

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2004 calendar year, or tax year beginning 02/01, 2004, and ending 01/31/2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED NEIGHBORHOOD HEALTH SERVICES, INC.		D Employer identification number 62-1032792
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		617 SOUTH 8TH STREET		(615) 228-8902
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37206		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.UNHS.NET**J Organization type (check only one) ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,720,430.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	23,772.	
	b Indirect public support	1b	127,077.	
	c Government contributions (grants)	1c	3,298,892.	
	d Total (add lines 1a through 1c) (cash \$ 3,449,741. noncash \$)	1d	3,449,741.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,216,559.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	3,512.	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	7,738.	
b Less: rental expenses	6b	10,280.		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	-2,542.		
7 Other investment income (describe ▶)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11	42,880.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,710,150.		
Expenses	13 Program services (from line 44, column (B))	13	4,829,867.	
	14 Management and general (from line 44, column (C))	14	806,604.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	5,636,471.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	73,679.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,053,632.	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,127,311.	

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

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	90,203.		90,203.	
26	Other salaries and wages	3,101,123.	2,695,226.	405,897.	
27	Pension plan contributions				
28	Other employee benefits	503,789.	425,474.	78,315.	
29	Payroll taxes	171,609.	144,932.	26,677.	
30	Professional fundraising fees				
31	Accounting fees	84,977.		84,977.	
32	Legal fees	26,507.		26,507.	
33	Supplies	103,814.	94,661.	9,153.	
34	Telephone	101,274.	84,057.	17,217.	
35	Postage and shipping	29,119.	24,169.	4,950.	
36	Occupancy	61,406.	61,406.		
37	Equipment rental and maintenance	66,240.	60,278.	5,962.	
38	Printing and publications	18,135.	15,052.	3,083.	
39	Travel	63,125.	52,394.	10,731.	
40	Conferences, conventions, and meetings				
41	Interest	6,132.		6,132.	
42	Depreciation, depletion, etc. (attach schedule)	143,178.	130,292.	12,886.	
43	Other expenses not covered above (itemize): <u>STMT 1</u>	1,065,840.	1,041,926.	23,914.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	5,636,471.	4,829,867.	806,604.	

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? STMT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<u>OPERATED A COMMUNITY BASED HEALTHCARE CLINIC PROVIDING HEALTHCARE SERVICES TO APPROXIMATELY 40,861 VISITS.</u>	
	(Grants and allocations \$ _____)	4,829,867.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	4,829,867.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	707.	45	1,282.
	46 Savings and temporary cash investments	280,848.	46	535,055.
	47a Accounts receivable	47a 402,908.		
	b Less: allowance for doubtful accounts	47b NONE	408,846.	47c 402,908.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable	106,320.	49	120,668.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	53 TMT. 3.	53,312.	53 69,668.
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 2,638,319.			
b Less: accumulated depreciation (attach schedule)	57b 1,073,893.	1,686,753.	57c 1,564,426.	
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	2,536,786.	59	2,694,007.	
Liabilities	60 Accounts payable and accrued expenses	377,094.	60	466,851.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	64b TMT. 4.	106,060.	64b 99,845.
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	483,154.	66	566,696.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,053,632.	67	2,127,311.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,053,632.	73	2,127,311.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,536,786.	74	2,694,007.


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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements . . ▶	a 5,753,840.	a Total expenses and losses per audited financial statements . . . ▶	a 5,680,161
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments . . \$		(1) Donated services and use of facilities \$ 33,410.	
(2) Donated services and use of facilities \$ 33,410.		(2) Prior year adjustments reported on line 20, Form 990 . . . \$	
(3) Recoveries of prior year grants . . . \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
<u>STMT 5</u> \$ 10,280.		<u>STMT 6</u> \$ 10,280.	
Add amounts on lines (1) through (4) ▶	b 43,690.	Add amounts on lines (1) through (4) . . ▶	b 43,690
c Line a minus line b ▶	c 5,710,150.	c Line a minus line b ▶	c 5,636,471
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):		(2) Other (specify):	
<u> </u> \$		<u> </u> \$	
Add amounts on lines (1) and (2) . . ▶	d	Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 5,710,150.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 5,636,471

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	N/A
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	33,410.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>TENNESSEE</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	120
91 The books are in care of <u>MARY BUFWACK</u> Telephone no. <u>615-228-8902</u> Located at <u>617 SOUTH 8TH STREET, NASHVILLE, TN</u> ZIP + 4 <u>37206</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PRIVATE INSURANCE					48,339.
b SELF-PAY					698,675.
c					
d					
e					
f Medicare/Medicaid payments					1,469,545.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,512.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			03	-2,542.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE			03	42,880.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				43,850.	2,216,559.
105 Total (add line 104, columns (B), (D), and (E))					2,260,409.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-1	PROGRAM SERVICE REVENUE REPRESENTS FEES RECEIVED FROM THE RENDERING OF HEALTH SERVICES. THESE REVENUES ARE USED TO PROVIDE A BROAD RANGE OF HEALTH SERVICES TO A LARGELY MEDICALLY UNDERSERVED POPULATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

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

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.

