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## 2010 Tax Return(s)

**Prepared for** UNITED NEIGHBORHOOD HEALTH SERVICES, INC  
CLIENT CODE: 8505.0

**Account Number** 790531  
**Release Number** 2010.04041

**Prepared by** MATHENEY STEES & ASSOCIATES PC  
6136 SHALLOWFORD ROAD SUITE 101  
CHATTANOOGA, TN  
37421-7214  
  
423-894-7400

**Processing** Date: 10/05/2011  
Time: 14:16:50

**Special  
Instructions**

**Messages**

## 2010 Return Summary

UNITED NEIGHBORHOOD HEALTH SERVICES, INC

62-1032792

FORM 990:

|                       |             |
|-----------------------|-------------|
| TOTAL REVENUE         | 14,302,955. |
| TOTAL EXPENSES        | 15,248,318. |
| EXCESS <DEFICIT>      | -945,363.   |
| BEGINNING NET ASSETS  | 8,352,901.  |
| CHANGES IN NET ASSETS | 0.          |
| ENDING NET ASSETS     | 7,407,538.  |

### BALANCE SHEET ANALYSIS

|  |            |
|--|------------|
| ENDING TOTAL ASSETS                      | 8,675,138. |
| ENDING TOTAL LIABILITIES                 | 1,267,600. |
| ENDING TOTAL NET ASSETS OR FUND BALANCES | 7,407,538. |

|   |    |
|---|----|
| ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS    | 0. |
| ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11 | 0. |

*Solutions for your future*

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**Matheney Stees & Associates**  
professional corporation  
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

October 5, 2011

United Neighborhood Health Services, Inc  
617 South 8th Street  
Nashville, TN 37206

Dear Ms. Bufwack:

Enclosed is the organization's 2010 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

William C.(Bill) Matheney, CPA  
Director



## Filing Instructions

**Prepared for:**

United Neighborhood Health Services,  
617 South 8th Street  
Nashville, TN 37206

**Prepared by:**

Matheney Stees & Associates PC  
6136 Shallowford Road Suite 101  
Chattanooga, TN 37421-7214

2010 FORM 990

**Electronic Filing:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

**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)

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning FEB 1, 2010 and ending JAN 31, 2011**

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>UNITED NEIGHBORHOOD HEALTH SERVICES, INC</b> |                                      | <b>D Employer identification number</b><br><b>62-1032792</b>  |
|   | Doing Business As  |                                      | <b>E Telephone number</b><br><b>(615) 288-8902</b>  |
|   | Number and street (or P.O. box if mail is not delivered to street address)       | Room/suite                           | <b>G Gross receipts \$</b><br><b>14,302,955.</b>  |
|   | <b>617 SOUTH 8TH STREET</b>  |                                      | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| City or town, state or country, and ZIP + 4<br><b>NASHVILLE, TN 37206</b>   |  | <b>H(c) Group exemption number</b> ▶ |   |
| <b>F Name and address of principal officer:</b> <b>MARY BUFWACK</b><br><b>617 SOUTH 8TH STREET, NASHVILLE, TN 37206</b>   |  |                                      |   |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |                                      |   |
| <b>J Website:</b> ▶ <b>WWW.UNITEDNEIGHBORHOOD.ORG</b>   |  |                                      |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |                                      | <b>L Year of formation:</b> <b>1976</b>   |
| <b>M State of legal domicile:</b> <b>TN</b>   |  |                                      |   |

**Part I Summary**

|                                    |  |
|------------------------------------|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED NEIGHBORHOOD HEALTH SERVICES, INC. OPERATES HEALTH CARE CENTERS LOCATED IN THE STATE OF</b> |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>16</b>  |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>16</b>  |
|                                    | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <b>194</b>  |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b>  |
|                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>   |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>  |

