

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)

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

2006

Open to Public
Inspection

A For the 2006 calendar year, or tax year beginning

and ending

B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.

C Name of organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 90727

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37209

D Employer identification number

62-6050684

E Telephone number

(615) 352-1757

F Accounting method:

☐ Cash☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶ WWW.CUMBERLANDHEIGHTS.ORG

J Organization type (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

19,048,543.

M Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,655,876.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 1,351,103. noncash \$ 304,773.)	1e	1,655,876.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	17,067,811.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	33,240.		
	5	Dividends and interest from securities	5	35,635.		
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe ▶)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	54,923.	8a	
	b	Less: cost or other basis and sales expenses		8,915.	8b	
	c	Gain or (loss) (attach schedule)		46,008.	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1		8d	46,008.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 152,364. of contributions reported on line 1b)	9a	42,239.		
	b	Less: direct expenses other than fundraising expenses	9b	125,245.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 2		9c	-83,006.
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	Net Assets	11	Other revenue (from Part VII, line 103)	11	158,819.	
12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	18,914,383.		
13		Program services (from line 44, column (B))	13	12,130,266.		
14		Management and general (from line 44, column (C))	14	4,000,267.		
15		Fundraising (from line 44, column (D))	15	482,577.		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 16 and 44, column (A)	17	16,613,110.		
18		Excess or (deficit) for the year. Subtract line 17 from line 12	18	2,301,273.		
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,630,924.		
20		Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	48,170.	20	
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	14,980,367.		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	730,806.	341,939.	388,867.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	7,375,540.	5,973,453.	1,175,371.	226,716.
27 Pension plan contributions not included on lines 25a, b, and c	135,083.	105,370.	25,925.	3,788.
28 Employee benefits not included on lines 25a - 27	1,012,642.	849,898.	133,439.	29,305.
29 Payroll taxes	699,257.	501,773.	180,225.	17,259.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	135,932.		135,932.	
33 Supplies	412,635.	358,202.	50,801.	3,632.
34 Telephone	218,575.	41,309.	176,841.	425.
35 Postage and shipping	54,452.	23,061.	26,059.	5,332.
36 Occupancy	216,288.	153,355.	62,933.	
37 Equipment rental and maintenance	122,197.	7,205.	114,992.	
38 Printing and publications	100,994.	60,021.	27,127.	13,846.
39 Travel	147,423.	107,661.	28,086.	11,676.
40 Conferences, conventions, and meetings	15,753.	15,069.	684.	
41 Interest	2,544.		2,544.	
42 Depreciation, depletion, etc. (attach schedule)	878,163.	658,622.	193,196.	26,345.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	4,354,826.	2,933,328.	1,277,245.	144,253.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	16,613,110.	12,130,266.	4,000,267.	482,577.

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 ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a	THE ORGANIZATION MAINTAINS AND OPERATES INPATIENT AND OUT-PATIENT TREATMENT CENTERS FOR THE REHABILITATION OF PERSONS ADDICTED TO THE USE OF ALCOHOL AND/OR DRUGS.	12,130,266.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,130,266.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,999.	45	4,000.
	46 Savings and temporary cash investments	3,202,708.	46	539,362.
	47 a Accounts receivable	47a 2,830,595.		
	b Less: allowance for doubtful accounts	47b 437,045.	1,961,846.	47c 2,393,550.
	48 a Pledges receivable	48a 2,823,294.		
	b Less: allowance for doubtful accounts	48b 248,348.	2,953,495.	48c 2,574,946.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	227,381.	53	103,575.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	712,732.	54a	808,126.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other SEE STATEMENT 7	515,573.	56	554,605.	
57 a Land, buildings, and equipment: basis	57a 18,571,212.			
b Less: accumulated depreciation STMT 8	57b 6,386,982.	7,057,728.	57c 12,184,230.	
58 Other assets, including program-related investments (describe RECEIVABLE FROM AFFILIATE)	117,044.	58	742,594.	
59 Total assets (must equal line 74). Add lines 45 through 58	16,752,506.	59	19,904,988.	
Liabilities	60 Accounts payable and accrued expenses	981,995.	60	1,892,496.
	61 Grants payable		61	
	62 Deferred revenue	28,466.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9 STMT 10	3,111,121.	64b	3,032,125.
	65 Other liabilities (describe RECEIVABLE FROM AFFILIATE)		65	
66 Total liabilities. Add lines 60 through 65	4,121,582.	66	4,924,621.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,930,759.	67	11,374,008.
	68 Temporarily restricted	6,819,673.	68	2,838,330.
	69 Permanently restricted	880,492.	69	768,029.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		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)	12,630,924.	73	14,980,367.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	16,752,506.	74	19,904,988.

Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return <i>(See the instructions.)</i>
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a Total revenue, gains, and other support per audited financial statements		a	18,979,614.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	48,171.	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>SEE STATEMENT 12</u>	b4	130,520.	
Add lines b1 through b4		b	178,691.
c Subtract line b from line a		c	18,800,923.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1	11,459.	
2 Other (specify): <u>SEE STATEMENT 14</u>	d2	102,001.	
Add lines d1 and d2		d	113,460.
e Total revenue (Part I, line 12). Add lines c and d		e	18,914,383.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements	a	16,686,571.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 13</u>	b4	130,522.
	Add lines b1 through b4	b	130,522.
c	Subtract line b from line a	c	16,556,049.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	11,459.
2	Other (specify): <u>SEE STATEMENT 15</u>	d2	45,602.
	Add lines d1 and d2	d	57,061.
e	Total expenses (Part I, line 17). Add lines c and d	e	16,613,110.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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<p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 24</p>			
<p>b Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	75b		X
<p>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."</p>	75c		X
<p>If "Yes," attach a statement that includes the information described in the instructions.</p>			
<p>d Does the organization have a written conflict of interest policy?</p>	75d	X	

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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	Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 17			
	_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
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.) 82b 8,500.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 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? N/A	85g		
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? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a 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.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b			X
89 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 transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b			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 transaction? 89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g			X
90 a	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 90b 240			
91 a	The books are in care of ▶ TIMOTHY TULL Telephone no. ▶ 615-352-1757 Located at ▶ ROUTE 2, RIVER ROAD, NASHVILLE, TN ZIP + 4 ▶ 37209			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b			X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued) **Yes** **No**c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒If "Yes," enter the name of the foreign country N/A92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERVICE REVENUE					17,067,811.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,240.	
96 Dividends and interest from securities			14	35,635.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	46,008.	
101 Net income or (loss) from special events			01	-83,006.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE			03	158,819.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		190,696.	17,067,811.
105 Total (add line 104, columns (B), (D), and (E))					17,258,507.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 A	PATIENT REVENUES FOR TREATMENT OF INDIVIDUALS ADDICTED TO EXCESSIVE USE OF DRUGS AND/OR ALCOHOL.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 513(b)(4). N/A

108 Did the reporting organization make any transfers to a controlled entity as defined in section 513(b)(4) of this Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer identification number	(C) Description of transfer	(D) Amount of transfer
a	-----	-----		
b	-----	-----		
c	-----	-----		

Total:

109 Did the reporting organization receive any transfers from a controlled entity as defined in section 513(b)(4) of this Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer identification number	(C) Description of transfer	(D) Amount of transfer
a	-----	-----		
b	-----	-----		
c	-----	-----		

Total:

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and other payments or benefits to the reporting organization? If "Yes," complete the schedule below for each controlled entity.

17/27/07

Signature of officer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

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Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

Signature of preparer: *[Signature]* Date: 6/27/07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No. 1545-0047

2006

Name of the organization

CUMBERLAND HEIGHTS FOUNDATION, INC.

