1 and d2			d	
	Total expenses (Part I, line 17). Add line				1,278,315.
100	art V-A Current Officers, Director				
822	or key employee at any time dur	ring the year even if they were	not compensated.) (S	ee the instructions.)	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, enter -0-)	employee benefit plans and deferred	account and other allowances
		to position	enter -o-)	compensation plans	allowalices
_					
-		Ī			
S	EE STATEMENT 7	1	104,167.	13,959.	0.
_	D D D D D D D D D D D D D D D D D D D				
-		1			
-					
_					
-					
-		1			
_					
-					
-					
-					

Form 990 (2006) CENTER FOR NONPROFIT N			58-20000		_	age 6		
Part V-A Current Officers, Directors, Tru					Yes	No		
75 a Enter the total number of officers, directors, and trustees pe								
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	sated professional and gh family or business re	other independent contr	actors listed in Schedule	75 b		Х		
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 the organization? See the instructions for the definition of 'related organization'.								
If 'Yes,' attach a statement that includes the in					V			
d Does the organization have a written conflict o								
Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emplo	vee received compensa	ation or other benefits (de	escribed be	elow)			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and ot	her		
JIM VAILLANCOURT	0.	40,960.	5,337.			0.		
NASHVILLE, TN								
	-							
						,		
Part VI Other Information (See the ins	tructions.)			10000000	Yes	No		
76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each of	nange					Х		
77 Were any changes made in the organizing or		it not reported to the IR	S?	77		X		
If 'Yes,' attach a conformed copy of the chang								
78a Did the organization have unrelated business	Section of the sectio			-	N	X		
b If 'Yes,' has it filed a tax return on Form 990-T	The second secon			78ь	N/	A		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	******			79		Х		
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other ex	empt or nonexempt org	tion) through common anization?	80 a		Х		
b If 'Yes,' enter the name of the organization ▶	N/A							
. =	and ch	eck whether it is e	xempt or nonexem	1000000000				
81 a Enter direct and indirect political expenditures b Did the organization file Form 1120-POL for the				0.		X		
BAA	is your				agn	(2006)		

	m 990 (2006) CENTER FOR NONPROFIT MANAGEMENT, INC. Other Information (continued)	58-2000064			age 7
			_	Yes	No
	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge substantially less than fair rental value?	or at	32 a	Х	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	46,171.			
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	εε	33a	X	BRQUE COLOR
	b Did the organization comply with the disclosure requirements relating to guid pro guo contributions?	8	33b	X	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	ε	4a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or ont tax deductible?	gifts were	чь	N/	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	S	5a	N/	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5	5b	N/	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization waiver for proxy tax owed for the prior year.	received a		1()	Ω
0	c Dues, assessments, and similar amounts from members	N/A			
	d Section 162(e) lobbying and political expenditures	N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f	N/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		5 a	ΝŽ	70
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.		5 h	N)	
28	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		511	147	n
-	line 12	N/A			
	b Gross receipts, included on line 12, for public use of club facilities	N/A			
	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A			
6/	307(c)(12) organizations. Linter, a Gross income from members of shareholders	N/A			
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	N/A			
88	a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or p or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301. If 'Yes,' complete Part IX.	7701-3?	88 a		Х
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the me section 512(b)(13)? If 'Yes,' complete Part XI	aning of	38b		Х
	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
-	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0.			
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit trans during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a	action			
	explaining each transaction	[8	39 ь		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.			
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter to	ansaction? 8	89 e		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra		89 f		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the support	rting			
	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time year?		89 g		X
90	Da List the states with which a copy of this return is filed ►TN				
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		90 ь		11
91	(See instructions.) In a The books are in care of ► CEANNE YATES Located at ► 44 VANTAGE WAY, SUITE 230, NASHVILLE TN ZIF	515-259-0100 > + 4 ► 37228-) -15	48	
	b At any time during the calendar year, did the organization have an interest in or a signature or other autho	rity over a _		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	91 ь		X
	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 a Financial Accounts.	and			

TEEA0107L 01/18/07

BAA

Form 990 (2006)