|  |  | Prior Year   | Current Year              |
|--|--|--|---------------------------|
|  |  | <b>8</b> Contributions and grants (Part VIII, line 1h) | 7,847,210.                |
| <b>9</b> Program service revenue (Part VIII, line 2g)  | 6,518,227.   | 12,132,082.  |                           |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 5,519.   | 2,043.   |                           |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 13,582.  | 28,559.  |                           |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,384,538.  | 14,302,955.  |                           |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 0.   | 0.   |                           |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.   | 0.   |                           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 9,196,393.   | 8,999,292.   |                           |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                     | 0.   | 0.   |                           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>               |  |  |                           |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                       | 4,535,078.   | 6,249,026.   |                           |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 13,731,471.  | 15,248,318.  |                           |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                               | 653,067.   | -945,363.  |                           |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)                             | Beginning of Current Year<br>9,694,424.                | End of Year<br>8,675,138. |
|  | <b>21</b> Total liabilities (Part X, line 26)                        | 1,341,523.   | 1,267,600.                |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 8,352,901.   | 7,407,538.                |

**Part II Signature Block**

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

|  |  |                      |                              |  |
|--|--|----------------------|------------------------------|--|
| <b>Sign Here</b>   | ▶ Signature of officer                                   |                      | Date                         |  |
|  | ▶ <b>MARY BUFWACK, CEO</b>                               |                      | Type or print name and title |  |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name<br><b>WILLIAM C. MATHENEY</b> | Preparer's signature | Date<br><b>10/06/2011</b>    | Check if self-employed <input type="checkbox"/> PTIN |
|  | Firm's name ▶ <b>MATHENEY STEES &amp; ASSOCIATES PC</b>  | Firm's EIN ▶         |                              | Phone no. <b>423-894-7400</b>                        |
| Firm's address ▶ <b>6136 SHALLOWFORD ROAD SUITE 101 CHATTANOOGA, TN 37421-7214</b> |  |                      |                              |  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: UNITED NEIGHBORHOOD HEALTH SERVICES, INC. OPERATES HEALTH CARE CENTERS LOCATED IN THE STATE OF TENNESSEE IN THE COUNTIES OF DAVIDSON AND TROUSDALE. THE CENTER PROVIDES A BROAD RANGE OF HEALTH SERVICES TO A LARGELY MEDICALLY UNDERSERVED POPULATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13335941. including grants of \$ ) (Revenue \$ 12160641. ) UNITED NEIGHBORHOOD HEALTH SERVICES, INC. OPERATES A COMMUNITY BASED HEALTHCARE CLINIC PROVIDING HEALTHCARE SERVICES TO APPROXIMATELY 81,000 VISITS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,335,941.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>              |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                               |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                           | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     | 16 |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     | 16 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     | X  |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY BUFWACK - (615) 228-8902**  
**617 SOUTH 8TH STREET, NASHVILLE, TN 37206**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JENNIFER HAMILTON<br>BOARD PRESIDENT      | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHIRLEY MCCLENDON<br>BOARD VICE PRESIDENT | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| MARY ROBERTSON<br>BOARD SECRETARY         | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| GLENN HUNTER<br>BOARD TREASURER           | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| MARC HILL<br>BOARD MEMBER                 | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRENDA MARROW<br>BOARD MEMBER             | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SCOTT MERTIE<br>BOARD MEMBER              | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CLARENCE SMITH<br>BOARD MEMBER            | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HARVEY SPERLING<br>BOARD MEMBER           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SHIRLEY BASS<br>BOARD MEMBER              | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MANUEL VALENZUELA<br>BOARD MEMBER         | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RONNIE STEINE<br>BOARD MEMBER             | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KEN MCNIGHT<br>BOARD MEMBER               | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DENIES ALPER<br>BOARD MEMBER              | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MICHAEL JOHNSON<br>BOARD MEMBER           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JACK MCCULLUM<br>BOARD MEMBER             | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARY BUFWACK<br>CEO                       | 35.00  |  |                       | X       | X            |                              |        | 134,587.   | 0.  | 4,773.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| KEITH JUNIOR, MD<br>CMO  | 35.00  |  |                       | X       |              | X                            |        | 190,590.   | 0.  | 8,680.  |
| LATONYA KNOTT<br>PHYSICIAN                                     | 35.00  |  |                       | X       |              |                              |        | 139,799.   | 0.  | 444.  |
| SMITA BAJPAI<br>PHYSICIAN                                      | 35.00  |  |                       |         |              | X                            |        | 139,352.   | 0.  | 450.  |
| ADA-NKEM EMUWA<br>PHYSICIAN                                    | 35.00  |  |                       |         |              | X                            |        | 133,100.   | 0.  | 0.  |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 737,428.   | 0.  | 14,347.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 737,428.   | 0.  | 14,347.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| WELLSPRING BUILDERS, INC., 301 S. PERIMETER PARK DR. STE 214, NASHVILLE, TN | MEDICAL SERVICES               | 442,837.            |
| LABORATORY CORP OF AMERICA P.O. BOX 12140, BURLINGTON, NC 27216             | MEDICAL SERVICES               | 400,000.            |
| MCKESSON MEDICAL SURGICAL, INC. P.O. BOX 740215, CINCINNATI, OH 45274       | MEDICAL SERVICES               | 262,325.            |
| VANDERBILT MEDICAL CENTER, 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232   | MEDICAL/PSYCHIATRY             | 192,572.            |
| AXIOS INFORMATION TECHNOLOGIES P.O. BOX 158400, NASHVILLE, TN 37215         | MEDICAL SERVICES               | 182,436.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |        |
|--|---|--|--|---|---|--|--------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  |  |   |   |  |        |
|  | b   | Membership dues  |  |   |   |  |        |
|  | c   | Fundraising events   |  |   |   |  |        |
|  | d   | Related organizations  |  |   |   |  |        |
|  | e   | Government grants (contributions)  | 1914724.   |   |   |  |        |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 225,547.   |   |   |  |        |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |  |   |   |  |        |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  | 2140271.  |   |  |        |
|  | Program Service Revenue                               | 2 a  | DEPARTMENT OF HEALTH A   | 900099  | 5135060.                                | 5135060.   |        |
| b  |   | TENNCARE MANAGED CARE  | 900099   | 2665525.  | 2665525.                                |  |        |
| c  |   | MEDICAID MANAGED CARE  | 900099   | 1279000.  | 1279000.                                |  |        |
| d  |   | TENNESSEE DEPARTMENT O   | 900099   | 616,941.  | 616,941.                                |  |        |
| e  |   | SELF-PAY   | 900099   | 574,205.  | 574,205.                                |  |        |
| f  |   | All other program service revenue  | 900099   | 1861351.  | 1861351.                                |  |        |
| g  |   | <b>Total.</b> Add lines 2a-2f  |  | 12,132,082.                                     |   |  |        |
| Other Revenue  |   | 3  | Investment income (including dividends, interest, and other similar amounts) |   | 2,043.                                  |  | 2,043. |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |   |   |  |        |
|  | 5   | Royalties  |  |   |   |  |        |
