Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Interna	Revenu	le Service	► The organization may t	ave to use a copy of th	is return	to satisf	state reporting re	quirer	nents. Inspection
A Fo	the 2	00 <u>3 cale</u> i	ndar year, or tax year beginning		02/01	, 20	03, and ending	01	/31/2004
B Chec	k if applicat	le Please	C Name of organization					D E	mployer identification number
	Address change	use IRS	UNITED NEIGHBORHOOD H	EALTH SERVICES	. INC	3.		62	-1032792
	Name chan	label or	Number and street (or P.O. bo)	_			Room/suite		elephone number
\vdash	Initial retur	pint or	114.11501 4112 517551 (61 1 : 6: 55)		- C CC. C	,			
 - 	Final return	See	617 SOUTH 8TH STREET					16	15)228-8902
\vdash	Amended	Specific		470 . 4			·	F Ac	counting
—	return Application	Instruc- tions.	City or town, state or country, a	10 ZIP + 4			I	me	thod: Cash X Accrual
	pending		NASHVILLE, TN 37206						Other (specify)
			ection 501(c)(3) organizations and 4 usts must attach a completed Sche			}	• •		to section 527 organizations
			•	aute A (1 01111 000 01 00			H(a) Is this a group		
			. UNHS . NET			 -	H(b) If "Yes," enter		
<u>J 01</u>	ganizat	ion type (ch	neck only one) ▶ 🗶 501(c) (3				H(c) Are all affiliate (if "No." attach		ided? Yes X No
	eck her	_	if the organization's gross receipts a				H(d) is this a separat		i filed by an
or	ganızatı	on need no	t file a return with the IRS, but if the o	rganization received a Foi	m 990 F	Package	organization cov	ered by	y a group ruling? Yes X No
ın	the mai	l, it should	file a return without financial data Some st	ates require a complete re	turn.		I Group Exemp		
							M Check ▶ [f the organization is not required
			nes 6b, 8b, 9b, and 10b to line 12		<u>425,4</u>				rm 990, 990-EZ, or 990-PF)
Part	R	evenue,	Expenses, and Changes in Net A	Assets or Fund Balan	ces (Se	e page	18 of the instruc	tions	s)
	1	Contributi	ons, gifts, grants, and similar amount	s received: STMT 1					
	а	Direct pul	olic support		1a		29,326.]	
	b	Indirect p	ublic support		1 b		147,482.]	
			ent contributions (grants)				3,217,726.		
			nes 1a through 1c) (cash \$3, 35)	1 d	3,394,534.
	2		service revenue including governmen			/II. line 93)	2	2,004,281.
	_	-						3	
		Membership dues and assessments						4	3,567.
	5	Interest on savings and temporary cash investments							
								5	
	i .						9,606.	1	
	I						6c	4,794.	
a	l _			iii iiile oa)	• • • •		٠٠٠٠٠٠٠	7	4,134.
n a	7		estment income (describe	(A) Securities	П	/B)	Other		
Revenue	, ва		ount from sales of assets other	(A) Securities	8 a	(6)		1 1	
Œ	l .		ntory		8 b		NONE		
	1		t or other basis and sales expenses	r ^	8 c		12,224.	-} [
	1	•	oss) (attach schedule) STATEME AT				-12,224.	ابرا	10 004
	1		or (loss) (combine line 8c, columns (A					8d	-12,224
	9	-	vents and activities (attach schedule)		aming, c	check her	e >		
	а			of	1. 1				
			ons reported on line 1a)		9 a			↓	
			ect expenses other than fundraising ex					4	
	С	Net incon	ne or (loss) from special events (subt	ract line 9b from line 9a)			• • • • • • • •	9 c	
	10 a	Gross sa	les of inventory, less returns and allow	ances	10a			4	
	b	Less cos	st of goods sold		10b			.	
	C	Gross pro	ofit or (loss) from sales of inventory (attach schedule) (subtra	ct line 10	b from lir	ie 10a)	10c	
	11	Other rev	renue (from Part VII, line 103)					11	8,649
	12	Total re	venue (add lines 1d, 2, 3, 4, 5, 6c, 7	, 8d, 9c, 10c, and 1 f) -	++++		 	12	5,403,601.
	13	Program	services (from line 44, column (B)) .		. RE	CEI	/EDl.	13	5,071,721
e s	14	Managen	nent and general (from line 44, colum	ı (C))				14	850,417
Expenses	15	Fundrais	ing (from line 44, column (D))		່. ຄວາ	r. 1 .4.	2884 Q	15	
Ϋ́	16	Payment	s to affiliates (attach schedule)					16	
	17		penses (add lines 16 and 44, colum				<u></u>	17	5,922,138
-S	18		r (deficit) for the year (subtract line 1			DFN		18	-518,537
Net Assets	19		ts or fund balances at beginning of ye					19	2,572,169
Ą	20		anges in net assets or fund balances					20	
Net	21		ts or fund balances at end of year (co						2,053,632
For F			ction Act Notice, see the separate in		•				Form 990 (2003)

