



## Public Disclosure Rules for Form 990

Tax-exempt organizations are required to make a copy of their Form(s) 990 for the last three years available for public inspection, and to provide copies of such forms to individuals or organizations that request copies.

Following is a summary of the public disclosure rules, and a copy of your Form 990 that may be used to comply with such rules. Please note that the public disclosure copy of Form 990 may omit names and addresses of contributors. **Form 990-T can be excluded only for returns filed prior to August 18, 2006.**

### Public Inspection

Tax-exempt organizations must make Form 990 (and Form 990-T as shown above) available for public inspection, and provide copies upon request, at its principal office and at certain regional or district offices during normal business hours for three years from the due date of the return.

The following rules apply unless you make your public disclosure copy available on the World Wide Web via the Internet:

- Anyone requesting a copy in person must be provided a copy on the day of the request. If the request places an unusual burden on the organization (such as a request made just before the close of the normal business day), the copy must be provided on the next business day.
- Any request submitted in writing (via mail, etc.) must be honored within 30 days of receipt of the request or prepayment of copying charges (if prepayment is required).

### Fees

No fees may be charged for public inspection. However, you may charge a fee for providing copies. Currently the permissible fee is \$1.00 for the first page and \$.15 for each additional page. You may require that the fee be paid in advance.

### Penalties

There are substantial penalties that may apply for failure to comply with either the public inspection rules or the requirement to provide copies on request. However, there are rules designed to protect tax-exempt organizations from harassment campaigns.

If you have questions about these rules, please contact your BKD representative.

Return of Organization Exempt From Income Tax

2009

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)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

Header section containing organization name (WEST SIDE COMMUNITY HEALTH SERVICES, INC), EIN (23-7156236), address (153 CESAR CHAVEZ STREET, ST PAUL, MN 55107), and principal officer (ROBERT F. STEELE, CFO).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 26,174,019), expenses (Total: 24,225,952), and net assets (Total: 10,937,127).

Part II Signature Block

Signature block containing a declaration of accuracy and a signature line for the officer.

Preparer information section including the preparer's name (BKD, LLP), address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
WEST SIDE COMMUNITY HEALTH SERVICES PROVIDES MULTICULTURAL /  
MULTILINGUAL HEALTH CARE SERVICES AND EDUCATION TO IMMIGRANT AND  
LOW-INCOME COMMUNITIES. SEE SCHEDULE O FOR MORE INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 14,807,130. including grants of \$ 180,693. ) (Revenue \$ 11,883,762. )  
THE ORGANIZATION PROVIDES COMPREHENSIVE HEALTH CARE & SOCIAL SERVICES WITH BILINGUAL/BICULTURAL STAFF ON A SLIDING FEE SCALE. SERVICES INCLUDE PRIMARY, SPECIALTY, PREVENTIVE, URGENT CARE, COMPLEMENTARY, PHARMACY, DENTAL, OB/GYN, MENTAL HEALTH, SOCIAL & WRAP-AROUND SERVICES SUCH AS CHILD CARE, TRANSPORTATION & ASSISTANCE WITH HLTH PLAN ENROLLMENT. WE ARE PROUD TO SERVE OVER 35,000 PATIENTS EACH YR. WE SERVE THE DIVERSE ST. PAUL METRO AREA COMMUNITY -- PARTICULARLY THE LATINO & HMONG POPULATIONS, ST. PAUL PUBLIC HOUSING RESIDENTS, PEOPLE IN THE HOMELESS POPULATION, & ADOLESCENTS IN A SERVICE AREA THAT INCLUDES A SIGNIFICANT PORTION OF THE CITY OF ST. PAUL & RAMSEY COUNTY.