	006) CENTER FOR NONPROF	TT MANAGEME	NT TNC		58-20000	064 Page 8
Form 990 (2	Other Information (continue	ed)	1117 11101			Yes No
Part VI	time during the calendar year, did	the organization (maintain an office	outside of the Unite	d States?	91c X
111111111111111111111111111111111111111	file foreign and	into i				
If Yes	s,' enter the name of the foreign cou on 4947(a)(1) nonexempt charitable	trusts filing Form	990 in lieu of For	m 1041 - Check her	e,	N/A ►
92 Section	nter the amount of tax-exempt inter	act received or at	crued during the	tax vear	▶ 92	N/A
and e	Analysis of Income-Producing	Activities (Se	e the instruction	ns)		
PRIT VIII	Analysis of income-Producing	Linrelated hu	siness income	Excluded by sect	ion 512, 513, or 514	
Mahai Fata	emounts unless	999	19.28		(D)	(E) Related or exempt
otherwise in	r gross amounts unless ndicated.	(A) Business code	(B) Amount	(C) Exclusion code	Amount	function income
		Dagmiese eeu	100000000000000000000000000000000000000			
	gram service revenue: SOCIATION FEE-BCBS					25,896.
	SIC GRANTWRITING CD					783.
	LUTE EVENT TICKETS					45,435.
	RVICE FEES					860,160.
	ERE TO BE SCENE				A	9,940.
-	dicare/Medicaid payments				×*	
	& contracts from government agencies					
	mbership dues and assessments.					80,157.
	rest on savings & temporary cash invmnts.			14	21,115.	22/22/1
	rest on savings & temporary cash invinitis			12	22/2201	
- 40	rental income or (loss) from real estate:					
	ot-financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income					
100 Ga	in or (loss) from sales of assets ner than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	ner revenue: a					
	ISCELLANEOUS					450.
C	IDCLILLANGOOD					450.
d						
e						
_	ototal (add columns (B), (D), and (E))				21,115.	1,022,821.
	tal (add line 104, columns (B), (D),	and (E))			∠ 1,110.	1,043,936.
	e 105 plus line 1d, Part I, should equ					1,043,550.
BACKSON STREET, STREET	Relationship of Activities		The second secon	Evennt Purnos	es (See the instru	ictions)
Line No.						
Ellie No.	Explain how each activity for which of the organization's exempt purp	oses (other than	by providing fund	s for such purposes)	ted importantly to the	accomplishment
-	SEE STATEMENT 8	ande v ermen jevenn	-7 6			
	DEE STATEMENT 0					
Davidy	Information Regarding Ta	vable Subsid	aries and Dis	regarded Entitie	See the instru	ictions)
	(A)	(B)	aries and bis	(C)	(D)	(E)
■ ■ M (AME) (III)	7 <u>1</u>	486	GHAT - months of the			
Name	e, address, and EIN of corporation, arthership, or disregarded entity	Percentage of ownership interes		of activities	Total	End-of-year assets
N/A	The state of the s		%			223010
*17.42			8			
			8			
			96			
Part Y	Information Regarding Tr	ansfers Asso		ersonal Benefit (Contracts (See th	ne instructions)
The state of the s	he organization, during the year, receive any f					. Yes X No
	the organization, during the year, pa					Yes X No
	If 'Yes' to (b), file Form 8870 and Fo			and a portor iai bortor		
DAA	in the to to to the total contract and the	11 11 20 (300 1113	a desire they.		TECANON DIVIS	Enr. 000 (000C)

Par	Information Regarding Transfers To organization is a controlling organization	and From Controlled Er	ntities. Complete only in 512(b)(13)		Page :
				-	es No
106	Did the reporting organization make any transfers t 'Yes,' complete the schedule below for each control	o a controlled entity as defined i	n section 512(b)(13) of the C	ode? If	Х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfer
а					
b					
С					
	Totals		10.00		
107	Did the reporting organization receive any transfers 'Yes,' complete the schedule below for each control	s from a controlled entity as defi	ned in section 512(b)(13) of t	_	es No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	
а					
b					
с					
	Totals				
108	Did the organization have a binding written contract annuities described in question 197 above?	et in effect on August 17, 2005, o	covering the interest, rents, re		res No
Plea Sign	Under penalties et periupal declare that trave examined this true, correct, and complete declaration of preparer (other the signature of officer	s return, including accompanying schedule an officer) is based on all information of w —	es and statements, and to the best of n hich preparer has any knowledge.		, it is
Pai Pre	d Preparer's signature	Date	self.	Preparer's SSN or General Instruction N/A	PTIN (See W)
Dar Use Onl		JE, STE. 550	EIN ► N/ Phone no. ►	A (615) 383-6	592
BAA				Form \$	90 (200

