

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****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 Instructions

C Name of organization
CENTERSTONE COMMUNITY MENTAL HEALTH CENTERS, INC.

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

P.O. BOX 40406

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

NASHVILLE, TN 37204-0406**D** Employer identification number**62-1674308****E** Telephone number**615-463-6600****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).

G Website: **N/A****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**H** and **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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **59,079,404.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	963,004.		
	b Indirect public support	1b	239,873.		
	c Government contributions (grants)	1c	12,618,856.		
	d Total (add lines 1a through 1c) (cash \$ 13,821,733. noncash \$)			1d	13,821,733.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	44,765,076.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	
	5 Dividends and interest from securities			5	492,595.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe ▶)			7		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a 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	
	11 Other revenue (from Part VII, line 103)			11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	59,079,404.	
Expenses	13 Program services (from line 44, column (B))			13	47,204,411.
	14 Management and general (from line 44, column (C))			14	11,065,007.
	15 Fundraising (from line 44, column (D))			15	341,722.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 13 and 14, column (A))			17	58,611,140.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	468,264.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	32,662,334.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	-100,441.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	33,030,157.

523001
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**CENTERSTONE COMMUNITY MENTAL
HEALTH CENTERS, INC.**

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**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) 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)				
25 Compensation of officers, directors, etc.	0.	0.	0.	0.
26 Other salaries and wages	39,565,862.	29,259,472.	10,089,505.	216,885.
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	1,234,058.	924,192.	288,576.	21,290.
34 Telephone	1,243,892.	953,374.	285,990.	4,528.
35 Postage and shipping	130,908.	53,407.	71,284.	6,217.
36 Occupancy	2,342,235.	1,688,851.	648,485.	4,899.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	1,297,905.	1,158,170.	138,211.	1,524.
40 Conferences, conventions, and meetings	368,768.	264,960.	89,364.	14,444.
41 Interest	60,782.	3,736.	57,046.	
42 Depreciation, depletion, etc. (attach schedule)	1,502,613.	806,980.	691,636.	3,997.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	10,864,117.	12,091,269.	-1,295,090.	67,938.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	58,611,140.	47,204,411.	11,065,007.	341,722.

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

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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 3	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 CORE SERVICES - INDIVIDUAL AND GROUP COUNSELLING PROVIDED TO PATIENTS WITH DRUG AND ALCOHOL ABUSE PROBLEMS AND FOR PATIENTS FROM ABUSIVE HOME ENVIRONMENTS. DIAGNOSTIC AND MEDICATION SERVICES ARE PROVIDED.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	18,350,543.
b ADULT SERVICES - OUT-PATIENT MENTAL HEALTH SERVICES ARE PROVIDED TO THE CHRONICALLY MENTALLY ILL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	14,333,600.
c CHILD SERVICES - INDIVIDUAL AND GROUP COUNSELLING PROVIDED FOR YOUTH WITH BEHAVIORAL PROBLEMS AND MENTAL HEALTH PROBLEMS. AGES SERVED FROM 2 TO ADULthood.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	14,520,268.
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)	47,204,411.

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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	14,114,929.	12,507,195.
	46 Savings and temporary cash investments	918,773.	969,662.
	47 a Accounts receivable	9,496,382.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	118,768.	82,041.
	53 Prepaid expenses and deferred charges	712,061.	600,498.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	32,481,490.		
b Less: accumulated depreciation	15,170,901.		
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 4)	16,039,224.	17,310,589.	
59 Total assets (must equal line 74). Add lines 45 through 58	40,604,154.	41,119,487.	
Liabilities	60 Accounts payable and accrued expenses	6,171,323.	6,695,230.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	1,770,497.	1,394,100.
	65 Other liabilities (describe <input type="checkbox"/>)		
66 Total liabilities. Add lines 60 through 65	7,941,820.	8,089,330.	
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	32,662,334.	33,030,157.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	32,662,334.	33,030,157.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	40,604,154.	41,119,487.

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a 59,079,404.
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify):	b4	
Add lines b1 through b4		b 0.
c Subtract line b from line a		c 59,079,404.
d Amounts included on Part I, line 12, but not on line a :		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify):	d2	
Add lines d1 and d2		d 0.
e Total revenue (Part I, line 12). Add lines c and d		e 59,079,404.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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Reconciliation of Expenses		Part I, line 17		Total	
a	Total expenses and losses per audited financial statements			a	58,611,140.
b	Amounts included on line a but not on Part I, line 17:			b	0.
1	Donated services and use of facilities	b1		c	58,611,140.
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4				
c	Subtract line b from line a				
d	Amounts included on Part I, line 17, but not on line a:			d	0.
1	Investment expenses not included on Part I, line 6b	d1		e	58,611,140.
2	Other (specify):	d2			
	Add lines d1 and d2				
e	Total expenses (Part I, line 17). Add lines c and d				

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED				
	0.00	0.	0.	0.