4b (Code: ) (Expenses \$ 2,294,203. including grants of \$ ) (Revenue \$ 1,771,107. )  
THE ORGANIZATION PROVIDES PREVENTIVE, RESTORATIVE, & EMERGENCY DENTAL SERVICES TO OVER 5,500 PATIENTS AT TWO CLINICS: WEST SIDE DENTAL CLINIC & HELPING HAND DENTAL CLINIC. OUR BRIGHT SMILES DENTAL PROGRAM IS A PRNTRSHIP W/ THE GREATER TWIN CITIES UNITED WAY & THE KNIGHT FOUNDATION. SRVCS ARE PROVIDED FOR CHILDREN IN RAMSEY & DAKOTA COUNTIES. THE PRNTRSHIP FOR IMPROVING CHILDREN'S ORAL HEALTH IN RAMSEY COUNTY STRIVES TO IMPROVE THE ORAL HLTH OF DISADVANTAGED POPULATIONS THROUGH COMMUNITY OUTREACH, EDUCATION, & DENTAL SERVICES. BRIGHT SMILES STRIVES TO ENSURE THAT LATINO CHILDREN HAVE ACCESS TO DENTAL CARE & FAMILIES ARE EDUCATED ON EFFECTIVE ORAL HLTH PRACTICES. THERE IS NO CHARGE FOR THESE SRVCS.

4c (Code: ) (Expenses \$ 2,935,378. including grants of \$ ) (Revenue \$ 2,258,042. )  
OUR LA CLINICA PHARMACY PROVIDES MEDICATION DISPENSING SRVCS & MEDICATION THERAPY MGMT (MTM). MTM GOES BEYOND THE STANDARD COUNSELING ASSOCIATED W/ RECEIVING A NEW PRESCRIPTION, WORKING DIRECTLY W/ DOCTORS TO ASSURE THAT ALL MEDICATION NEEDS ARE BEING MET. UNINSURED PATIENTS RECEIVE SLIDING SCALE DISCOUNTS BASED UPON INCOME & LOWER PRICED DRUGS. WHEN PRICES STILL REMAIN TOO HIGH, PHARMACISTS AID PATIENTS IN RECEIVING MEDICATION THROUGH MANUFACTURER PATIENT ASSISTANCE PROGRAMS, DISPENSE SAMPLE MEDS, OR THROUGH EXPANSION OF THE PFIZER SHARING THE CARE PROGRAM WHICH PROVIDES FREE PFIZER MEDICATIONS TO QUALIFYING UNINSURED PATIENTS.

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

4e Total program service expenses ► 20,036,711.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, loans, and contributions.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. (X) Own website ( ) Another's website (X) Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (ROBERT F. STEELE, CFO 153 CESAR CHAVEZ ST. ST PAUL, MN 55107 651-222-1816)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HEIDI CONRAD CHAIR THROUGH 12/2009	1.00	X		X				0.	0.	0.
KEVIN BOREN VICE CHAIR THROUGH 6/2010	1.00	X		X				0.	0.	0.
ROBERT SHEEHY CHAIR BEG. 1/2010	1.00	X		X				0.	0.	0.
AMANDA LOGE SECRETARY	1.00	X		X				0.	0.	0.
KELLY WOODS BIRKENHOLZ DIRECTOR	1.00	X						0.	0.	0.
KATHERINE CAIRNS DIRECTOR THROUGH 12/2009	1.00	X						0.	0.	0.
ERWIN CONCEPCION DIRECTOR THROUGH 12/2009	1.00	X						0.	0.	0.
ROSAURA DE LA TORRE DIRECTOR	1.00	X					540.	0.	0.	0.
PIERRE GINGERICH-BOBERG DIRECTOR	1.00	X					0.	0.	0.	0.
SUSAN MARSCHALK VICE CHAIR BEG. 7/2010	1.00	X		X			0.	0.	0.	0.
WILLIAM RILEY DIRECTOR	1.00	X					0.	0.	0.	0.
BERENICE RIVERA DIRECTOR	1.00	X					0.	0.	0.	0.
PETE SURDO DIRECTOR	1.00	X					0.	0.	0.	0.
SHENG THAO DIRECTOR	1.00	X					0.	0.	0.	0.
ROSA TOCK DIRECTOR	1.00	X					0.	0.	0.	0.
DR BRYAN WARREN DIRECTOR	1.00	X					0.	0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL THOMPSON DIRECTOR BEG. 7/2010	1.00	X						0.	0.	0.
ED SIMMONS DIRECTOR BEG. 7/2010	1.00	X						0.	0.	0.
LUIS ORTEGA DIRECTOR	1.00	X						600.	0.	0.
MARIA CHAVARRIA DIRECTOR 12/2009-1/2010	1.00	X						0.	0.	0.
CRAIG MORRIS DIRECTOR BEG 7/2010	1.00	X						0.	0.	0.
ROBERT F STEELE CFO	40.00			X				121,641.	0.	4,123.
JAESON T FOURNIER CEO BEG. 12/2009	40.00			X				23,269.	0.	0.
DR TERRIL H HART INTERIM CEO THROUGH 12/2009	40.00			X				0.	0.	0.
KATHLEEN CULHANE-PERA ASSOCIATE MEDICAL DIRECTOR	32.00				X			163,140.	0.	10,544.
MARY NESVIG MEDICAL DIRECTOR	32.00					X		147,418.	0.	5,761.
KANG XIAAJ PHYSICIAN	40.00					X		140,964.	0.	12,643.
MARGARITA SEVILLA PHYSICIAN	40.00					X		132,229.	0.	1,367.
BRAD MCDONNELL DENTAL DIRECTOR	34.00					X		122,348.	0.	4,211.
<b>1b Total</b> CONTINUED AT SCHEDULE J-2								1,156,039.	0.	48,766.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 13