	TIL Statement of All org		947(a)(1) nonexempt chard		ileis (Oce page 22 of the ill	IS(TUCTIONS)
	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 \$	22				
23		23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	77,175.		77,175.	
26	Other salaries and wages	26	3,092,911.	2,609,802.	483,109.	
27	Pension plan contributions	27	54,798.	45,113.	9,685.	····
28	Other employee benefits	28	477,620.	393,205.	84,415.	
29	Payroll taxes	29	180,588.	148,671.	31,917.	
30	Professional fundraising fees	30				
	Accounting fees	31	47,314.		47,314.	 - <u>-</u>
32	Legal fees	32	594.		594.	
33	Supplies	33	211,112.	200,140.	10,972.	
34	Telephone	34	96,549.	88,342.	8,207.	
35	Postage and shipping	35	18,493.	16,459.	2,034.	
36	Occupancy	36	41,715.	36,558.	<u>5,157.</u>	
37	Equipment rental and maintenance		265,734.	243,147.	22,587.	
38	Printing and publications	38	7,531.	6,702.	<u>829.</u> 2,639.	
39	Travel	40	23,995.	21,356.	2,639.	
40	Conferences, conventions, and meetings	41	5,630.		5,630.	
41	Interest	42	191,957.	175,258.	16,699.	
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) STMT _2	43a	1,128,422.	1,086,968.	41,454.	
		43b	1,120,422.	1,000,000.	12,101.	
C		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5,922,138.	5,071,721.	850,417.	
	t Costs. Check ► if you are follows:	vina S		5,0/1,/21.	830,417.	
	any joint costs from a combined educational			station reported in (R) Pro-	ıram services?	Vas V N
	es," enter (i) the aggregate amount of these j		ngir ana ranararang conc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ant cas				
				_ ; (ii) the amount alloca	ted to Program services	\$
(iii) t	he amount allocated to Management and ge	neral \$	ts \$	_ ; (ii) the amount alloca ; and (iv) the amount al	ted to Program services located to Fundraising \$	\$
(iii) t	he amount allocated to Management and ge rt III Statement of Program Servi	neral \$ ce Ac	ts\$complishments (Se	_ ; (ii) the amount alloca ; and (iv) the amount al	ted to Program services located to Fundraising \$	S Program Service
(iii) to Pa	he amount allocated to Management and ge	neral \$ ce Acce? e? purpose cuss a	complishments (Se	; (ii) the amount alloca ; and (iv) the amount all ee page 25 of the ins ear and concise manner not measurable. (Section	ted to Program services located to Fundraising \$ structions.) State the number 1501(c)(3) and (4)	\$
(iii) the Part What All of congain	he amount allocated to Management and ge rt III Statement of Program Servi- it is the organization's primary exempt purpos organizations must describe their exempt elients served, publications issued, etc Dis- inizations and 4947(a)(1) nonexempt charite	neral \$ ce Acce? e? purpose cuss a able tru	complishments (Se STMT 3 e achievements in a cle chievements that are rests must also enter the	; (ii) the amount alloca ; and (iv) the amount all se page 25 of the ins ear and concise manner not measurable. (Section amount of grants and all	ted to Program services located to Fundraising \$ structions.) State the number 1501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(1 trusts, but optional for
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46 Savings and temporary cash investments		art ľV		•			
46 Savings and temporary cash investments		lote:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	n the description	Beginning of year		(B) End of year
47a Accounts receivable 47a 408,845 50 50 50 50 50 50 50		45	Cash - non-interest-bearing		507	45	707.
b Less: allowance for doubtful accounts		46	Savings and temporary cash investments	750,182	46	280,848.	
b Less: allowance for doubtful accounts				•		15.	
48a Pledges receivable 48a 48c 48b 48c 48c 48c 48b 48c		47a	Accounts receivable	a 408,84	16.		
188a Pledges receivable 188a 188a 188b			Less: allowance for doubtful accounts	b No	ONE 367,818.	47c	408,846.
b Less: allowance for doubtful accounts			s, s education data		r. d		
b Less: allowance for doubtful accounts		48a	Pledges receivable	а		أتننا	
8 Grants receivable 134 ,678 49 106						48c	
Secenzables from officers, directors, trustees, and key employees (attach schedule) Secential schedule Secontial schedule Seco					134,678	49	106,320.
\$ 1a Other notes and loans receivable (attach schedule) b Less. allowance for doubtful accounts 51b c liventories for sale or use 52 inventories for sale or use 53 Prepaid expenses and deferred charges 54 Investments - securities (attach schedule) 55 Investments - securities (attach schedule) 55 Investments - securities (attach schedule) 56 Investments - land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 58 Other assets (describe ▶ 59 Total assets (add lines 45 through 58) (must equal line 74) 50 Accounts payable and accrued expenses 483,526, 60 377, 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 56 Acade Tax-exempt bond liabilities (attach schedule) 57 Morganizations that follow SFAS 117, check here ▶ ▼ and complete lines 67 Through 69 and lines 73 and 74. 68 Total liabilities (add lines 60 through 65) 69 Permanently restricted 69 Perm							
\$ 1a Other notes and loans receivable (attach schedule) b Less. allowance for doubtful accounts 51b c liventories for sale or use 52 inventories for sale or use 53 Prepaid expenses and deferred charges 54 Investments - securities (attach schedule) 55 Investments - securities (attach schedule) 55 Investments - securities (attach schedule) 56 Investments - land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57 Lend, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 58 Other assets (describe ▶ 59 Total assets (add lines 45 through 58) (must equal line 74) 50 Accounts payable and accrued expenses 483,526, 60 377, 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 56 Acade Tax-exempt bond liabilities (attach schedule) 57 Morganizations that follow SFAS 117, check here ▶ ▼ and complete lines 67 Through 69 and lines 73 and 74. 68 Total liabilities (add lines 60 through 65) 69 Permanently restricted 69 Perm			(attach schedule)			50	
