

Tennessee Secretary of State  
Tre Hargett



Division of Business and Charitable Organizations  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243-1102

January 12, 2024

Mr. BRIAN HAILE  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210

**RE:** Registration to Solicit Funds for Charitable Purposes  
Organization Name: UNITED NEIGHBORHOOD HEALTH SERVICES, INC.  
CO Number: CO1637  
Renewal Date: 07/31/2024

Dear Mr. BRIAN HAILE :

Pursuant to the Tennessee Charitable Solicitations Act, T.C.A. § 48-101-501, *et seq.* the Tennessee Secretary of State has reviewed your application and is pleased to announce your organization's registration to solicit contributions has been **approved**.

The organization must maintain statutory compliance by submitting a renewal application and required fees on an annual basis. At that time you may be required to submit tax filings, financial statements, proof of IRS status, and other documents related to your organization and its fundraising activities. You can find additional information and submit additional filings online at <https://sos.tn.gov/charities>. The "CO" Number listed above will serve as your organization's charitable registration number and should be used when submitting any charitable filings or correspondence.

Please also be advised that if the organization's application or other provided information includes false, misleading or deceptive statements, appropriate action will be taken. Pursuant to the Tennessee Charitable Solicitations Act, a civil penalty of up to five thousand dollars (\$5,000.00) may be assessed for any violation.

Thank you for registering your organization and please do not hesitate to contact us with any questions.

Sincerely,

Tre Hargett  
Secretary of State

Tracking Number  
2023134695

## Application to Renew Registration of a Charitable Organization

Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

Fax: 615-253-5173

sos.tn.gov/charities

CO Number: CO1637  
Filed: 11/29/2023 01:14 PM  
Tre Hargett  
Secretary of State



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Secretary of State

### Organization Information

**Legal Name of the Charitable Organization:** UNITED NEIGHBORHOOD HEALTH SERVICES, INC.

**Legal entity type of the Organization:** Corporation

**Business Services Control Number:** 000052519

**FEIN:** 62-1032792

**CO Number:** CO1637

**Initial Registration Date:** 11/26/2008

**Renewal Date:** 12/28/2023

**Has your fiscal year ending month changed since your last renewal?**

Yes  No

**Fiscal Year Ending Month:** January

**When and where was the organization legally established**

**Date:** 05/31/1978

**Country:** USA

**City/State:** NASHVILLE, TN

**Has your Principal Office address changed since your last renewal?**

Yes  No

**Principal Office Address**

2711 FOSTER AVENUE  
USA, NASHVILLE, TN 37210

**Has your Mailing address changed since your last renewal?**

Yes  No

**Mailing Office Address**

2711 FOSTER AVENUE  
USA, NASHVILLE, TN 37210

**Contact Information for the Charitable Organization**

**Contact Name:** Mr. BRIAN HAILE

**Telephone Number:** (615) 227-3000

**Fax Number:** (615) 515-5773

**Email:** bhaile@neighborhoodhealthtn.org

**Website:** <http://www.neighborhoodhealthtn.org>

**Current names used by the charity organization**

NEIGHBORHOOD HEALTH

**Do you need to modify other names that the charity solicits under?**

Yes  No

**Has the organization registered in any other state(s)?**

Yes  No

**Does the charity have other offices, chapters, branches, affiliates or a parent?**

Yes  No

**The category that best describes your organization**

E - Health General &amp; Rehabilitative

**The charitable purpose of the organization**

To improve the health and quality of life of the underprivileged, vulnerable and minority infants, children, teens, adults and seniors of Nashville/Davidson County and Middle Tennessee by providing health services and programs promoting health policies that prevent and control disease, injury and disability.