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST DIAGNOSTICS INC MADISON, NJ 07940	LABORATORY	321,220.
NEIGHBORHOOD HEALTH CARE NETWORK ST PAUL, MN 55114	SOFTWARE MGMT	398,745.
SOLBREKK GOLDEN VALLEY, MN 55427	IT SERVICES	203,624.
NETGAIN TECHNOLOGY ST CLOUD, MN 56301	IT HOSTING SERVICES	157,602.
UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455	PHARMACY RESIDENTS	127,569.

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

**Part VIII Statement of Revenue**

23-7156236

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	346,461.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	8,793,069.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,037,191.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		217,251.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			10,176,721.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> PROGRAM SERVICE REV		624100	15,730,009.	15,730,009.			
	<b>b</b> PROGRAM INCENTIVES		624100	116,009.	116,009.			
	<b>c</b> PRECEPTING		624100	66,625.	66,625.			
	<b>d</b> OTHER		624100	268.	268.			
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			15,912,911.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			32,422.			32,422.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		213,306.						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		130,460.	30,881.			
		<b>c</b> Gain or (loss) . . . . .		82,846.	-30,881.			
	<b>d</b> Net gain or (loss) . . . . . ▶			51,965.			51,965.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b> Less: direct expenses . . . . . <b>b</b>						
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				0.				
<b>12 Total Revenue.</b> See instructions . . . . . ▶				26,174,019.	15,912,911.		84,387.	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	180,693.	180,693.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	323,857.	174,824.	149,033.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	185,598.		185,598.	
7 Other salaries and wages . . . . .	10,984,027.	9,778,708.	1,205,319.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	111,217.	99,171.	12,046.	
9 Other employee benefits . . . . .	1,850,923.	1,604,365.	246,558.	
10 Payroll taxes . . . . .	929,061.	804,878.	124,183.	
11 Fees for services (non-employees):				
a Management . . . . .	81,000.		81,000.	
b Legal . . . . .	22,830.		22,830.	
c Accounting . . . . .	69,334.		69,334.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	7,723.		7,723.	
g Other . . . . .	1,742,841.	1,074,403.	668,438.	
12 Advertising and promotion . . . . .	4,513.	912.	3,601.	
13 Office expenses . . . . .	677,363.	315,829.	361,534.	
14 Information technology . . . . .	781,841.	540,322.	241,519.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	805,921.	523,940.	281,981.	
17 Travel . . . . .	67,972.	59,703.	8,269.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	94,050.	53,655.	40,395.	
20 Interest . . . . .	183,105.		183,105.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	386,249.	316,952.	69,297.	
23 Insurance . . . . .	28,556.	18,072.	10,484.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBT</u> . . . . .	1,557,053.	1,557,053.		
b <u>LICENSES, DUES &amp; SUBSCRIPTIO</u> . . . . .	75,629.	69,597.	6,032.	
c <u>TAXES</u> . . . . .	201,709.		201,709.	
d <u>MEDICAL SUPPLIES &amp; DRUGS</u> . . . . .	2,821,312.	2,821,312.		
e <u>OTHER EXPENSES</u> . . . . .	51,575.	42,322.	9,253.	
f All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	24,225,952.	20,036,711.	4,189,241.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,290.	<b>1</b>	2,717.
	<b>2</b> Savings and temporary cash investments . . . . .	5,617,508.	<b>2</b>	6,533,983.
	<b>3</b> Pledges and grants receivable, net . . . . .	547,112.	<b>3</b>	1,159,641.
	<b>4</b> Accounts receivable, net . . . . .	935,165.	<b>4</b>	1,005,700.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	89,902.	<b>8</b>	75,768.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	32,603.	<b>9</b>	34,934.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 8,795,272.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,295,432.	6,826,676.	<b>10c</b> 6,499,840.
	<b>11</b> Investments - publicly traded securities . . . . .	1,947,732.	<b>11</b>	2,030,917.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	70,000.	<b>15</b>	340,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,069,988.	<b>16</b>	17,683,500.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,385,724.	<b>17</b>	1,759,625.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	82,648.	<b>19</b>	533,649.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,697,439.	<b>23</b>	4,453,099.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,165,811.	<b>26</b>	6,746,373.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,374,132.	<b>27</b>	10,252,943.
	<b>28</b> Temporarily restricted net assets . . . . .	530,045.	<b>28</b>	684,184.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	8,904,177.	<b>33</b>	10,937,127.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	16,069,988.	<b>34</b>	17,683,500.	