schedule) b Less. allowance for doubtful accounts 51b b Less. allowance for doubtful accounts 52 Inventoriers for sale or use 52 Inventoriers for sale or use 53 Prepaid expenses and deferred charges 54 Investments - securities (attach schedule) 55a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 55b 56 Investments - land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57a Land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57b 57a Land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57b 57a Land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule) 57b 58 Other assets (describe ▶ 59 Total assets (describe ▶ 59 Total assets (add lines 45 through 58) (must equal line 74) 59 Total assets (add lines 45 through 58) (must equal line 74) 50 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities (describe ▶ 66 Total liabilities (describe ▶ 70 Crapitazitions that follow SFAS 117, check here ▶ x and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 P		51a				J 1	
b Less. allowance for doubtful accounts 51b 6,971 51c			schedule) 51	a No	ONE		
53 Prepald expenses and deferred charges	ets	ь	Less, allowance for doubtful accounts 51	b	6,971	. 51c	NONE
53 Prepald expenses and deferred charges	SS						
54 Investments - securities (attach schedule)	⋖	ł				53	53,312.
55a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule)			•			T I	
equipment: basis 55a			, , , , , , , , , , , , , , , , , , , ,		·		
b Less: accumulated depreciation (attach schedule) 56 Investments - other (attach schedule) 57a Land, buildings, and equipment: basis				a l			
Schedule S5b		Ь				- '2 z	
56 Investments - other (attach schedule) 57a Land, buildings, and equipment: basis			·	ь		55c	
57a Land, buildings, and equipment: basis		56				+	<u> </u>
b Less: accumulated depreciation (attach schedule)						1, 7, 4	
Schedule				2,02,,20	<u> </u>		
58		_		b 930 7	1 832 954	57c	1,686,753.
59 Total assets (add lines 45 through 58) (must equal line 74)		58					
60 Accounts payable and accrued expenses					- '		
60 Accounts payable and accrued expenses		59	Total assets (add lines 45 through 58) (must equal lin	3.217.350	59	2,536,786.	
61 Grants payable 62 Deferred revenue 62 Complete revenue 62 Complete revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 Complete revenue 63 Cother liabilities (attach schedule) 57MT. 5 Cother liabilities (add lines 60 through 65) 65 Cother liabilities (add lines 60 through 65) 645 Corganizations that follow SFAS 117, check here x and complete lines 67 through 69 and lines 73 and 74. Corganizations that do not follow SFAS 117, check here and complete lines 70 through 71 paid-in or capital surplus, or land, building, and equipment fund 71 Cother liabilities (add lines 60 through 69 or lines 70 through 72; Complete lines 70 through 74. Complete l		60				377,094.	
62 Deferred revenue			• •			57.7051.	
Complete lines 70 through 72; Complete lines 70 through 72		1			+		
schedule)	s				1		
b Mortgages and other notes payable (attach schedule) STMT. 5. 161,655.64b 106, 65 Other liabilities (describe >) 65 66 Total liabilities (add lines 60 through 65)	itie	"			63		
b Mortgages and other notes payable (attach schedule) STMT. 5. 161,655.64b 106, 65 Other liabilities (describe >) 65 66 Total liabilities (add lines 60 through 65)	Ē	642			+		
65 Other liabilities (describe ►) 65 66 Total liabilities (add lines 60 through 65)	Ë		·			+	106,060.
Go Total liabilities (add lines 60 through 65)		1					100,000
Organizations that follow SFAS 117, check here ▶ x and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 2,572,169. 67 2,053, 68 Temporarily restricted 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ▶ 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;		00	Other habilities (describe)		- /	1 1	
Organizations that follow SFAS 117, check here ▶ x and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 2,572,169. 67 2,053, 68 Temporarily restricted 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ▶ 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;		66	Total liabilities (add lines 60 through 65)		645.181	. 66	483,154.
67 through 69 and lines 73 and 74. 67 Unrestricted	_					1 19	
67 Unrestricted 2,572,169. 67 2,053, 68 Temporarily restricted 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here □ 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;				•		1780	
68 Temporarily restricted 69 Permanently restricted	s	67	_		2.572.169		2,053,632.
69 Permanently restricted	ဥ	68					
Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds. 71 Paid-in or capital surplus, or land, building, and equipment fund. 72 Retained earnings, endowment, accumulated income, or other funds. 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;	<u>a</u>	69				69	
complete lines 70 through 74. 70 Capital stock, trust principal, or current funds. 71 Paid-in or capital surplus, or land, building, and equipment fund. 72 Retained earnings, endowment, accumulated income, or other funds. 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;	ä	Ora				- 5	
70 Capital stock, trust principal, or current funds	DUI	U.g.		and		1 7	
71 Paid-in or capital surplus, or land, building, and equipment fund	Ē	70	· -				
Retained earnings, endowment, accumulated income, or other funds	ō	71			+ +		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;	ets	72					
70 through 72;	588	73	-	• • • • • • • • • • • • • • • • • • • •	1.		
Z	et /	' '	· · · · · · · · · · · · · · · · · · ·		. ^		
column (A) must equal line 19: column (B) must equal line 21) 2.572.169.173 2.053	Ž	:[column (A) must equal line 19; column (B) must equa	2,572,169	. 73	2,053,632.	
		74					2,536,786.