**Tax & Financial Information****Has your tax exempt status changed since your last renewal?** Yes  No**Last Fiscal Year Start:** February 2022**Last Fiscal Year End:** January 2023**Type of 990 Tax Form Filed:** 990 (Long Form)**Gross Revenue**

<b>Direct and Indirect Public Contributions</b>	\$ 261,125.00
<b>Government Grants</b>	\$ 63,956.00
<b>Program Service Revenue</b>	\$ 24,522,662.00
<b>Special Events and Activities</b>	\$ 0.00
<b>Gross Sales of Inventory</b>	\$ 0.00
<b>Other Revenue</b>	\$ 83,106.00
<b>Total Revenue</b>	\$ 24,930,849.00

**Expenses**

<b>Total Program Expenses</b>	\$ 19,430,380.00
<b>Direct Expenses from Special Events</b>	\$ 0.00
<b>Cost of Goods Sold</b>	\$ 0.00
<b>Management and General Expenses</b>	\$ 5,183,748.00
<b>Fundraising Expenses</b>	\$ 0.00
<b>Other Expenses</b>	\$ 0.00
<b>Total Expenses</b>	\$ 24,614,128.00

<b>Excess/Deficit For the Year (Total Revenue - Total Expenses)</b>	\$ 316,721.00
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**Changes in Net Assets/Fund Balances**

<b>Net Assets/Fund Balances at Beginning of Year</b>	\$ 20,260,549.00
<b>Other Changes in Net Assets or Fund Balances</b>	\$ 0.00
<b>Net Assets/Fund Balances</b>	\$ 20,577,270.00
<b>Total Liabilities at End of Year</b>	\$ 2,077,653.00
<b>Net Assets/Fund Balances at End of Year</b>	\$ 20,577,270.00

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## Solicitation Information

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Have you been enjoined by any court from soliciting contributions?

Yes  No

Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")?

Yes  No

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## Officer Information

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Do you need to modify the current officers?

Yes  No

List each officer, director, and trustee (at least 2 officers are required, and you must list officers who have or share the following titles: "Chief Financial Officer", "Custodian of Contributions", "Custodian of Final Distributions")

Amanda Lowe  
2711 Foster Avenue  
Nashville, TN 37210, USA  
Title(s): Director

Angela Ballou  
2711 Foster Avenue  
Nashville, TN 37210, USA  
Title(s): Director

Barb Zipperian  
1581 Championship Blvd  
Franklin, TN 37064, USA  
Title(s): Vice President

RILEY MACDONALD  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

CLAUDIA BARAJAS  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): President

JD THOMAS  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

LUIS SURA  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

BRIAN MARSHALL  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

JOHN ZIRKER  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

BRENDA MORROW

2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

ROB HENNES  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Director

ASHIA BLAKE  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210, USA  
Title(s): Treasurer

BRIAN HAILE  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): Chief Executive Officer, Custodian of Contributions, Custodian of Final Distributions

IVAN FIGUEREDO  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): Chief Fiscal Officer

RAHAMAN SUARA  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): Officer

ANTHONY VILLANUEVA  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): Officer

BIANCA GRANGER  
2711 FOSTER AVENUE  
NASHVILLE, TN 37210  
Title(s): Officer

JAMES CORNER  
2711 FOSTER AVENUE  
USA, NASHVILLE, TN 37210  
Title(s): Director

NICK SCUDELLARI  
2711 FOSTER AVENUE  
USA, NASHVILLE, TN 37210  
Title(s): Director

JOHN BALDWIN  
2711 FOSTER AVENUE  
USA, NASHVILLE, TN 37210  
Title(s): Director

**Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?**

Yes  No

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## Signature

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I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

**Signed Electronically:** Ivan Figueredo

**Date:** 11/29/2023

**Title:** Chief Fiscal Officer

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

**Signed Electronically:** Brian Haile

**Date:** 11/29/2023

**Title:** Chief Executive Officer



Tre Hargett  
Secretary of State

**Division of Business and Charitable Organizations**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2555  
Fax: 615-253-5173  
sos.tn.gov/charities

**Date:** 11/28/2023

**Invoice:** 2023-10181

**Customer Information**

Mr. BRIAN HAILE  
UNITED NEIGHBORHOOD HEALTH SERVICES, INC.  
2711 FOSTER AVENUE  
NASHVILLE, 37210

Tracking Number	Description	Amount Paid
2023134695	CH Charitable Renewal	\$ 10.00
<b>Payment Details</b>		
	Fee Total:	\$ 10.00
	Payment Total:	\$ 10.00
	Amount Due:	\$ 0.00
	Refunded Amount:	\$ 0.00
<b>Payment Method</b>		
	Payment Type:	Credit Card
	Check/Confirmation Number:	3862864074