**Part XI Financial Statements and Reporting**

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

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2009, 2008. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Schedule of Contributors**

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

**2009**

<b>Name of the organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 5,736,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 1,299,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 1,036,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 465,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 79,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 155,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 159,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 315,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____	\$ 146,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	_____	\$ 151,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	_____	\$ 11,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	_____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	_____	\$ 7,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	_____	\$ 30,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> WEST SIDE COMMUNITY HEALTH SERVICES, INC	<b>Employer identification number</b> 23-7156236
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	PHARMACEUTICALS _____ _____ _____	\$ 159,446.	VARIOUS _____
16	PHARMACEUTICALS & MEDICAL SUPPLIES _____ _____ _____	\$ 11,996.	VARIOUS _____
23	PHARMACEUTICALS & MEDICAL SUPPLIES _____ _____ _____	\$ 30,767.	VARIOUS _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____

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

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>WEST SIDE COMMUNITY HEALTH SERVICES, INC</b>	Employer identification number <b>23-7156236</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover lobbying.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and aggregate amount reported.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

OTHER LOBBYING ACTIVITIES

PART II-B, LINE 1I

THE ORGANIZATION PAYS DUES TO THE NATIONAL ASSOCIATION OF COMMUNITY

HEALTH CENTERS (NACHC) AND THE MINNESOTA ASSOCIATION OF COMMUNITY HEALTH

CENTERS. A PORTION OF THESE DUES MAY BE USED FOR LOBBYING PURPOSES.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

WEST SIDE COMMUNITY HEALTH SERVICES, INC

Employer identification number

23-7156236

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included..., b Assets included...