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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?	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			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A		
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?	85g	N/A
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?	85h	N/A
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	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	88	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.
90 a	List the states with which a copy of this return is filed ▶ NONE	90b	900
b	Number of employees employed in the pay period that includes March 12, 2005		
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 615-463-6600 Located at ▶ P.O. BOX 40406, NASHVILLE, TN ZIP + 4 ▶ 37204-0406		
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)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	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

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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 PROGRAM SERVICE FEES					42,988,379.
b GOVERNMENT CONTRACTS					1,360,873.
c OTHER INCOME					415,824.
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					
96 Dividends and interest from securities			14	492,595.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		492,595.	44,765,076.
105 Total (add line 104, columns (B), (D), and (E))					45,257,671.

Note: Line 105 plus line 1d, 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).

SEE STATEMENT 6

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).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Joe Moore Date: 2/14/07 Type or print name and title: VP FISCAL OPERATIONS

Preparer's signature: Paul Ell Date: 02/09/07 Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: THURMAN, CAMPBELL & CO, CPA'S
324 FRANKLIN STREET
CLARKSVILLE, TN 37040

EIN: _____ Phone no.: (931) 552-7474

CENTERSTONE COMMUNITY MENTAL

Schedule A (Form 990 or 990-EZ) 2005 **HEALTH CENTERS, INC.**

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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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,070,995.	11,930,920.	12,661,751.	5,520,525.	40,184,191.
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	43,437,829.	41,010,379.	38,826,693.	38,746,594.	162,021,495.
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	321,525.	181,542.	209,488.	360,255.	1,072,810.
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	2,170,942.	2,131,888.	SEE STATEMENT 7	8,263,989.	14,288,601.
23 Total of lines 15 through 22	56,001,291.	55,254,729.	53,419,714.	52,891,363.	217,567,097.
24 Line 23 minus line 17	12,563,462.	14,244,350.	14,593,021.	14,144,769.	55,545,602.
25 Enter 1% of line 23	560,013.	552,547.	534,197.	528,914.	
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 2001 through 2004 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 _____					26d N/A
22 _____ 26b _____					26e N/A
e Public support (line 26c minus line 26d total)					26f N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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:					
(2004) 0. (2003) 0. (2002) 0. (2001) 0.					
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:					
(2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 40,184,191. 16 _____					27c 202,205,686.
17 162,021,495. 20 _____ 21 _____					27d 0.
d Add: Line 27a total 0. and line 27b total 0.					27e 202,205,686.
e Public support (line 27c total minus line 27d total)					27f 217,567,097.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g 92.9395%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h .4931%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

CENTERSTONE COMMUNITY MENTAL

Schedule A (Form 990 or 990-EZ) 2005 HEALTH CENTERS, INC.

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Part V**Private School Questionnaire** (See page 7 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?		
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?		
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? 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?		
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? 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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

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CENTERSTONE COMMUNITY MENTAL

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 -		
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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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.

CENTERSTONE COMMUNITY MENTAL

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(1) Cash

(11) Other assets

b Other transactions:

(1) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐

☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

CENTERSTONE COMMUNITY MENTAL HEALTH CENT

62-1674308

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
ASSET TRANSFERS BETWEEN CUMBERLAND HOLDING		-100,441.	
TOTAL TO FORM 990, PART I, LINE 20		-100,441.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	429,337.	63,232.	366,105.		
COMPUTER	147,823.	21,922.	121,453.		4,448.
INSURANCE	639,389.	616,164.	22,815.		410.
OTHER	561,599.	376,458.	181,575.		3,566.
CLIENT ASSISTANCE	3,185,403.	3,185,403.			
SUBCONTRACTED					
SERVICES	5,294,480.	4,308,358.	926,876.		59,246.
ADVERTISING	177,257.	77,522.	99,467.		268.
SUPPORT STAFF					
ALLOCATION	0.	3,442,210.	-3,442,210.		0.
BAD DEBT	428,829.		428,829.		
TOTAL TO FM 990, LN 43	10,864,117.	12,091,269.	-1,295,090.		67,938.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

EXPLANATION

TO PROVIDE MENTAL HEALTH SERVICES TO THE MIDDLE TENNESSEE REGION FOR THOSE INDIVIDUALS WHO MAY NOT BE ABLE TO RECEIVE SUCH SERVICES ANY WHERE ELSE. AFFILIATES.