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.)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization CENTER FOR NONPROFIT MANAGEMENT,	TNC			58-2000064	number
Part Compensation of the Five H	ighest Paid Emplo	yees Oth	er Than Officer		nd Trustees
(See instructions. List each ((a) Name and address of each employee paid more than \$50,000	(b) Title and avenue hours per we devoted to pos	erage eek	'None.') (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LISA POTE NASHVILLE, TN 37215	DIRECTOR	37	79,068.	0.	500.
DEBORAH WILCOX NASHVILLE, TN 37217	DIRECTOR	37	67,174.	5,337.	0.
Total number of other employees paid over \$50,000	>	0			
Part II — A Compensation of the Five H (See instructions. List each	lighest Paid Indepe one (whether indivi	endent C iduals or	ontractors for P firms). If there a	Professional Se are none, enter	rvices 'None.')
(a) Name and address of each independent cor	ntractor paid more than	\$50,000	(b) Type	of service	(c) Compensation
	37027		CONSULTING	61,051.	
CECILIA MYNATT 6606 EUDAILEY COVINGTON RD. COLI	EGE GROVE, TN	37046	CONSULTING	58,425.	
MARY BAKER 209 37TH AVE. N NASHVILLE, TN 37	7209		CONSULTING		50,314.
			-		
Total number of others receiving over \$50,000 for professional services ▶		0			
Compensation of the Five F (List each contractor who per firms. If there are none, enter	erformed services of	ther than			r individuals or
(a) Name and address of each independent cor	ntractor paid more than	\$50,000	(b) Type	of service	(c) Compensation
NONE					
			-		
			-		
Total number of other contractors receiving over \$50,000 for other services.		0			

The statements About Activities (See instructions.) 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referrandly? If "Ves," either the total expenses paid or incurred in connection with the lobbying activities. FS N/A (Must equal amounts on line 38, Pert VI-A, or line of Pert VI-B)	Sche	edule A (Form 990 or 990-EZ) 2006 CENTER FOR NONPROFIT MANAGEMENT, INC. 58-2000064		Page 2
to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid" or incurred in connection with the lobbying activities	Pai	Statements About Activities (See instructions.)	Yes	No
organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 2 During the year, has the organization, either directity or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2 b	1	to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities > \$ N/A	1	Х
substântial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2a		organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the		
b Lending of money or other extension of credit?. c Furnishing of goods, services, or facilities? SEE FORM 990, PART V d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 2e X 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (if 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If y'es,' attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d X 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. b Did the organization make any taxable distributions under section 4966? c Did the organization make and distribution to a donor, donor advisor, or related person? 4c X d Enter the total number of donor advised funds owned at the end of the tax year. e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	2	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal		
c Furnishing of goods, services, or facilities? SEE FORM 990, PART V d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 2e	i	a Sale, exchange, or leasing of property?	2a	X
SEE FORM 990, PART V d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets? 2e X 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement. d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d X 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. b Did the organization make any taxable distributions under section 4966? C Did the organization make a distribution to a donor, donor advisor, or related person? 4b X d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	1	b Lending of money or other extension of credit?	2b	X
e Transfer of any part of its income or assets? 2e X 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.). 3a X b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement. d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4a X b Did the organization make any taxable distributions under section 4966? C Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.)		2c	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.). b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement. d Did the organization provide credit counselling, debt management, credit repair, or debt negotiation services? 3d X 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. b Did the organization make any taxable distributions under section 4966? C Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year. e Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.		The state of the s	2d X	<u> </u>
b Did the organization have a section 403(b) annuity plan for its employees?	9	e Transfer of any part of its income or assets?	2 e	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes,' attach a detailed statement	3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
to preserve open space, the environment, historic land areas or historic structures? If "Yes,' attach a detailed statement		b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4a X b Did the organization make any taxable distributions under section 4966? C Did the organization make a distribution to a donor, donor advisor, or related person? 4c X d Enter the total number of donor advised funds owned at the end of the tax year. e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.		to preserve open space, the environment, historic land areas or historic structures? If	3c	X
b Did the organization make any taxable distributions under section 4966?		d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year. e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	4		4a	X
Did the organization make a distribution to a donor, donor advisor, or related person?		b Did the organization make any taxable distributions under section 4966?	4b	X
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.		c Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	X
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.		d Enter the total number of donor advised funds owned at the end of the tax year		
funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year O		funds included on line 4d) where donors have the right to provide advice on the distribution or investment of	0	
		g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	٥	