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	26,174,019.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	24,225,952.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	1,948,067.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	84,883.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	84,883.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	2,032,950.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	26,571,500.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	84,883.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	289,440.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	-7,723.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	366,600.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,204,900.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-30,881.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-30,881.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	26,174,019.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	24,538,550.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	289,440.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	30,881.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	320,321.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,218,229.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	7,723.
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	7,723.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	24,225,952.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

UNCERTAIN TAX POSITION

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

OTHER REVENUE NOT ON FORM 990

SCHEDULE D, PART XII, LINE 2D

INVESTMENT EXPENSES ( 7,723)

OTHER REVENUE NOT ON FINANCIAL STATEMENTS

SCHEDULE D, PART XII, LINE 4B

LOSS ON SALE OF ASSETS (30,881)

OTHER EXPENSE NOT ON FORM 990

LOSS ON SALE OF ASSETS 30,881



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EVICTIION PREVENTION PROGRAM-RENT	43	19,563.			
EVICTIION PREVENTION PROGRAM-UTILITIES	386	156,633.			
EVICTIION PREVENTION PROGRAM-SANITATION	11	4,497.			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

EVICTIION PREVENTION GRANTS  
 -----  
 SCHEDULE I, PART I, LINE 2  
 -----  
 WEST SIDE COMMUNITY HEALTH SERVICES OFFERS EVICTIION PREVENTION SERVICES  
 -----  
 TO THOSE IN NEED IN THEIR COMMUNITY. IN ORDER TO GAIN ASSISTANCE,  
 -----  
 APPLICANTS SUBMIT A REQUEST STATING THEIR NEED. REQUESTS ARE VERIFIED  
 -----  
 WITH THE APPROPRIATE AGENCIES (IE: UTILITIES COMPANY) TO DETERMINE  
 -----  
 ACCOUNT STATUS. IF THE APPROVED APPLICANT IS ELIGIBLE FOR ASSISTANCE FROM  
 -----  
 LARGER PROGRAMS BUT NEEDS ADDITIONAL FUNDS TO PAY THE BILL OR IF THEY ARE  
 -----  
 NOT ELIGIBLE FOR THOSE PROGRAMS, WEST SIDE COMMUNITY HEALTH SERVICES WILL  
 -----  
 ASSIST IN RESOLVING THE BILL.  
 -----

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

-----  
 -----  
 ALL PAYMENTS ARE MADE DIRECTLY TO THE LANDLORD, UTILITY COMPANY, OR  
 -----  
 SANITATION COMPANY. CHECKS ARE PROCESSED BY WSCHS WITH SPECIFIC NAMES AND  
 -----  
 ACCOUNT NUMBERS. THIS INFORMATION GOES TO THE UTILITIES AND HC STAFF TO  
 -----  
 VERIFY AND RECORD.  
 -----  
 -----  
 -----  
 -----

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

WEST SIDE COMMUNITY HEALTH SERVICES, INC

Employer identification number

23-7156236

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MAVIS BREHM	(i)	32,493.	0.	151,368.	835.	902.	185,598.	
	(ii)	0.	0.	0.	0.	0.	0.	
KATHLEEN CULHANE-PERA	(i)	162,668.	0.	472.	3,543.	7,001.	173,684.	
	(ii)	0.	0.	0.	0.	0.	0.	
MARY NESVIG	(i)	147,153.	0.	265.	3,730.	2,031.	153,179.	
	(ii)	0.	0.	0.	0.	0.	0.	
KANG XIAAJ	(i)	134,441.	0.	6,523.	3,587.	9,056.	153,607.	
	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

EQUITY-BASED COMPENSATION

SCHEDULE J, PART I, LINE 4A

THE INDIVIDUAL NOTED BELOW RECEIVED A SEVERENCE PAYMENT PURSUANT TO A SEPARATION AGREEMENT AND RELEASE EXECUTED MARCH 11, 2009.

MAVIS BREHM \$120,858

BONUS

SCHEDULE J, PART I, LINE 7

JASON COMO RECEIVED A \$1,500 BONUS AFTER 6 MONTHS OF EMPLOYMENT AS SPECIFIED IN HIS CONTRACT.