|  | 6 a   | Gross Rents  | (i) Real   |   |   |  |        |
|  |   | Less: rental expenses  | (ii) Personal  |   |   |  |        |
|  |   | c  | Rental income or (loss)  |   |   |  |        |
|  |   | d  | Net rental income or (loss)  |   |   |  |        |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities   |   |   |  |        |
|  |   | Less: cost or other basis and sales expenses   | (ii) Other   |   |   |  |        |
|  |   | c  | Gain or (loss)   |   |   |  |        |
|  |   | d  | Net gain or (loss)   |   |   |  |        |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  |   |   |  |        |
|  |   | Less: direct expenses  | b  |   |   |  |        |
|  |   | c  | Net income or (loss) from fundraising events                                 |   |   |  |        |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a  |   |   |  |        |
| Less: direct expenses                                  |   | b  |  |   |   |  |        |
| c  |   | Net income or (loss) from gaming activities  |  |   |   |  |        |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |  |   |   |  |        |
|  | Less: cost of goods sold                              | b  |  |   |   |  |        |
|  | c   | Net income or (loss) from sales of inventory   |  |   |   |  |        |
| Miscellaneous Revenue                                  |   | Business Code  |  |   |   |  |        |
| 11 a   | MEDICAL RECORDS                                       | 900099   | 16,606.  | 16,606.   |   |  |        |
| b  | OTHER REVENUE   | 900099   | 11,953.  | 11,953.   |   |  |        |
| c  |   |  |  |   |   |  |        |
| d  | All other revenue                                     |  |  |   |   |  |        |
| e  | <b>Total.</b> Add lines 11a-11d                       |  | 28,559.  |   |   |  |        |
| 12   | <b>Total revenue.</b> See instructions.               |  | 14,302,955.  | 12,160,641.                                     | 0.                                      | 2,043.   |        |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 7,296,063.            | 6,397,243.                      | 898,820.                               |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  | 1,134,592.            | 994,819.                        | 139,773.                               |                             |
| 10 Payroll taxes .....   | 568,637.              | 498,572.                        | 70,065.                                |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 6,226.                |                                 | 6,226.                                 |                             |
| c Accounting .....   | 355,557.              | 370.                            | 355,187.                               |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  |                       |                                 |  |                             |
| 12 Advertising and promotion .....   | 9,881.                |                                 | 9,881.                                 |                             |
| 13 Office expenses .....   | 159,283.              |                                 | 159,283.                               |                             |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 332,721.              | 304,939.                        | 27,782.                                |                             |
| 17 Travel .....  | 80,598.               | 71,716.                         | 8,882.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 15,394.               | 3,565.                          | 11,829.                                |                             |
| 20 Interest .....  | 26,357.               | 26,357.                         |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 512,076.              | 469,318.                        | 42,758.                                |                             |
| 23 Insurance .....   | 42,308.               | 37,646.                         | 4,662.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....  |                       |                                 |  |                             |
| a <b>PROVISION FOR BAD DEBTS</b> .....   | 1,579,426.            | 1,579,426.                      |  |                             |
| b <b>CONTRACTUAL SERVICES</b> .....  | 995,535.              | 941,357.                        | 54,178.                                |                             |
| c <b>PHARMACEUTICALS</b> .....   | 638,868.              | 638,868.                        |  |                             |
| d <b>LABORATORY</b> .....  | 389,478.              | 389,478.                        |  |                             |
| e <b>TELEPHONE EXPENSE</b> .....   | 291,924.              | 259,754.                        | 32,170.                                |                             |
| f All other expenses .....   | 813,394.              | 722,513.                        | 90,881.                                |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f .....   | 15,248,318.           | 13,335,941.                     | 1,912,377.                             | 0.                          |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |            |
|---|--|--------------------------|------------|--------------------|------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,700.                   | <b>1</b>   | 129,289.           |            |
|   | <b>2</b> Savings and temporary cash investments .....  | 947,419.                 | <b>2</b>   | 500,124.           |            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 777,073.                 | <b>3</b>   | 863,242.           |            |
|   | <b>4</b> Accounts receivable, net .....  | 1,959,808.               | <b>4</b>   | 696,122.           |            |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |            |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | <b>6</b>   |                    |            |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |            |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 54,644.                  | <b>9</b>   | 43,071.            |            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 9,445,967.    |            |                    |            |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 3,014,117.    | 5,953,780. | <b>10c</b>         | 6,431,850. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |            |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |            |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |            |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 0.                       | <b>15</b>  | 11,440.            |            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 9,694,424.   | <b>16</b>                | 8,675,138. |                    |            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 548,212.                 | <b>17</b>  | 812,397.           |            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |            |
|   | <b>19</b> Deferred revenue .....   | 107,600.                 | <b>19</b>  |                    |            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |            |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                    |            |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 685,711.                 | <b>23</b>  | 455,203.           |            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |            |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   |                          | <b>25</b>  |                    |            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,341,523.               | <b>26</b>  | 1,267,600.         |            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |            |
|   | <b>27</b> Unrestricted net assets .....  | 8,352,901.               | <b>27</b>  | 7,407,538.         |            |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b>  |                    |            |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |            |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |            |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |            |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |            |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |            |
|   | <b>33</b> Total net assets or fund balances .....  | 8,352,901.               | <b>33</b>  | 7,407,538.         |            |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 9,694,424.   | <b>34</b>                | 8,675,138. |                    |            |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |             |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 14,302,955. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 15,248,318. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | -945,363.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 8,352,901.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.          |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7,407,538.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