Page 3

I cert	ify that the organization is not a private fo	undation because it is: (P	lease check only ONE appli	cable box.)						
5	5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).									
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local government	or governmental unit. Se	ction 170(b)(1)(A)(v).							
9	9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
10	An organization operated for the ben (Also complete the Support Schedule	efit of a college or univers e in Part IV-A.)	sity owned or operated by a	governmen	tal unit. Sectio	on 170(b)(1)(A)(iv).				
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also complete	es a substantial part of its lete the Support Schedule	support from a governmen in Part IV-A.)	tal unit or fro	om the genera	I public.				
111	A community trust. Section 170(b)(1)	(A)(vi). (Also complete th	e Support Schedule in Part	IV-A.)						
12	An organization that normally receive from activities related to its charitable from gross investment income and usorganization after June 30, 1975. See	e, etc, functions – subjec inrelated business taxable	t to certain exceptions, and income (less section 511 to	(2) no more ax) from bus	than 33-1/3% inesses acqui	of its support				
13	An organization that is not controlled requirements of section 509(a)(3), Ci					neets the				
	Type I Type II	Type III-Function	nally Integrated	Type III	-Other					
			out the supported organiza							
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	pported on listed in porting ration's rning	(e) Amount of support				
				Yes	No					
-										
_										
Total	al .				>	0.				
					ANT TO BE SEED OF THE SEED OF	01				
BA/		ated to test for public safe	ety. Section 509(a)(4). (See			990 or 990-EZ) 2006				

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

egi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	310,718.	274,198.	353,953.	480,688.	1,419,557
16	Membership fees received	67,900.	53,985.	49,050.	50,030.	220,965
460	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	836,942.	683,206.	688,743.	613,088.	2,821,979
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	8,042.	1,908.	1,748.	3,076.	14,774
19	Net income from unrelated business activities not included in line 18					C
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					C
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					(
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE . STMT . 9.	451.	414.	465.	479.	1,80
22	Total of lines 15 through 22	1,224,053.	1,013,711.		1,147,361.	4,479,084
_	Line 23 minus line 17	387,111.	330,505.		534,273.	1,657,105
25		12,241.	10,137.		11,474.	
26		the state of the s		olumn (e), line 24		33,14
	b Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	name of and amount contri or 2002 through 2005 exceed	buted by each person (othe led the amount shown in li	r than a governmental unit one 26a. Do not file this list	or publicly with your	733,17
	c Total support for section 509(a)(1					1,657,10
	d Add: Amounts from column (e) for	or lines: 18	14,774.	19		
		22	1,809.	26b 733,1		749,75
	e Public support (line 26c minus lin				▶ 26e	907,34
	f Public support percentage (line 2		d by line 26c (denom	inator))	► 26f	54.76
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	16, and 17 that were	received from a 'disc n, each 'disqualified p	qualified person,' prep person.' Do not file this	are a list for your reco s list with your return.	ords to show the Enter the sum of
	(2005)	(2004)	(2003)		(2002)	
	bFor any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference by	7 that was received for the received for each year zations described in liestween the amount re-	rom each person (oth ear, that was more the nes 5 through 11b, a ceived and the larger	ner than 'disqualified p an the larger of (1) the s well as individuals.) amount described in	persons'), prepare a list e amount on line 25 fo Do not file this list wi (1) or (2), enter the su	st for your records or the year or (2) th your return. or these
	differences (the excess amounts				(2002)	
	differences (the excess amounts (2005)	(2004)	(2003) _			
	differences (the excess amounts (2005) c Add: Amounts from column (e) f	(2004) or lines: 15 20	(2003)	16 21	27 c	
	differences (the excess amounts (2005) c Add: Amounts from column (e) f 17 d Add: Line 27a total	(2004)	(2003) and line 27b total	16 21	27 c 27 d	
	differences (the excess amounts (2005) c Add: Amounts from column (e) f 17 d Add: Line 27a total e Public support (line 27c total mir	(2004) or lines: 15 20 aus line 27d total)	(2003)	16	27c 27d ▶ 27e	
	differences (the excess amounts (2005) c Add: Amounts from column (e) f 17 d Add: Line 27a total e Public support (line 27c total mir f Total support for section 509(a)() g Public support percentage (line	(2004)	nd line 27b total	16	27 c 27 d ▶ 27 e	