CENTERSTONE COMMUNITY MENTAL HEALTH CENT

62-1674308

FORM 990	OTHER ASSETS	STATEMENT	4
DESCRIPTION		AMOUNT	
OTHER ASSETS		47,346.	
RESTRICTED ASSETS		105,774.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		153,120.	

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	5
NAME OF ORGANIZATION		EXEMPT	NONEXEMPT
CUMBERLAND HOLDING		X	
CENTERSTONE FOUNDATION / ENDOWMENT TRUST		X	
ADVANTAGE BEHAVIORAL HEALTH		X	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES		
93A	TREATMENT, CARE AND DEVELOPMENT OF MENTAL HEALTH CONSUMERS		
93B	GOVERNMENTAL CONTRACTS FOR THE PURPOSE OF PROVIDEING SERVICES TO MENTAL HEALTH CONSUMERS		
93C	VARIOUS SPECIAL EVENTS AND OTHER INCOMES ATTRIBUTED TO PROGRAMS FOR MENTAL HEALTH CONSUMERS		
93D	VARIOUS DEVELOPMENT ACTIVITIES TO RAISE FUNDS FOR PROGRAMS FOR MENTAL HEALTH CONSUMERS		

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
OTHER	798,199.	466,351.	329,168.	313,920.	
GOVERNMENT CONTRACTS	1,372,743.	1,665,537.	1,392,614.	7,950,069.	
TOTAL TO SCHEDULE A, LINE 22	2,170,942.	2,131,888.	1,721,782.	8,263,989.	



CENTERSTONE

Board of Directors

2006-2007

Chair: Debi Tate

Chair-Elect: Dick Fitzgerald

Secretary: Martin Brown

Ms. Janet Ayers

314 Whitworth Way
Nashville, Tennessee 37205
(H) (615) 298-1200
(C) (423) 534-7836
Email: ayers.janet@gmail.com

Mr. Kenneth Baines

108 Chestnut Drive
Clarksville, Tennessee 37042
(F) (931) 647-1964
(H) (931) 647-1964
Email: VISIONS2@joimail.com

Dr. Richard Baxter

4641 Chalmers Drive
Nashville, Tennessee 37215-4309
(F) (615) 665-9590
(H) (615) 665-2914
Email: rpbaxter@comcast.net

Mrs. Linda Brooks

5004 Hill Place Drive
Nashville, TN 37205
(O) (615) 352-1568
(F) (615) 352-5081
(H) (615) 352-8081
Email: esoffice@comcast.net

Mr. Martin Brown

Adams and Reese/Stokes Bartholomew LLP
Attorney at Law
424 Church Street, Suite 2800
Nashville, Tennessee 37219
(O) (615) 259-1479
(F) (615) 687-1533
(H) (615) 298-5511
Email: martin.brown@arlaw.com

Dr. Jessie Campbell

112 Autumn Lane
Tullahoma, Tennessee 37388
(H) (931) 455-0287
Email: ctcampbell@cafes.net

Ms. Lisa Campbell

1206 Chickering Road
Nashville, Tennessee 37215
(H) (615) 279-8081
(F) (615) 279-8082
Email: LHC1206@comcast.net

Mr. Tom Cox

Senior Vice President
Healthways
3841 Green Hills Village Drive
Nashville, Tennessee 37215
(O) (615) 263-3535
(F) (615) 665-7697
(H) (615) 383-5088
(C) (615) 957-2213
Email: tom.cox@healthways.com

Mr. Richard Fitzgerald

First Vice President
SunTrust Bank
Private Client Services Division
Post Office Box 305110
Nashville, Tennessee 37230-5110
(O) (615) 748-4391
(F) (615) 748-4086
(H) (615) 297-2749
Email: Richard.Fitzgerald@SunTrust.com

Ms. Christa N. Holleman

1949 Norwood Trail
Clarksville, Tennessee 37043
(F) (931) 552-0059
(H) (931) 552-3500
Email: hollemancn@aol.com

Ms. Lee Ann Summers Ingram

1475 Moran Road
Franklin, TN 37064
(H) (615) 377-6318
(O) (615) 714-2826
(F) (615) 371-3074
Email: lasummers@msn.com

Mr. Jeff Kaplan

Associate Vice Chancellor for Health Affairs
Vanderbilt University Medical Center
Office of the Vice Chancellor for Health
Affairs
1161 21st Avenue South
D3300 MCN
Nashville, Tennessee 37232-2104
(O) (615) 343-4699
(F) (615) 343-7286
(H) (615) 646-4230
Email: jeff.kaplan@vanderbilt.edu