Employer identification number

62 6050684

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAY CROSSON 1012 TIMBER RIDGE CT., , KINGSTON SPRING, TN 37069	AR MANAGER 40.00	97,346.	3,950.	
BARBARA LAREW ADAMS 10125 SUGAR CAMP ROAD, BON AQUA, TN 37025	SUPERVISOR 40.00	71,875.	2,839.	
ROBERT V. FAIRWEATHER 29529 SR 30 , PIKEVILLE, TN 37367	MARKETING REP 40.00	72,727.	2,783.	
DEBRA A MALONE 2929 SELENA DR BLDG K153, NASHVILLE, TN 37215	SHIFT SUPERVISOR 40.00	75,375.	2,932.	
LINDA COCHRAN 126 BOXWOOD DR, FRANKLIN, TN 37069	STAFF DEVELOPING DIR 40.00	72,331.	2,840.	
Total number of other employees paid over \$50,000	26			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DENSON & ASSOCIATES 3813 CLEGHORN AVE, NASHVILLE, TN 37215	ADVERTISING	93,410.
JUDD & ASSOCIATES 3509 99TH STREET WEST, BLOOMINGTON, MN 55431-2747	CONSULTING	87,023.
LATTIMORE, BLACK, MORGAN, AND CAIN PO BOX 1869, BRENTWOOD, TN 37024-1869	FINANCIAL SERVICES	83,440.
Total number of others receiving over \$50,000 for professional services	1	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INTERIOR MODIFICATION PO BOX 1084, COLUMBIA, TN 38402	INTERIOR DESIGN	53,616.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

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 referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly 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?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
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
b Did the organization have a section 403(b) annuity plan for its employees?	3b		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	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
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			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0 .
f Enter the total number of separate funds or accounts owned at the end of the 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			0 .
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0 .

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 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. Section 170(b)(1)(A)(v).
- 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 benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(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)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning 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.)	1,911,741.	2,337,375.	821,934.	597,608.	5,668,658.
16 Membership fees received					
17 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	15,365,857.	14,338,199.	12,731,990.	10,875,834.	53,311,880.
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	44,952.	26,610.	34,293.	16,395.	122,250.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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	35,726.	35,041.	SEE STATEMENT 18 28,137.	155,679.	254,583.
23 Total of lines 15 through 22	17,358,276.	16,737,225.	13,616,354.	11,645,516.	59,357,371.
24 Line 23 minus line 17	1,992,419.	2,399,026.	884,364.	769,682.	6,045,491.
25 Enter 1% of line 23	173,583.	167,372.	136,164.	116,455.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d N/A
e Public support (line 26c minus line 26d total) ▶					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 990,049. (2004) 1,687,485. (2003) 629,000. (2002) 285,538.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 5,668,658. 16 _____ 17 53,311,880. 20 _____ 21 _____ ▶					27c 58,980,538.
d Add: Line 27a total 3,592,072. and line 27b total 0. ▶					27d 3,592,072.
e Public support (line 27c total minus line 27d total) ▶					27e 55,388,466.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f 59,357,371.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 93.3135%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h .2060%

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.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
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?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 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	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
OLCOTT FUND	26,523.	8,915.	0.	17,608.
EARTHMAN FUND	8,873.	0.	0.	8,873.
JACKSON FUND	1,618.	0.	0.	1,618.
FRIST FUND	12,476.	0.	0.	12,476.
VAN KAMPEN FUND	5,263.	0.	0.	5,263.
MAYFIELD FUND	170.	0.	0.	170.
TO FORM 990, PART I, LINE 8	54,923.	8,915.	0.	46,008.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CONCERT	142,016.	103,002.	39,014.	119,545.	-80,531.
HOUSE PARTIES	48,942.	48,942.		2,475.	-2,475.
SILENT AUCTION	3,645.	420.	3,225.	3,225.	0.
TO FM 990, PART I, LINE 9	194,603.	152,364.	42,239.	125,245.	-83,006.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	48,170.
TOTAL TO FORM 990, PART I, LINE 20	48,170.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER EXPENSES	275,061.	76,879.	190,803.	7,379.
ADVERTISING FEES	255,066.	242,384.	12,307.	375.
UTILITIES	256,239.	64,779.	191,460.	
PERMITS & LICENSES	49,475.	32,305.	17,170.	
BAD DEBT EXPENSE	760,069.	760,069.		
RECRUITMENT EXPENSES	36,411.	12,741.	23,670.	
CONTRACT SERVICES	993,354.	772,759.	84,096.	136,499.
REPAIRS & MAINTENANCE	81,302.	75,449.	5,853.	
PATIENT ASSISTANCE	195,985.	195,985.		
TEMPORARY LABOR	104,904.	104,904.		
FOOD SERVICES	595,074.	595,074.		
INSURANCE	456,142.		456,142.	
TEMPORARY LABOR	21,885.		21,885.	
SPECIAL PROJECTS	222,460.		222,460.	
GIFTS & AWARDS	21,840.		21,840.	
INVESTMENT FEES	11,459.		11,459.	
COLLECTION EXPENSES	18,100.		18,100.	
TOTAL TO FM 990, LN 43	4,354,826.	2,933,328.	1,277,245.	144,253.