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

X 333	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
_		11/ 11	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	00000000		
22	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 nondiscriminatory basis?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	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.)			
0.00		200000000		
	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?			
	f Use of facilities?			
	g Athletic programs?			
	h Other extracurricular activities?	33h		
		000000000000000000000000000000000000000		
		_		
34	a 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		
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part	VI-A Lobbying Ex (To be complete	rpenditures by Elected ONLY by an eligible or	ting Public Charit ganization that filed Fo	t ies (See instru orm 5768)	ctions.)		N/A
Chec	k ► a if the organiz	ation belongs to an affilia	ited group. Check	▶ b if you	checke	ed 'a' and 'limited o	ontrol	provisions apply.
		mits on Lobbying E	- 1.5 	vie.		(a) Affiliated group totals		(b) To be completed for all electing
		'expenditures' means am						organizations
36		res to influence public op	[1] 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		36		_	
37	Consideration of edition and an entire contract of the contrac	res to influence a legislat	A MARKET CONTRACTOR OF THE STATE OF THE STAT	The second secon	37		_	
38	income and introduced the second and an accompany	res (add lines 36 and 37)			38		-	
39		xpenditures			39		-	
40	. , , ,	penditures (add lines 38			40			
41	50 G	ount. Enter the amount for						
	If the amount on line 40	20% o	bbying nontaxable am					
		000,000 \$100,00		The second secon				
		1,500,000 \$175,00		The late of the la	41			
		17,000,000 \$225,00			41			
		\$1,000						
42		amount (enter 25% of line			42		*****	
43		e 36. Enter -0- if line 42 is			43			
44		e 38. Enter -0- if line 41 i			44			
(5)(5)	Caution: If there is an a	mount on either line 43 o	r line 44, you must file	Form 4720.				
			veraging Period		n 501	(h)		***************************************
	(Some organ	nizations that made a sec	tion 501(h) election do the instructions for lir	not have to cor	mplete	all of the five colur	nns b	elow.
			Lobbying Expend	ditures During 4	-Year	Averaging Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))			7-1-1-1				
47	Total lobbying expenditures							
48	Grassroots non- taxable amount,							
49	Grassroots ceiling amount (150% of line 48(e))							
	Grassroots lobbying expenditures		5 111 61 111					
	(For reporting	ctivity by Nonelectionly by organizations that	t did not complete Par	es t VI-A) (See inst	ruction	s.)		N/A
Dur	ing the year, did the orga mpt to influence public o	nization attempt to influer pinion on a legislative ma	nce national, state or tter or referendum, th	local legislation, rough the use of	includi	ng any Yes	No	Amount
	a Volunteers							
		ent (Include compensatio						
		egislators, or the public.						
		ned or broadcast stateme						
		ations for lobbying purpo						
		slators, their staffs, gover						
		s, seminars, conventions,						
	i Total lobbying expendi	tures (add lines c through	1 h.)					
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.							