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.

Form 990 (2003)

Forn	990 (2003)						Page 4
Pa	rt IV-A Reconciliation of Revenue Financial Statements with Return (See page 27 of the	per Audited Revenue per instructions.)	F	Part IV-B	Reconciliation Financial State Return	of Expenses per ements with Expe	Audited enses per
	Total revenue, gains, and other support		а	Total e	expenses and lo	sses per	
	per audited financial statements	5,523,01	L4.	audited t	financial statemen	ts ▶ a	6,041,551.
b	Amounts included on line a but not on		b	Amount	s included on line	a but not	
	line 12, Form 990:			on line 1	17, Form 990 [.]		
(1)	Net unrealized gains			(1) Donated	services	1	
•	on investments \$			and use o	of facilities \$	109,807.	
(2)	Donated services			(2) Prior year	r adjustments		
• •	and use of facilities \$ 109,807.		ļ	reported	on line 20,	}	
(3)	Recoveries of prior			Form 990	\$		
	year grants \$	1		(3) Losses re	eported on		
(4)	Other (specify).	į		line 20, F	orm 990 \$		
` '				(4) Other (sp			
	STMT 6 \$ 9,606.	•				1 1	
	Add amounts on lines (1) through (4) ▶	b 119,41	13.	STMT	7 \$	9,606.	
				Add amo	unts on lines (1) thro	ough (4) b	119,413.
С	Line a minus line b	c 5,403,60	01. d	Lineam	ninus line b	▶ с	5,922,138.
d	Amounts included on line 12,		C	Amount	s included on line	17,	
	Form 990 but not on line a:			Form 99	90 but not on line	a:	
(1)	Investment expenses			(1) Investme	nt expenses		
	not included on line			not includ	ded on line		
	6b, Form 990 \$			6b, Form	990\$		
(2)	Other (specify)			(2) Other (sp			
• •	()						
	\$				\$		
	Add amounts on lines (1) and (2) >	d		Add am	ounts on lines (1)	and (2) . ▶ d	
e	Total revenue per line 12, Form 990		- 6		penses per line 17	[]	-
	(line c plus line d)	e 5.403.60	01.		lus line d) · · · ·		5,922,138.
Pa	art V List of Officers, Directors, Tr	ustees, and Key	/ Emp				d; see page 27 of
	the instructions.)				Y		
	(4) Norman and address			le and average irs per week	(C) Compensation (if not paid, enter	(D) Contributions to employee benefit plans &	(E) Expense account and other
	(A) Name and address			ed to position	-0)	deferred compensation	allowances
						0.040	
SE	E STATEMENT 9				77,175.	2,040.	NONE
_							
			1			,	
			<u> </u>	p.v.			
_							
_			1				
_							
_						-	
_							
_							
_							
	****				-		
			1				
						+	
					}		
	Did any officer director toucher as less are less	WOO FORONIC COSTS	oto com	noncotion of -	mare then \$100,000 f	rom vour	<u> </u>
75						1 1	Yes X No
	organization and all related organizations, of the		U,UUU V	was provid e d (by the related organiza	auons, P	169 TV MA
	If "Yes," attach schedule - see page 28 of the	เอส นับบับที่รั					
				·	··	 ,	Form 990 (2003)
							(2003)

erm	990 (2003)		F	Page 5
	t VI, Other Information (See page 28 of the instructions.)		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		x
	If "Yes," attach a conformed copy of the changes			
'8 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
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
0 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			1
	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 exempt or nonexempt			Ì
31 a	Enter direct and indirect political expenditures See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b	N/	<u>A</u>
32 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	
	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)			1
33 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
34 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	ŀ	i	
	or gifts were not tax deductible?	84b	N/	A
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members	ŀ		
d	Section 162(e) lobbying and political expenditures	ļ		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	ł		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	ł		
_	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
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	ł		
b	Gross receipts, included on line 12, for public use of club facilities	ł		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other			1
	sources against amounts due or received from them)	1		
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 NONE; section 4912 NONE, section 4955 NONE	1		ł
D	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			ł
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	001		
	a statement explaining each transaction	89b	I	<u> </u>
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			MONT
	sections 4912, 4955, and 4958			NONE
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			NONE
	List the states with which a copy of this return is filed TENNESSEE	90b	lee	
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)			
91	The books are in care of MARY BUFWACK Telephone no 615-22	0-85	, ∪ ∠	
	Located at 617 SOUTH 8TH STREET, NASHVILLE, TN Section 4047(a)(1) percentage the street filing Form 900 in liquid from 1041. Check here			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	>
	and enter the amount of tax-exempt interest received of accorded during the tax year		17/2	<u></u>

Form 990 (20		·				-10327	92	Page
Part _a VII	Analysis of Income-Produc	ing Activit	ti es (See pag	e 33 of the II	nstruct	tions.)		
Note: Enter indicated.	gross amounts unless otherwise	Unre (A)	lated business in (B)		cluded b	y section 5	12, 513, or 514 (D)	Related or
93 Progr	am service revenue	Business code	Amoun		sion code	A	mount	exempt function income
	VATE INSURANCE							23,689
. —	F-PAY							541,752
	INCARE MINGD CARE				- †			592,913
	MNGD CARE WRAP							736,289
e	12100 0120 1120				1	· · · · ·		750,203
	are/Medicaid payments							109,638
	and contracts from government agencies					-		105,050
	pership dues and assessments							
	t on savings and temporary cash investments			1	L 4		3,56	7 .
	ends and interest from securities							
	ental income or (loss) from real estate					-		
	financed property				1		4,79	4
	ebt-financed property			_ _				•
	atal income or (loss) from personal property							
	investment income							
	(loss) from sales of assets other than inventory				18		-12,224	4
	ncome or (loss) from special events .	·					12,22	
	profit or (loss) from sales of inventory							
	revenue a							
	OICAL RECORDS				3		8,649	<u> </u>
	10.11.11.11.11.11.11.11.11.11.11.11.11.1						8,04.	
_					+			
e								
	otal (add columns (B), (D), and (E)).						4,78	6. 2,004,281
	(add line 104, columns (B), (D), and (E							2,009,067
	105 plus line 1d, Part I, should equal ti							
Part VIII	Relationship of Activities t	o the Acc	omplishment	of Exempt F	urpos	ses (See	page 34	of the instructions.)
Line No.	Explain how each activity for which of the organization's exempt purpos	income is re	eported in colum	n (E) of Part VI	II contri	buted impo		
93AF	PROGRAM SERVICE REVEN	_ `			<u> </u>			
93AF	RENDERING OF HEALTH						<u> </u>	
93AF	PROVIDE A BROAD RANGE							
93AF	MEDICALLY UNDERSERVE			ED IO A	<u>uringe</u>			
Part IX	Information Regarding Taxa			sregarded l	Entitie	s (See r	page 34 of	the instructions)
	(A)		(B)	(C)		1	(D)	
	Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature of a	ctivities	7	otal income	(E) End-of-year assets
N/A	partitionship, or disregarded entity		%					433013
21/22								
	· · · · · · · · · · · · · · · · · · ·		% %					
			% %					
Part X	Information Regarding Tran	sfers Ass		Personal Be	enefit (Contract	S (See page	e 34 of the instructions)
	e organization, during the year, receive an							1 1.0 1 1.0
	he organization, during the year,							
• •	'Yes" to (b), file Form 8870 and Fo				on a pe	CISUIIAI D	enent conti	act Yes X No
11010. //					npanving	schedules a	ind statements.	and to the best of my knowledge
	Under penalties of perjury, I declar and belief, it is true, correct, and	complete Dec	laration of prepare	r (other than office	er) is base	ed on all info	rmation of which	n preparer has any knowledge
Please	MaryBu	رمود دلا	b				19/7	7/2004
Cinn	10111 801 1341	in					<u>1/ </u>	/d/ 000 1
				~ <i>[</i>]			Daley	r
			~ (<u> </u>				
				Date .		Check		Preparer's SSN or PTIN (See Gen Inst