Form 990 (2010)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **UNITED NEIGHBORHOOD HEALTH SERVICES, INC** Employer identification number **62-1032792**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006   | (b) 2007   | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total   |
|---|------------|------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 3,824,154. | 5,158,898. | 5,705,734.  | 7,847,210.  | 2,005,296.  | 24,541,292. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 3,218,901. | 3,936,816. | 5,056,016.  | 6,518,227.  | 12,132,082. | 30,862,042. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |            |            |             |             |             |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |            |            |             |             |             |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |            |            |             |             | 134,975.    | 134,975.    |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 7,043,055. | 9,095,714. | 10,761,750. | 14,365,437. | 14,272,353. | 55,538,309. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |            |            |             |             |             | 0.          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |            |            |             |             |             | 0.          |
| <b>c</b> Add lines 7a and 7b .....  |            |            |             |             |             | 0.          |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |            |            |             |             |             | 55,538,309. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006   | (b) 2007   | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total   |
|---|------------|------------|-------------|-------------|-------------|-------------|
| <b>9</b> Amounts from line 6 .....  | 7,043,055. | 9,095,714. | 10,761,750. | 14,365,437. | 14,272,353. | 55,538,309. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 24,764.    | 44,572.    | 10,085.     | 5,519.      | 2,043.      | 86,983.     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |            |            |             |             |             |             |
| <b>c</b> Add lines 10a and 10b .....  | 24,764.    | 44,572.    | 10,085.     | 5,519.      | 2,043.      | 86,983.     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |            |            |             |             |             |             |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 | 25,128.    | 34,304.    | 7,407.      | 13,582.     | 28,559.     | 108,980.    |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   | 7,092,947. | 9,174,590. | 10,779,242. | 14,384,538. | 14,302,955. | 55,734,272. |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 99.65 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | 99.27 % |