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	reporting organization d	irectly or inc	firectly engage in any of the ganizations) or in section 52	following 7, relating	with any other organization described to political organizations?	in section	501(0	>)
			a noncharitable exempt org				Yes	No
						51a (i)		X
						a (ii)		X
b Other t	ransactions:							
(i)Sa	les or exchanges of asse	ets with a no	ncharitable exempt organiza	tion		b (i)		X
(ii)Pu	rchases of assets from a	noncharitat	ole exempt organization			b (ii)		X
(iii)Re	ental of facilities, equipme	ent, or other	assets			b (iii)		X
(iv)Re	imbursement arrangeme	nts				b (iv)		X
(v)Lo	ans or loan guarantees.				*********	b (v)		X
						b (vi)		X
c Sharin	g of facilities, equipment,	, mailing list	s, other assets, or paid empl	loyees		С		X
d If the a	answer to any of the abounds, other assets, or servensetion or sharing arrangers	ve is 'Yes,' o vices given t ngement, sh	complete the following schedi by the reporting organization ow in column (d) the value o	ule. Colu . If the or of the goo	mn (b) should always show the fair mark ganization received less than fair mark ds, other assets, or services received:	rket value ket value i	of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organiz		(d) Description of transfers, transactions, and			is
N/A		ALL REPORTS OF LEGISLA		200000000				
N/A								
							_	
							-	
	organization directly or in bed in section 501(c) of t		iated with, or related to, one ner than section 501(c)(3)) or	or more r in section	tax-exempt organizations on 527?	► ☐ Ye	s X	No
B 11 103	(a)	ourio daro.	(b)		(c)			
37./3	Name of organization		Type of organization	1	Description of relation	nship		
N/A								
						-		
						_		
-					E			

2006

FEDERAL STATEMENTS

PAGE 1

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING AWARDS BAD DEBT EXPENSE	6,554. 768. 11,368.	5,243. 11,368.	1,311. 768.	
BANK SERVICES COLLECTION SERVICES	76. 7,568.	54. 5,384.	22. 2,184.	
CREDIT CARD PROCESSING INSURANCE LICENSE	2,453. 43,279. 1,064.	1,745. 36,529. 851.	708. 6,750. 213.	
MEMBERSHIPS MISCELLANEOUS PAYROLL SERVICES	2,709. 1,171. 1,500.	2,709. 832. 1,275.	339. 225.	
SMALL EQUIPMENT PURCHASE SOFTWARE TEMPORARY SERVICES	793. 2,557. 5,964.	4,965.	793. 2,557. 999.	
TRAINING AND CONSULTING COSTS VIDEO PRODUCTION	430,525. 11,555.	430,525. 11,555.		\$ 0
TOTAL §	529,904.	\$ 513,035.	\$ 16,869.	\$ 0.

STATEMENT 2 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENHANCE THE ABILITY OF NONPROFIT ORGANIZATIONS TO MANAGE THEIR BUSINESS BY PROVIDING SERVICES AND RESOURCES TO THE BOARD, EMPLOYEES, AND VOLUNTEERS.

STATEMENT 3 FORM 990, PART III, LINE E STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OTHER SERVICES: INCLUDES EXPENSES INCURRED FOR A REFERENCE LIBRARY AVAILABLE TO REPRESENTATIVES OF NONPROFIT ORGANIZATIONS, PUBLICATIONS COMPILED FOR THE BENEFIT OF NON-PROFIT ORGANIZATIONS REGARDING THE GRANT APPLICATION PROCESS AND EXPENSES INCURRED WHILE EXPLORING NEW PROGRAMS AND SERVICES TO PROVIDE CLIENTS. INCLUDES FOREIGN GRANTS: NO		157,757.
TOTAL	\$ 0.	\$ 157,757.

-	_	-	-
$\boldsymbol{\sigma}$	n	$\boldsymbol{\Gamma}$	
_			n
Ent	u	v	v

FEDERAL STATEMENTS

PAGE 2

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

STATEMENT 4 FORM 990, PART IV, LINE 54B INVESTMENTS - OTHER SECURITIES

OTHER SECURITIES	VALUATION METHOD		AMOUNT
SECURITIES	COST	\$	15,000.
	TOT	AL \$	15,000.

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS		ACCUM. DEPREC.		BOOK VALUE	
MACHINERY AND EQUIPMENT TOTAL	\$	179,990. 179,990.	\$	150,629. 150,629.	\$	29,361. 29,361.	

STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS

SECURITY DEPOSIT	\$ 5,000.
TOTAL	\$ 5,000.