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

Name of the organization

Employer identification number

UNITED NEIGHBORHOO	D HEALTH SERV	VICES, INC.		62-1032792
Part I Compensation of the Five Highe (See page 1 of the instructions. List of	st Paid Employ each one. If there	ees Other Than are none, enter "N	Officers, Directo None.")	ors, and Trustees
(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. OFFICE	R R	}	
	40 HRS/WK	161,750.	9,705.	1,500
KEITH JUNIOR, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN			
	40 HRS/WK	135,432.	8,126.	1,500
SABRINA FINLEY, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN			
	40 HRS/WK	128,740.	7,724.	1,500
LAWRENCE MANN III, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN			
	40 HRS/WK	127,474.	7,648.	1,500
RORIE MICHELLE, MD 617 S.8TH ST,NASHVILLE,TN37206	PHYSICIAN			
	40 HRS/WK	117,400.	7,044.	1,500
Total number of other employees paid over \$50,000	10			
Compensation of the Five Higher (See page 2 of the instructions. List	est Paid Indeper each one (wheth	ndent Contracto er individuals or fir	ms). If there are no	nal Services one, 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		1	····

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

Schedule A (Form 990 or 990-EZ) 2003

98V004 9388

ion 509(a)(3).)	· -
Provide the following information about the supported organizations (See page 5 of the in	structions)
(a) Name(s) of supported organization(s)	(b) Line numbe from above

An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

13

by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **(b)** 2001 Calendar year (or fiscal year beginning in) (d) 1999 (e) Total (a) 2002 (c) 2000 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) 3,249,596. 2,749,234. 3,631,912. 2,284,210. 11,914,952. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 1,480,559. 1,821,893. 1,346,140. 1,152,552. 5,801,144. organization's charitable, etc., purpose 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 2,098. 47,677 30,531 9,402 89,708. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 STMT 10 include gain or (loss) from sale of capital assets 7,562 2,103 12,336 30,020 52,021 Total of lines 15 through 22 4,739,815. 4,620,907. 5,020,919. 3,476,184. 17,857,825. 3,259,256. 2,799,014. 3,674,779. 2,323,632. 12,056,681. 50,209. 34,762 47,398 46,209. 241,134. 26 Organizations described on lines 10 or 11: 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 1999 through 2002 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) 12056681. d Add: Amounts from column (e) for lines 18 89,708. 19 **52,021**. 26b 22 141,729. 11914952. 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. (2002) ______(2001) _____(2000) ___**NOT APPLICABLE** (1999) ______ 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. (2002) _____ (2001) ____ (2000) ____ (1999) ____ d Add Line 27a total and line 27b total . . ____ 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) ▶ 27f h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

JSA 3E1221 2 000

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.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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,			
0.4	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		}
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
22	Does the executation mountain the following:	ļ	ļ	
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	<u> </u>		
	basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		<u> </u>
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	ļ	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		}	
	if you answered the to any of the above, please explain (if you need more space, attach a separate statement.)		1	
				İ
33	Does the organization discriminate by race in any way with respect to:			
_	Studental rights on produces?	22-		
a	Students' rights or privileges?	33a		
k	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	33d		
•	Scholarships or other financial assistance?	330		
•	Educational policies?	33e		<u> </u>
f	Use of facilities?	33f		_
	Athletic programs?	33g		
٤	Athletic programs?	239		
ŀ	Other extracurricular activities?	33h		
				ļ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
			}	
34	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ı	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		1	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	<u> </u>