Please Sign Here

Signature of officer	Date
Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	AMER EXP TAX & BUS SVCS INC 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036		EIN 41-1795707 Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization

UNITED NEIGHBORHOOD HEALTH SERVICES, INC.

Employer identification number

62-1032792

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID SELLERS, MD 617 S.8TH ST,NASHVILLE,TN37206	CHIEF MED. 40 HRS/WK	108,733.	3,957.	NONE
KEITH JUNIOR, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN 40 HRS/WK	166,592.	3,957.	NONE
KEVIN DENNIS, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN 40 HRS/WK	115,975.	3,957.	NONE
LAWRENCE MANN III, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN 40 HRS/WK	135,691.	3,957.	NONE
MICHELLE RORIE, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN 40 HRS/WK	117,623.	3,957.	NONE
Total number of other employees paid over \$50,000	9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

JSA

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,394,534.	3,249,596.	2,749,234.	3,631,912.	13,025,276.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,004,281.	1,480,559.	1,821,893.	1,346,140.	6,652,873.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-3,863.	2,098.	47,677.	30,531.	76,443.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 9 8,649.	7,562.	2,103.	12,336.	30,650.
23 Total of lines 15 through 22	5,403,601.	4,739,815.	4,620,907.	5,020,919.	19,785,242.
24 Line 23 minus line 17	3,399,320.	3,259,256.	2,799,014.	3,674,779.	13,132,369.
25 Enter 1% of line 23	54,036.	47,398.	46,209.	50,209.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	262,647.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	13132369.
d Add: Amounts from column (e) for lines:	18 76,443. 19	26d	107,093.
	22 30,650. 26b	26e	13025276.
e Public support (line 26c minus line 26d total)		26f	99.1845 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e)) . .					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

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

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FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
-----	-----	-----	-----
CONSULTANTS & CONTRACTUAL SERV	241,185.	241,185.	
LABORATORY	246,382.	246,382.	
PHARMACEUTICALS	314,022.	314,022.	
INSURANCE	29,725.	28,079.	1,646.
DUES & SUBSCRIPTIONS	43,636.	36,218.	7,418.
STAFF TRAINING	27,922.	23,175.	4,747.
HEALTH PROMOTION	13,987.	11,171.	2,816.
DATA PROCESSING	8,779.	7,012.	1,767.
PERSONNEL RECRUITMENT	12,475.	9,964.	2,511.
PROVISIONS FOR BAD DEBTS	112,777.	112,777.	
MISCELLANEOUS	14,950.	11,941.	3,009.
TOTALS	1,065,840.	1,041,926.	23,914.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

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.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	66,043.
SECURITY DEPOSITS	953.
ACCOUNTS RECEIVABLE OTHER	2,672.

TOTALS	69,668.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: SUNTRUST BANK
ORIGINAL AMOUNT: 115,000.
INTEREST RATE: 6.814000
DATE OF NOTE: 05/02/2002
MATURITY DATE: 05/05/2007
REPAYMENT TERMS: MONTHLY PAYMENTS OF \$1,029
SECURITY PROVIDED: RELATED PROPERTY
PURPOSE OF LOAN: TO PURCHASE A BUILDING

BEGINNING BALANCE DUE	106,060.
ENDING BALANCE DUE	99,845.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	106,060.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	99,845.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

RENTAL EXPENSE

10,280.

TOTAL

10,280.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSE	10,280.

TOTAL	10,280.
	=====

UNITED NEIGHBORHOOD HEALTH SERVICES, INC.

62-1032792

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KENNETH W. MCKNIGHT 617 SOUTH 8TH STREET NASHVILLE, TN 37206	PRESIDENT 4HRS/MONTH	NONE	NONE	NONE
YVONDA NIXON 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
CHRISTIAN BRODE 617 SOUTH 8TH STREET NASHVILLE, TN 37206	VICE PRESIDENT 4HRS/MONTH	NONE	NONE	NONE
CAMILLE ABUGHAZHALEH 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
MICHAEL E. JOHNSON, SR. 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
CYNTHIA DURANT 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
MAURICE ALFORD 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
MARY BUFWACK 617 SOUTH 8TH STREET NASHVILLE, TN 37206	CEO 35HRS/WEEK	90,203.	NONE	NONE

UNITED NEIGHBORHOOD HEALTH SERVICES, INC.

62-1032792

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHANIE VARNADO 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HR/MONTH	NONE	NONE	NONE
JIMMY BURNETT 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
ELENA F. RAGAN, RN, BSN 617 SOUTH 8TH STREET NASHVILLE TN 37206	BOARD MEMBER 4HRS/MONTH	NONE	NONE	NONE
GRAND TOTALS		90,203.	NONE	NONE

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2003	2002	2001	2000	TOTAL
MISCELLANEOUS	8,649.	7,562.	2,103.	12,336.	30,650.
TOTALS	8,649.	7,562.	2,103.	12,336.	30,650.

Description of Property

[illegible]

AMORTIZATION

AMORTIZATION												
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization	
TOTAL \$												

***Assets Retired**

JSA
4X9024 1,000

98V004 707R

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