JAESON FOURNIER, CEO, RECEIVED A SIGNING BONUS OF \$20,000 AS PART OF HIS CONTRACT.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization: **WEST SIDE COMMUNITY HEALTH SERVICES, INC**  
Employer identification number: **23-7156236**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	28	217,251.	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
27 Other ▶( _____ )				
28 Other ▶( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

DRUGS & MEDICAL SUPPLIES

PART I, LINE 20

THE ORGANIZATION RECEIVED DONATIONS OF DRUGS AND MEDICAL SUPPLIES OVER

\$5,000 IN VALUE FROM THREE ENTITIES. ADDITIONALLY, THE ORGANIZATION

RECEIVED DONATIONS OF DRUGS AND MEDICAL SUPPLIES FROM 25 OTHER

CONTRIBUTORS, WITH EACH CONTRIBUTING LESS THAN \$5,000 IN VALUE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

WEST SIDE COMMUNITY HEALTH SERVICES, INC

Employer identification number

23-7156236

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

WEST SIDE COMMUNITY HEALTH SERVICES IS THE LARGEST COMMUNITY CLINIC ORGANIZATION IN MINNESOTA, WITH MULTIPLE LOCATIONS IN THE METRO AREA. WE PROVIDE INNOVATIVE AND MULTICULTURAL / MULTILINGUAL HEALTH CARE SERVICES AND EDUCATION TO IMMIGRANT AND LOW-INCOME COMMUNITIES. WE STRIVE TO ENSURE THAT EVERYONE HAS ACCESS TO HIGH QUALITY, AFFORDABLE HEALTH CARE, TO ACTIVELY ENGAGE PATIENTS IN THEIR OWN HEALTH CARE, AND TO RESPECT THE TRADITIONS OF THOSE WE SERVE. WE STRIVE TO IMPROVE THE HEALTH OF OUR REGION FOR THE BENEFIT OF ALL.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ADDITIONAL PROGRAM SERVICES THE ORGANIZATION PROVIDES AT ITS CLINICS

INCLUDE:

- ADOLESCENT HEALTH CARE SERVICES
- DIABETES CARE
- EVICTION PREVENTION
- FAMILY PLANNING & PREGNANCY TESTING
- FAMILY SUPPORT & MENTAL HEALTH COUNSELING
- HEALTH EDUCATION
- HIV CARE
- NUTRITION SERVICES
- PRENATAL CARE

Name of the organization WEST SIDE COMMUNITY HEALTH SERVICES, INC	Employer identification number 23-7156236
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ATTACHMENT 1 (CONT'D)

-SENIOR HEALTHCARE

-WELL CHILD CARE AND IMMUNIZATIONS

-WOMEN'S HEALTH, AND

-WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

DELEGATION OF MANAGEMENT DUTIES

FORM 990, PART VI, SECTION A, LINE 3

THE ORGANIZATION CONTRACTED EXPERIENCED RESOURCES FOR ITS INTERIM CEO,  
DR. TERRIL HART. EXPERIENCED RESOURCES PAID ALL COMPENSATION AND  
BENEFITS FOR THE SERVICES OF THE INTERIM CEO FOR A TOTAL OF \$81,000.

990 REVIEW POLICY

FORM 990, PART VI, SECTION B, LINE 11A

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTANT USING THE AUDITED  
FINANCIAL RECORDS OF THE ORGANIZATION. THEN, THE CEO, CFO, FINANCE  
COMMITTEE, AND BOARD OF DIRECTORS REVIEW AND APPROVE THE RETURN PRIOR TO  
BEING FILED.

CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12C

ALL BOARD MEMBERS ARE EXPECTED TO EXERCISE INDEPENDENT JUDGMENT IN  
OVERSEEING THE BUSINESS AFFAIRS OF THE ORGANIZATION. BOARD MEMBERS ARE  
PROHIBITED FROM ENGAGING IN ANY SITUATION THAT IS OR APPEARS TO BE A  
CONFLICT OF INTEREST. THIS INCLUDES PROHIBITING BOARD MEMBERS AND MEMBERS  
OF THEIR IMMEDIATE FAMILY FROM BEING EMPLOYEES OR CONTRACTORS OF WEST  
SIDE COMMUNITY HEALTH SERVICES. ON AN ANNUAL BASIS, ALL BOARD OF  
DIRECTORS AND COMMITTEE MEMBERS MUST SIGN A WRITTEN DECLARATION OF THE