	edule A (Form 990 or 990-E irt VI-A Lobbying Ex	(<u>2) 2003</u> (penditures by Elec	ting Public Charitie		032792 e instructions)	Page :
76		-	_		68) NOT APPLICAL	at.tr
Che		ation belongs to an affili			ed "a" and "limited cor	
		mits on Lobbying	<u> </u>		(a) Affiliated group	(b) To be completed
		expenditures" means	-	rred)	totals	for ALL electing organizations
	<u> </u>	i	· · · · · · · · · · · · · · · · · · ·			organizations
36	Total lobbying expendit Total lobbying expendit					
37 38	Total lobbying expendit					
39	Other exempt purpose					
40	Total exempt purpose	expenditures (add line	s 38 and 39)	· · · · · · · · 		
41	Lobbying nontaxable ar					=
٠.	If the amount on line 4		obying nontaxable an	ł		
	Not over \$500,000			`		
	Over \$500,000 but not over \$					
	Over \$1,000,000 but not ove			<u> </u>		
	Over \$1,500,000 but not ove	· -		1 1		
	Over \$17,000,000					
42		amount (enter 25% of	f line 41)	42		
43						
44	Subtract line 41 from line	ne 38 Enter -0- if line	41 is more than line	38		
	Caution: If there is an a	amount on either line	43 or line 44, you mus	t file Form 4720.		
				Under Section 501		
	(Some organization				all of the five columns	below
		See the instruction	ns for lines 45 throug	h 50 on page 11 of th	e instructions.)	
			Lobbying Expendi	tures During 4-Year	r Averaging Period	
_	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(e)
	year beginning in) ▶	2003	2002	2001	2000	Total
	Lobbying nontaxable		7.7.7.			
45	amount · · · · · ·					
	Lobbying ceiling amount			• • • • • • • • • • • • • • • • • • • •		
46	(150% of line 45(e))			_		
47	Total lobbying expenditures					
	Grassroots nontaxable					
<u>48</u>	amount					
	Grassroots ceiling amount					
<u>49</u>	(150% of line 48(e))					
	Grassroots lobbying					
	expenditures	41.14.1. 14.1	D 11' 01 - '''		<u> </u>	
Ρ		ctivity by Nonelecti	_		Soo page 12 of the in	etructions \
_					See page 12 of the in	istructions.)
	ring the year, did the organi empt to influence public opi	•			Yes No	Amount
					7	
2	Volunteers Paid staff or managem	ont (Include company	ation in expenses ren	orted on lines a throug	X	
	_	•				1
,		legislators or the publ	ic		x	
	 Mailings to members, learning Publications, or publish 					
f						
	Direct contact with legi					
•	Rallies, demonstration					
	Total lobbying expendi		•			-
•			atement giving a deta			

JSA 3E1240 2 000

Schedule A (Form 990 or 990-EZ) 2003

Pa	rt VII	Information Regarding Exempt Organizations (Transfers To and Transactions an See page 12 of the instructions.)	d Relationships With Noncharitable	е		
	501(c)	of the Code (other than section		owing with any other organization desc n 527, relating to political organizations'		Yes	
а		. •			F4 = / !\	185	
					51a(i)		X
					a(ii)		X
b		ransactions.					
	(i) Sa	ales or exchanges of assets w	vith a noncharitable exempt organization	1	b(i)		X
	(ii) Pu	urchases of assets from a nor	ncharitable exempt organization		b(ii)		x
	(iii) R	ental of facilities, equipment, o	or other assets		b(iii)		x
	(iv) R	eimbursement arrangements			b(iv)		X
	(v) Lo	oans or loan guarantees			b(v)		X
	(vi) Pe	erformance of services or me	mbership or fundraising solicitations		b(vi)		х
c			ng lists, other assets, or paid employee		С		x
				(b) should always show the fair market value	of the		
u		<u>-</u>	the reporting organization If the organization		00		
	•		w in column (d) the value of the goods, other				
	(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	anng ama	ingeme	nts
	N/A						
_							
_							
_							
_							
_							
	descri	•	ctly affiliated with, or related to, one or code (other than section 501(c)(3)) or i	· · ·	Ye	s X	No.
_		(a) Name of organization	(b) Type of organization	(c) Description of relationship	ip		
_							
_	N/A						
_							
_			-	<u> </u>			
							
		· · · · · · · · · · · · · · · · · · ·					

Schedule A (Form 990 or 990-EZ) 2003

United Heighborhood Health Services, Inc. EIN# 62-1032792

Contributor	Amount	
Gross Amount from sale of furniture and equipment	-	Line 8a
Less: Cost of furniture and equipment	12,224	Line 8b
Gain or (Loss) from sale of furniture and equipment	\$ (12,224)	Line 8c

62-1032792

EXPENSES
OTHER
ı
ΙΙ
PART
, 066
FORM

		PROGRAM	MANAGEMENT	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	
	 	1 	 	
CONSULTANTS & CONTRACTUAL SERV	122,923:	122,923.		
LABORATORY	217,232.	217,232.		
PHARMACEUTICALS	457,302.	457,302.		
INSURANCE	56,231.	44,762.	11,469.	
DUES & SUBSCRIPTIONS	83,714.	74,505.	9,209.	
STAFF TRAINING	49,006.	•	5,391.	
HEALTH PROMOTION	24,361.	18,620.	5,741.	
DATA PROCESSING	8,285.	6,333.	, 95	
PERSONNEL RECRUITMENT	12,946.	9,895.	3,051.	
PROVISIONS FOR BAD DEBTS	85,333.	85,333.		
MISCELLANEOUS	11,089.	6,448.	4,641.	
]	11111111		
TOTALS	1,128,422.	1,086,968.	41,454.	
	1) 11 11 11 11 11 11			

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.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	48,752.
SECURITY DEPOSITS	977.
ACCOUNTS RECEIVABLE OTHER	3,583.
TOTALS	53,312.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

SUN TRUST NATIONAL BANK LENDER: ORIGINAL AMOUNT: 144,038.