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	5
	PART II, LINE 25A		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES MOORE	168,951.	6,088.		175,039.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	168,951.	6,088.		175,039.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TIMOTHY A. TULL	124,655.	4,986.		129,641.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	124,655.	4,986.		129,641.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GERALD T. WASHINGTON	97,720.			97,720.
A. PROGRAM SERVICES	73,290.			73,290.
B. MANAGEMENT AND GENERAL	24,430.			24,430.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALLEN BERGER	116,231.	3,282.		119,513.
A. PROGRAM SERVICES	58,116.	1,641.		59,757.
B. MANAGEMENT AND GENERAL	58,115.	1,641.		59,756.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HOLLY Q. COOK	95,837.	3,478.		99,315.
A. PROGRAM SERVICES	95,837.	3,478.		99,315.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CINDY L. STEWART FREEMAN	105,363.	4,215.		109,578.
A. PROGRAM SERVICES	105,363.	4,215.		109,578.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				341,940.
TOTAL MANAGEMENT AND GENERAL				388,866.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				730,806.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

THE ORGANIZATION MAINTAINS AND OPERATES TREATMENT CENTERS FOR THE REHABILITATION OF PERSONS ADDICTED TO THE USE OF ACOHOL AND /OR DRUGS.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN JOHN B. ALCOTT PERPETUAL TRUST	MARKET VALUE	554,605.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		554,605.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS AND IMPROVEMENTS	8,949,311.	3,995,419.	4,953,892.
FURNITURE AND FIXTURES	579,797.	378,745.	201,052.
WASTE SYSTEM	187,014.	77,787.	109,227.
MACHINERY AND EQUIPMENT	2,012,919.	1,590,389.	422,530.
PHONE SYSTEM	250,528.	250,528.	0.
VEHICLES	109,596.	94,114.	15,482.
LAND	348,442.	0.	348,442.
CONSTRUCTION IN PROGRESS	6,133,605.	0.	6,133,605.
TOTAL TO FORM 990, PART IV, LN 57	18,571,212.	6,386,982.	12,184,230.

FORM 990	MORTGAGES PAYABLE	STATEMENT	9
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DESCRIPTION	BALANCE DUE
AMSOUTH	0.
AMSOUTH	0.
AMSOUTH	2,560,540.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	2,560,540.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	10
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LENDER'S NAME	TERMS OF REPAYMENT
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AMSOUTH (LOC)	INTEREST PAID MONTHLY; PRINCIPAL DUE AT MATURITY
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
11/06/03	06/01/07	1,250,000.	5.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
REAL & PERSONAL PROPERTY & ACCOUNTS REC.	REAL ESTATE CONSTRUCTION

RELATIONSHIP OF LENDER

THIRD PARTY

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	471,585.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	471,585.
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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	11
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS	FMV			39,812.	39,812.
MUTUAL FUNDS	FMV			768,314.	768,314.
TO FORM 990, LINE 54A, COL B				808,126.	808,126.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION

AMOUNT

RECLASSIFY DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990,
PART I, LINE 9B

122,020.

ADJUSTMENT TO REMOVE IN-KIND DONATIONS FOR SERVICES

8,500.

TOTAL TO FORM 990, PART IV-A

130,520.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	13
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DESCRIPTION

AMOUNT

RECLASSIFY DIRECT FUNDRAISING EXPENSES INCLUDED ON FORM 990,
PART I, LINE 9B

122,020.

ADJUSTMENT TO REMOVE IN-KIND DONATIONS FOR SERVICES

8,500.

ROUNDING ADJUSTMENT

2.

TOTAL TO FORM 990, PART IV-B

130,522.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	14
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DESCRIPTION

AMOUNT

INTERCOMPANY MANAGEMENT FEES ELIMINATED ON CONSOLIDATED
FINANCIAL STATEMENT

102,000.