**Section D. Computation of Investment Income Percentage**

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .16 % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | .07 % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

UNITED NEIGHBORHOOD HEALTH SERVICES, INC

62-1032792

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

|   |   |
|---|---|
| <b>Name of organization</b><br><br>UNITED NEIGHBORHOOD HEALTH SERVICES, INC | <b>Employer identification number</b><br><br>62-1032792 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 1          | DEPARTMENT OF HEALTH & HUMAN SERVICES<br>C/O UNITED NEIGHBORHOOD HEALTH SERVICES<br><br>NASHVILLE, TN 37206 | \$ 1,750,233.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | UNITED WAY OF METROPOLITAN NASHVILLE<br>C/O UNITED NEIGHBORHOOD HEALTH SERVICES<br><br>NASHVILLE, TN 37206  | \$ 164,491.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |                                       |
|--|---------------------------------------|
| <b>Name of organization</b>              | <b>Employer identification number</b> |
| UNITED NEIGHBORHOOD HEALTH SERVICES, INC | 62-1032792                            |

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |

|  |                                       |
|--|---------------------------------------|
| <b>Name of organization</b>              | <b>Employer identification number</b> |
| UNITED NEIGHBORHOOD HEALTH SERVICES, INC | 62-1032792                            |

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No.<br>from<br>Part I                      | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED NEIGHBORHOOD HEALTH SERVICES, INC

Employer identification number

62-1032792

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 749,417.                        |                              | 749,417.       |
| b Buildings  |                                      | 5,097,987.                      | 1,154,879.                   | 3,943,108.     |
| c Leasehold improvements   |                                      | 213,355.                        | 139,359.                     | 73,996.        |
| d Equipment  |                                      | 1,061,744.                      | 735,965.                     | 325,779.       |
| e Other  |                                      | 2,323,464.                      | 983,914.                     | 1,339,550.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 6,431,850.     |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount |  |
|--|------------|--|
| (1) Federal income taxes   |            |  |
| (2)  |            |  |
| (3)  |            |  |
| (4)  |            |  |
| (5)  |            |  |
| (6)  |            |  |
| (7)  |            |  |
| (8)  |            |  |
| (9)  |            |  |
| (10)   |            |  |
| (11)   |            |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |            |  |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**UNITED NEIGHBORHOOD HEALTH SERVICES, INC**