INTEREST RATE: 6.750000

DATE OF NOTE: 11/18/1998

MATURITY DATE: 01/01/2004

REPAYMENT TERMS: MONTHLY PAYMENT OF \$2,758

SECURITY PROVIDED: REAL ESTATE LOCATED AT 1501 12TH AVE, NASHVILLE,TN

BEGINNING BALANCE DUE 31,279. ENDING BALANCE DUE NONE

LENDER: SUN TRUST NATIONAL BANK ORIGINAL AMOUNT: 75,000. INTEREST RATE: 6.750000

MATURITY DATE: 01/07/2004

REPAYMENT TERMS: MONTHLY PAYMENT OF \$1,479

SECURITY PROVIDED: COMPUTER EQUIPMENT

18,265. BEGINNING BALANCE DUE ENDING BALANCE DUE NONE

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

112,111. BEGINNING BALANCE DUE 106,060. ENDING BALANCE DUE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 161,655.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 106,060.

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

DESCRIPTION AMOUNT
----RENTAL EXPENSE 9,606.
TOTAL 9,606.

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

DESCRIPTION AMOUNT _____ 9,606. RENTAL EXPENSE 9,606. TOTAL

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
MCKNIGHT BTH STREET TN 37206	PRESIDENT 4 HR/MONTH	NONE	NONE	NONE
STREET 37206	SECRETARY/TREASURER 4 HR/MONTH	NONE	NONE	NONE
E STREET 37206	VICE PRESIDENT 4 HR/MOTNH	NONE	NONE	NONE
CAMILLE ABUGHAZHALEH 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
MICHAEL E. JOHNSON, SR. 617 SOUTH BTH STREET NASHVILLE, TN 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
STREET 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
SIDNEY WINGFIELD 617 SOUTH BTH STREET NASHVILLE, TN 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
STREET 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE

α

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
MARY BUFWACK 617 SOUTH 8TH STREET NASHVILLE, TN 37206	CEO 35 HR/WEEK	77,175.	2,040.	NONE
STEPHANIE VARNADO 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
JIMMY BURNETT 617 SOUTH 8TH STREET NASHVILLE, TN 37206	BOARD MEMMBER 4 HR/MONTH	NONE	NONE	NONE
ELENA F. RAGAN, RN, BSN 617 SOUTH 8TH STREET NASHVILLE TN 37206	BOARD MEMBER 4 HR/MONTH	NONE	NONE	NONE
	- GRAND TOTALS =	77,175.	2,040.	NONE

SCHEDULE A, PART IV-A - OTHER INCOME

TOTAL	52,021.	
1999	30,020.	30,020
2000	-	191
2001	2,103.	2,103.
2002	562	7,562.
DESCRIPTION	MISCELLEANOUS	TOTALS

2003

62-1032792

INC.	
UNITED NEIGHBORHOOD HEALTH SERVICES,	Description of Property

Asset description service Or basis 9 LAND VAR 331,874. 100. EURN/OFFICE EQUIPMENT VAR 726,245. 100. MEDICAL EQUIPMENT VAR 58,242. 100.	Bus reduction % in basis 100.000 100.0	Basis Reduction	Basis for A 331,874. 1,501,107. 726,245. 58,242.	Accumulated Accumulated depreciation depreciation 446,013. 502,830. 260,533. 397,910. 27,712. 29,975.		About Conv.	30.000 30.000 5.000 5.000	ACRS CRS Class class class	ss expense	Current-year depreciation 56,817 137,377 2,263
VAR 331,874. VAR 1,501,107. VAR 726,245. VAR 58,242.	000000000000000000000000000000000000000		331,874. 1,501,107. 726,245. 58,242.	446,013. 260,533. 27,712.		15 15	30.00 00.00 00.000 00.000 00.000			137,37
VAR 1,501,107. VAR 726,245. VAR 58,242.	0.000		1,501,107. 726,245. 58,242.	260,533		15 15 15 15 15 15 15 15 15 15 15 15 15 1	30.000 20.000 30.0000 30.0000			137,37
VAR 726,245.	0.000		726,245. 58,242.	27,712.		TIS IS	8.000			137,37
VAR 58,242.	000 -		58,242.	27,712.		TIS	8.000			2,26
							\downarrow			
						-	_			
			-				-	_	_	
Less. Retired Assets										
Subtotals			2,617,468.	734,258.	930,715.					196,457
Listed Property										
							_			
							-			
Less Retired Assets										
TOTALS			2,617,468.	734,258.	930,715.					196,457
					Ending			i		Current
Asset description service basis			<u> </u>	Accumulated A amortization	Accumulated amortization	Code	Life		- · · · · ·	amortization
			!				T		•	
			.1							
									LJ	
						_				
TOTALS										

3X9024 2 000 98V004 9388

Form 8868 (12-		
-	e filing for an Additional (not automatic) 3-Month Extension, complet	* * * * * * * * * * * * * * * * * * * *
•	y complete Part II if you have already been granted an automatic 3-month e filing for an Automatic 3-Month Extension, complete only Part I (on	•
	Additional (not automatic) 3-Month Extension of Time -	
Part II	Name of Exempt Organization	Employer identification number
Type or	1	
print	UNITED NEIGHBORHOOD HEALTH SERVICES, INC. Number, street, and room or suite no. If a P.O. box, see instructions.	62-1032792 For IRS use only
File by the extended	617 SOUTH STREET	
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instru	actions.
return See instructions	NASHVILLE, TN 37206	
	pe of return to be filed (File a separate application for each retu	ru).
X Form		
	990-BL Form 990-PF Form 990-T (trust other than above)	Form 4720 Form 6069
		