ROUNDING

1.

TOTAL TO FORM 990, PART IV-A

102,001.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	15
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DESCRIPTION

AMOUNT

RECLASSIFY INTERCOMPANY FEES ELIMINATED FOR FINANCIAL
STATEMENT PURPOSES

45,600.

ROUNDING ADJUSTMENT

2.

TOTAL TO FORM 990, PART IV-B

45,602.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 16
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES MOORE P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF EXECUTIVE OFFICER 40.00	168,951.	6,088.	0.
TIMOTHY A. TULL P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF FINANCIAL OFFICER 40.00	124,655.	4,986.	0.
GERALD T. WASHINGTON P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF DEVELOPMENT OFFICER 40.00	97,720.	0.	0.
ALLEN BERGER P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF CLINICAL OFFICER 40.00	116,231.	3,282.	0.
HOLLY Q. COOK P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF PROGRAM DEV OFFICER 40.00	95,837.	3,478.	0.
CINDY L. STEWART FREEMAN P.O. BOX 90727 NASHVILLE, TN 37209	CHIEF QUALITY OFFICER 40.00	105,363.	4,215.	0.
MRS. LAKE TOLBERT EAKIN P.O. BOX 90727 NASHVILLE, TN 37209	PRESIDENT 3.00	0.	0.	0.
FRANK C. GORRELL, III P.O. BOX 90727 NASHVILLE, TN 37209	VICE PRESIDENT 3.00	0.	0.	0.
JAMES W. PERKINS, III P.O. BOX 90727 NASHVILLE, TN 37209	SECRETARY/TREASURER 3.00	0.	0.	0.
PAULA BENNETT P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
EDDIE BRYAN P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.

HOWARD BURLEY P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
JOHN COLMORE P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
DON CRICHTON P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
ROBERT M. CRICHTON, JR. P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
WILLIAM R. DELOACHE, JR. P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
JOHN DENSON P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
GAYLE RICHARDSON EADIE P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
J. ANTHONY FORT P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
ELIZABETH FOX-BRADEN P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
WILLIAM H. FREEMAN P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
FRANK M. GARRISON P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
TERESA GEORGE P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
BETH HALL P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.

RAYMOND D. LACKEY P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
A. WYLIE MCDOUGALL P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
STAFFORD F. MCNAMEE, JR. P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
JAMES N. STANSELL, JR. P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
FRANK W. WADE P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
HORACE E. WILLIAMS P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
TIM WIPPERMAN P.O. BOX 90727 NASHVILLE, TN 37209	BOARD MEMBER 0.25	0.	0.	0.
OLGA DUNBAR P.O. BOX 90727 NASHVILLE, TN 37209	EX-OFFICIO MEMBER 0.25	0.	0.	0.
NEAL CLAYTON P.O. BOX 90727 NASHVILLE, TN 37209	EX-OFFICIO MEMBER 0.25	0.	0.	0.
ROGERS C. BUNTIN P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25	0.	0.	0.
JOHN E. CAIN P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25	0.	0.	0.
WADE M. CRAIG, JR. P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25	0.	0.	0.
JOHN HIATT P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25	0.	0.	0.

ARCH L. NACNAIR P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
EDWARD G NELSON P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
JAMES J. SANDERS, JR. P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
BETTY B. STADLER P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
WILLIAM J. TYNE, JR. P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
MARY POPE WHITSON P.O. BOX 90727 NASHVILLE, TN 37209	HONORARY LIFETIME MEMBER 0.25 0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A	708,757.	22,049.	0.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 17
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CUMBERLAND HEIGHTS PROFESSIONAL ASSOCIATES	X	
CREATIVE RECOVERY COMMUNITIES, INC. D/B/A	X	
COMMUNITY HIGH SCHOOL		

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
FOOD STORE REVENUE	0.	0.	0.	111,691.
VENDING COMMISSIONS	0.	11,473.	11,514.	11,667.
MISCELLANEOUS INCOME	35,726.	22,915.	16,023.	31,742.
MEDICAL RECORDS REVENUE	0.	653.	600.	579.
TOTAL TO SCHEDULE A, LINE 22	35,726.	35,041.	28,137.	155,679.