Employer identification number

**62-1032792**

**Part I Questions Regarding Compensation**

|  | Yes       | No       |
|--|-----------|----------|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |          |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....  | <b>1b</b> |          |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....  | <b>2</b>  |          |
| <b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><input checked="" type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |           |          |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....  | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....   | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....  | <b>4c</b> | <b>X</b> |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |          |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>   |           |          |
| <b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization? .....  | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>5b</b> | <b>X</b> |
| If "Yes" to line 5a or 5b, describe in Part III.   |           |          |
| <b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization? .....  | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>6b</b> | <b>X</b> |
| If "Yes" to line 6a or 6b, describe in Part III.   |           |          |
| <b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....  | <b>7</b>  | <b>X</b> |
| <b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....   | <b>8</b>  | <b>X</b> |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....  | <b>9</b>  |          |

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

| (A) Name           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 KEITH JUNIOR, MD | (i)  | 190,590.   | 0.                                  | 0.                                  | 0.   | 8,680.                  | 199,270.                        | 0.   |
|                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 2                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 3                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 4                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 5                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 6                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 7                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 8                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 9                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 10                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 11                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 12                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 13                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 14                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 15                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 16                 | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |  |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED NEIGHBORHOOD HEALTH SERVICES, INC

Employer identification number

62-1032792

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

TENNESSEE IN THE COUNTIES OF DAVIDSON AND TROUSDALE. THE CENTER  
PROVIDES A BROAD RANGE OF HEALTH SERVICES TO A LARGELY MEDICALLY  
UNDERSERVED POPULATION.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE FORM 990 IS FILED, IT IS  
REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER. IF  
ERRORS OR QUESTIONS ARISE, THESE ARE RESOLVED BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATIONS CONFLICT OF  
INTEREST POLICY IS REVIEWED ANNUALLY FOR ALL STAFF. FORMS ARE COMPLETED  
ANNUALLY BY BOARD MEMBERS. PROVIDERS HAVE CLAUSES IN CONTRACT THAT REQUIRE  
REPORTING. ALL CONTRACTS ARE REVIEWED FOR ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO AND TOP  
MANAGEMENT STAFF IS DETERMINED THROUGH COMPARISON WITH NATIONAL INFORMATION  
ON COMPENSATION FOR OTHER COMMUNITY HEALTH CENTERS. EFFORTS ARE MADE TO  
HAVE THIS LEVEL AT THE MEDIAN LEVEL. THE CEO AND MANAGEMENT OFFICIALS  
SALARIES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND REVISED IF  
NEEDED, DEPENDING UPON THE FINANCIAL POSITION OF THE ORGANIZATION. BENEFITS  
FOR THE CEO AND TOP MANAGEMENT OFFICIALS ARE DONE EXACTLY LIKE THOSE OF  
OTHER EXEMPT STAFF.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE  
AVAILABLE IN TWO WAYS. THESE DOCUMENTS MAY BE REQUESTED FROM THE

|   |   |
|---|---|
| Name of the organization<br><b>UNITED NEIGHBORHOOD HEALTH SERVICES, INC</b> | Employer identification number<br><b>62-1032792</b> |
|---|---|

ORGANIZATION'S BUSINESS OFFICE AND CAN BE OBTAINED WITHIN 5 BUSINESS DAYS.

INFORMATION IS ALSO AVAILABLE ON A WEBSITE FOR NON-PROFITS:

GIVINGMATTERS.COM

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE  
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT  
AUDITORS.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning FEB 1, 2010, and ending JAN 31, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**UNITED NEIGHBORHOOD HEALTH SERVICES, INC**

**62-1032792**

Name and title of officer

**MARY BUFWACK  
CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |   |                           |
|---|---|---------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>14302955</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____           |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | <b>5b</b> _____           |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62511161372**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 10/06/2011

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**