Name of the organization WEST SIDE COMMUNITY HEALTH SERVICES, INC	Employer identification number 23-7156236
<u>ATTACHMENT 1 (CONT'D)</u>	

FOLLOWING:

1. FIT OF ORGANIZATIONAL MISSION WITH PERSONAL GOALS.
2. INDIVIDUAL OR IMMEDIATE FAMILY PARTICIPATION IN OTHER BUSINESS RELATIONSHIPS OR THE ENGAGEMENT OF OTHER OUTSIDE ACTIVITIES THAT MAY IMPAIR INDEPENDENCE OF JUDGMENT CONCERNING THE OPERATIONS OF WEST SIDE COMMUNITY HEALTH SERVICES.
3. INDIVIDUAL OR IMMEDIATE FAMILY PERSONAL FINANCIAL INTERESTS THAT MAY IMPAIR INDEPENDENCE OF JUDGMENT OR INFLUENCE DECISIONS OR ACTIONS CONCERNING WEST SIDE COMMUNITY HEALTH SERVICES.
4. INDIVIDUAL OR IMMEDIATE FAMILY INVOLVEMENT, OR OTHER BOARD OR OFFICER INVOLVEMENT, IN ANY BUSINESS TRANSACTIONS INVOLVING MATERIAL INTEREST, DIRECT OR INDIRECT, PENDING OR COMPLETED, TO WHICH WEST SIDE COMMUNITY HEALTH SERVICES WAS OR IS TO BE A PARTY.
5. INDIVIDUAL OR IMMEDIATE FAMILY INVOLVEMENT OR OTHER BOARD OR OFFICER INVOLVEMENT, IN ANY BUSINESS TRANSACTION WITH A COMPANY WHICH SUBSTANTIALLY COMPETES WITH WEST SIDE COMMUNITY HEALTH SERVICES.
6. SIGNED STATEMENTS WILL BE KEPT ON FILE. ANY DECLARATION NOTING A POTENTIAL CONFLICT OF INTEREST WILL BE FURTHER REVIEWED BY THE EXECUTIVE COMMITTEE.

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED THE CEO COMPENSATION. THEY USED A NUMBER OF COMPENSATION SURVEYS, INCLUDING THE 2009 NACHC AND THE 2009 VAN NORMAN & ASSOCIATES SURVEY. ADDITIONALLY, SINCE THE CEO WAS HIRED IN 2009, THE RECOMMENDATIONS OF EXECUTIVE SEARCH FIRM, WOOD EXECUTIVE SEARCH, WERE CONSIDERED. THE EXECUTIVE COMMITTEE RECOMMENDED

Name of the organization WEST SIDE COMMUNITY HEALTH SERVICES, INC	Employer identification number 23-7156236
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ATTACHMENT 1 (CONT'D)

THE COMPENSATION STRUCTURE TO THE FULL BOARD FOR APPROVAL.

ALL OTHER OFFICERS AND KEY EMPLOYEE SALARIES ARE REVIEWED AND APPROVED BY  
THE CEO ON AN ANNUAL BASIS.

DOCUMENT DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE AUDIT REPORT AND FORM 990 ARE CURRENTLY AVAILABLE TO THE PUBLIC FOR  
VIEWING ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING  
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, AND  
WILL BE MAILED TO THE REQUESTOR WHEN ANY INQUIRY IS RECEIVED BY THE  
ORGANIZATION.

DIRECTOR COMPENSATION

FORM 990, PART VII

ROSAURA DE LA TORRE AND LUIS ORTEGA BOTH RECEIVED COMPENSATION FROM THE  
ORGANIZATION. THIS COMPENSATION WAS PROVIDED AS A COMMUNITY MEMBER  
PARTICIPATING IN A RESEARCH PROJECT. NO BOARD MEMBERS RECEIVE  
COMPENSATION FOR THEIR ROLES AS DIRECTORS.