STOP: DO	o not complete Part II If you were not already granted an automatic	3-month extension on a previously filed Form 8
• If the org	anization does not have an office or place of business in the United St	rates check this how
_	for a Group Return , enter the organization's four digit Group Exemption	
	ole group, check this box \blacktriangleright If it is for part of the group, check t	
	I EINs of all members the extension is for.	The bay by First and arrange a not man dig
	uest an additional 3-month extension of time until 12/15/20	004
•	alendar year , or other tax year beginning 02/01/2003	and ending 01/31/2004
	tax year is for less than 12 months, check reason: Initial return	Final return Change in accounting
	in detail why you need the extension <u>ADDITIONAL TIME IS N</u>	
	FILE A COMPLETE AND ACCURATE RETURN.	BELLEU IN ORDER TO FREPARE
ARU .	TIME A COMPRETE AND ACCORATE RETURN.	
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, ent	ter the tentative tay less any
	ofundable credits. See instructions	
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refu	undable credits and estimated
tay n	ayments made. Include any prior year overnayment allowed as a	
•	ayments made. Include any prior year overpayment allowed as a pusiv with Form 8868	
previo	ously with Form 8868	credit and any amount paid
previo	ously with Form 8868 ce Due. Subtract line 8b from line 8a. Include your payment with this	credit and any amount paid\$ s form, or, if required, deposit
previo c Balan with	ously with Form 8868 ICE Due. Subtract line 8b from line 8a. Include your payment with this FTD coupon or, if required, by using EFTPS (Electronic Federal	credit and any amount paid\$ s form, or, if required, deposit Tax Payment System). See
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previo	ously with Form 8868 nce Due. Subtract line 8b from line 8a. Include your payment with this FTD coupon or, if required, by using EFTPS (Electronic Federal actions Signature and Verific es of perjury, I declare that I have examined this form, including accompanying schedect, and complete, and that I am authorized to prepare this form Notice to Applicant - To Be Com have approved this application. Please attach this form to the organization's returns.	credit and any amount paid s form, or, if required, deposit Tax Payment System). See cation dules and statements, and to the best of my knowledge and statements and to the best of my knowledge and statements. Date > 9/14/04 pleted by the IRS Im.
previo	subtract line 8b from line 8a. Include your payment with this FTD coupon or, if required, by using EFTPS (Electronic Federal actions Signature and Verific es of perjury, I declare that I have examined this form, including accompanying scheded, and complete, and that I am authorized to prepare this form Notice to Applicant - To Be Com have approved this application. Please attach this form to the organization's returnate not approved this application. However, we have granted a 10-day grade.	s form, or, if required, deposit Tax Payment System). See
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previo	Signature and Verific es of perjury, I declare that I have examined this form, including accompanying scheect, and complete, and that I am authorized to prepare this form Notice to Applicant - To Be Complete have approved this application. However, we have granted a 10-day grade of the organization's return (including any prior extensions). This grace perior erwise required to be made on a timely return. Please attach this form to the organization of the organi	s form, or, if required, deposit Tax Payment System). See
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Form 8868

(December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S		File a separate application for each return.	
		Automatic 3-Month Extension, complete only Part I and check this box	x
•	-	Additional (not automatic) 3-Month Extension, complete only Part II (on page	· · · · · · · · · · · · · · · · · · ·
•	_	art II unless you have already been granted an automatic 3-month extension on a p	-
Form 8868.	* ; ,		-
Part i Auto	matic 3-	Month Extension of Time - Only submit original (no copies needed)	`
Note: Form 99	0-T corpoi	ations requesting an automatic 6-month extension - check this box and complete	Part I only
All other corpo	orationș (ii	ncluding Form 990-C filers) must use Form 7004 to request an extension of time t	o file income tax
returns. Partne	erships, R	EMICs and trusts must use Form 8736 to request an extension of time to file For	m 1065, 1066, or 1041.
Type or	Name of	Exempt Organization	Employer identification number
print	ומט	TED NEIGHBORHOOD HEALTH SERVICES, INC.	62-1032792
File by the due		street, and room or suite no. If a P.O. box, see instructions.	
date for filing	617	SOUTH 8TH STREET	
your return. See instructions	City, low	n or post office, state, and ZIP code. For a foreign address, see instructions.	
	NAS	HVILLE, TN 37206	
Check type o	f return to	be filed (file a separate application for each return):	
▼ Form 990	, ι	Form 990-T (corporation)	m 4720
Form 990	-BL	Form 990-T(sec. 401(a) or 408(a) trust) For	m 5227
Form 990	-EZ	Form 990-T (trust other than above)	m 6059
Form 990	-PF	Form 1041-A For	m 8870
 If this is for for the whole; 	a Group i group, che	es not have an office or place of business in the United States, check this box. Return, enter the organization's four digit Group Exemption Number (GEN) ack this box. If it is for part of the group, check this box. acembers the extension will cover.	If this is and attach a list with the
1 I request	an autom	atic 3-month (5-month, for 980-T corporation) extension of time until 09/16	2004
to file the	calendar	rganization return for the organization named above. The extension is for the or yearor peginning02/012003, and ending01/31	
2 If this tax	year is fo	r less than 12 months, check reason: Initial return Final return	Change in accounting period
		s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I lits. See instructions	ess any
b If this ap	plication i	s for Form 990-PF or 990-T, enter any refundable credits and estimated tax paprior year overpayment allowed as a credit	
c Balance I with FTD	Due. Subi Dicoupon	ract line 3b from line 3a. Include your payment with this form, or, if required, or, if required, by using EFTPS (Electronic Federal Tax Payment System	deposit m). See
		Signature and Verification	
		declare that I have examined this form, including accompanying schedules and statements, and to	the best of my knowledge and belief
it is true, correct a	and complete	, and that I am authorized to prepare this form	
Signature ▶	ae	Will COL Title Managing Director	Date > 6/7/64

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)