Mr. Randy Kinnard

Kinnard, Clayton & Beveridge
127 Woodmont Boulevard
Nashville, Tennessee 37205
(O) (615) 297-1007
(F) (615) 297-1505
(H) (615) 292-1405
Email: rkinnard@kcbattys.com

Ms. Trish Lindler

Senior Vice President – Government
Programs
HCA
HCA One Park Plaza
Nashville, Tennessee 37203
(O) (615) 344-5916
(F) (615) 344-6267
(H) (615) 386-9202
Email: trish.lindler@hcahealthcare.com

Ms. Beverly Little

260 Dogwood Drive
Manchester, Tennessee 37355
(F) (931) 723-1902
(H) (931) 728-4156
Email: littlerr@charter.net

Mr. Tom Mahler

72 Catherine's Court
Winchester, Tennessee 37398
(O) (931) 968-6130
(F) (931) 968-4817
(H) (931) 968-0051
(C) (931) 307-8993
Email: mahlertw@cafes.net (home)
Thomas.mahler@honeywell-tsi.com (ofc)

Mr. Albert Menefee III

2490 N. Berry's Chapel Road
Brentwood, Tennessee 37027
(O) (615) 791-4755
(F) (615) 790-8262
(H) (615) 790-6914
(C) (615) 943-5748
Email: overland59T@aol.com

Mr. N. Houston Parks

First Farmers and Merchants National
Bank
Post Office Box 1148
Columbia, Tennessee 38402-1148
(O) (931) 380-8245
(F) (931) 380-8328
(H) (931) 388-3355
Email: houston.parks@fandmbank.com

Mr. Richard Pinson

Chairman
Crescent Holdings
1490 Willowbrooke Circle
Franklin, Tennessee 37069
(O) (615) 478-8844
(H) (615) 373-8844
(C) (615) 478-8844
Email: rpinson@comcast.net

Ms. Nedda Pollack

60 Green Avenue
Lawrenceville, NJ 08648
(H) (609) 895-1203
Email: nmpollack@comcast.net

Dr. Carmen Reagan

Leadership Studies and President's
Emerging Leaders Program
Austin Peay State University
Post Office Box 4576
Clarksville, Tennessee 37044
(O) (931) 221-6470
(F) (931) 221-7922
(H) (931) 572-9515
Email: reaganc@charter.net

Mr. Steve Saliba

Saliba Construction Company
714 North Military Avenue
Suite 108
Post Office Box 681
Lawrenceburg, Tennessee 38464
(O) (931) 766-0777
(F) (931) 766-1969
(H) (931) 762-7909
Email: saliba@bellsouth.net

Ms. Joan Sivley

504 Belgrave Park
Nashville, Tennessee 37205
(H) (615) 298-4614
(F) (615) 298-4641
(Cell) (773) 848-2803
Email: jcsivley@comcast.net

Ms. Patti Hart Smallwood

4421 Tyne Boulevard
Nashville, TN 37215
(H) (615) 665-2665
(F) (615) 665-2665
(C) (615) 594-7443
Email: PSmallwood@InFormSN.com

Mr. George Stadler

Regional Managing Director, Tennessee
Personal Asset Management
SunTrust Banks, Inc.
Financial Center, 4th Floor
424 Church Street
Mail Code -- TN-NA-6300
Nashville, Tennessee 37219
(O) (615) 748-4716
(F) (615) 748-5308
(H) (615) 385-1038
(C) (615) 416-3455
Email: george.stadler@suntrust.com

Mr. Jim Sweeten

649A Harris Lane
Gallatin, TN 37066
(H) (615) 230-7881
(F) (615) 230-7881
(C) (615) 406-9058
Email: jim_bev4ut@bellsouth.net

Ms. Debi Tate

3433 Hampton Avenue
Nashville, TN 37215
(O) (202) 418-2500
(H) (615) 269-3150
Email: dtayloratate@comcast.net

Mr. Johnson Wallace

Senior Vice President
Willis of Tennessee
Post Office Box 305025
Nashville, Tennessee 37230-5025
(O) (615) 872-3850
(F) (615) 872-3896
(H) (615) 269-7755
Email: jack.wallace@Willis.com