STATEMENT 7 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIM HINTON	DIRECTOR	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
PETER F. BIRD	NON-VOTING	0.	0.	0.
NASHVILLE, TN	1			
KATIE EDGE	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			

2006

FEDERAL STATEMENTS

PAGE 3

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

STATEMENT 7 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BILL JONES	DIRECTOR \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
MEREDITH LIBBEY	VICE CHAIR	0.	0.	0.
FRANKLIN, TN	-			
BILL MCMEEKIN	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	**			
RON SAMUELS	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	1			
RALPH SCHULZ	DIRECTOR	0.	0.	0.
NASHVILLE, TN	+			
BETH SEIGENTHALER COURTNEY	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	±.			
LADY BIRD	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	-			
WILLIAM T. CHEEK, III	CHAIR 1	0.	0.	0.
NASHVILLE, TN	-			
HAL CATO	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
MARK EPPERSON	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	1			
KEEL HUNT	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	1			
SHARON HURT	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

STATEMENT 7 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM TURNER	DIRECTOR	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
RIC MILLER	SECRETARY	0.	0.	0.
NASHVILLE, TN	1			
MIKE SCHOENFELD	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
FORREST HARRIS	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
LEWIS LAVINE	PRESIDENT	104,167.	13,959.	0.
NASHVILLE, TN	50			
LOUISE BURGESS	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
DARRELL FREEMAN	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
BECKY HARRELL	TREASURER	0.	0.	0.
NASHVILLE, TN	1			
RON ROSSMANN	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
	TOTAL	\$ 104,167.	\$ 13,959.	\$ 0.

STATEMENT 8 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES								
	ASSOCIATION FEE SHIELD WHICH OF								

BASIC GRANTWRITING CD EXTENDS TRAINING TO NONPROFIT ORGANIZATIONS UNABLE TO ATTEND THE CLASS OFFERED BY CENTER FOR NONPROFIT MANAGEMENT, INC.

FEDERAL STATEMENTS

PAGE 5

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

STATEMENT 8 (CONTINUED) FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93C	THE SALUTE TO EXCELLENCE AWARDS RECOGNIZE NONPROFIT ORGANIZATIONS IN THE MIDDLE TENNESSEE AREA FOR OUTSTANDING ACHIEVEMENTS IN MANAGEMENT.
93D	SERVICE FEES CONSIST OF TRAINING AND CONSULTATION SERVICES THAT INCLUDES SEMINARS, WORKSHOPS, FORUMS, AND DIRECT ASSISTANCE.
93E	WHERE TO BE SCENE IS A CALENDAR THAT PROVIDES MEMBERS WITH INFORMATION NEEDED TO PLAN AND PARTICIPATE IN EVENTS.
94	MEMBERSHIP DUES PROVIDE ADDITIONAL FUNDS FOR THE COST OF CONSULTING AND TRAINING SERVICES AVAILABLE TO THE PARTICIPATING NONPROFIT ORGANIZATIONS.
103B	INCOME PROVIDES ADDITIONAL FUNDS TO ENHANCE THE ACTIVITIES OF OTHER NONPROFIT ORGANIZATION'S EXEMPT PURPOSE.

STATEMENT 9 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A)	2005	(B)	2004	(C)	2003	_(D)	2002	(E)	TOTAL
MISCELLANEOUS		\$	451.	\$	414.	\$	465.	\$	479.	\$	1,809.
	TOTAL	\$	451.	\$	414.	\$	465.	\$	479.	\$	1,809.

2006

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CENTER FOR NONPROFIT MANAGEMENT, INC.

58-2000064

990, PART II, LINE 42 DEPRECIATION EXPENSE

DEPRECIATION IS PROVIDED IN AMOUNTS NECESSARY TO ALLOCATE THE COST OF THE VARIOUS CLASSES OF ASSETS OVER THEIR ESTIMATED USEFUL LIVES USING THE STRAIGHT LINE METHOD. ESTIMATED USEFUL LIVES OF ALL MAJOR CLASSES OF ASSETS ARE AS FOLLOWS:

EQUIPMENT FURNITURE & FIXTURES 3-5 YEARS 7 YEARS