

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 09/30/2004

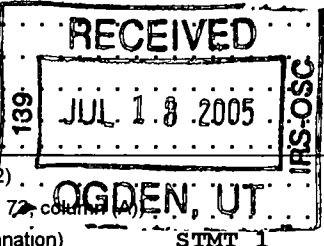
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: WEST SIDE COMMUNITY HEALTH SERVICES, INC. D Employer identification number: 23-7156236. E Telephone number: (651) 602-7536. F Accounting method: Accrual.

G Website: WWW.WESTSIDECHS.ORG. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 16,739,538.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 16,739,538.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances; 10 b Less: cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Handwritten initials

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row 1: What is the organization's primary exempt purpose? STMT 3, 13,478,589. Row 2: a STMT 4, (Grants and allocations \$), 13,478,589. Row 3: b, (Grants and allocations \$). Row 4: c, (Grants and allocations \$). Row 5: d, (Grants and allocations \$). Row 6: e Other program services (attach schedule) (Grants and allocations \$). Row 7: f Total of Program Service Expenses (should equal line 44, column (B), Program services), 13,478,589.

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A)		(B)
				Beginning of year		End of year
Assets	45	Cash - non-interest-bearing		1,203,049.	45	268,645.
	46	Savings and temporary cash investments		549,523.	46	130,663.
	47a	Accounts receivable	47a 5,885,271.			
	b	Less allowance for doubtful accounts	47b 1,046,662.	3,149,275.	47c	4,838,609.
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	288,812.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	STMT 5	147,401.	53	176,933.
	54	Investments - securities (attach schedule)	STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54	577,632.
	55a	Investments - land, buildings, and equipment: basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 10,115,827.				
b	Less accumulated depreciation (attach schedule)	57b 1,954,496.	3,111,834.	57c	8,161,331.	
58	Other assets (describe <input type="checkbox"/> STMT 7)		871,551.	58	61,317.	
59	Total assets (add lines 45 through 58) (must equal line 74)		9,032,633.	59	14,503,942.	
Liabilities	60	Accounts payable and accrued expenses		2,225,233.	60	2,577,482.
	61	Grants payable			61	
	62	Deferred revenue	STMT 8	214,195.	62	1,167,922.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)	STMT 9	1,275,000.	64b	5,421,631.
	65	Other liabilities (describe <input type="checkbox"/> STMT 11)		1,510,272.	65	839,040.
66	Total liabilities (add lines 60 through 65)		5,224,700.	66	10,006,075.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		3,297,375.	67	4,412,514.
	68	Temporarily restricted		510,558.	68	85,353.
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		3,807,933.	73	4,497,867.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		9,032,633.	74	14,503,942.

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

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
	b If "Yes," enter the name of the organization PROPIEDADES, INC. _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
	b Did the organization file Form 1120-POL for this year?	81b	N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	174,474.
83a	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
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	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		
	b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed MINNESOTA		
	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	217
91	The books are in care of MAVIS BEHM, EXECUTIVE DIRECTOR Telephone no 651-602-7536 Located at 153 CONCORD STREET, ST. PAUL, MN ZIP + 4 55107		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SELF-PAY					1,555,237.
b MANAGED CARE PLANS					3,251,251.
c OTHER THIRD PARTY					1,128,222.
d					
e					
f Medicare/Medicaid payments					3,376,821.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11,779.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b AMORT. OF GOODWILL			03	671,232.	
c PRECEPTING PROGRAM					93,663.
d OTHER REVENUE			03	92,694.	
e					
104 Subtotal (add columns (B), (D), and (E))				775,705.	9,405,194.
105 Total (add line 104, columns (B), (D), and (E))					10,180,899.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 15

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

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

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

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

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

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

Please Sign Here ▶ Mavis Brekner
Signature of officer | 6/24/05
Date

Mavis Brekner Executive Director

Date	6/24/05	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)	P00298053
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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

2003

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NESVIG, MARY</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	MEDICAL DIRECTOR 32 HRS/WK	144,317.	6,500.	NONE
<u>SPROULS, TIMOTHY</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	DENTIST 40 HRS/WK	118,546.	3,556.	NONE
<u>BENFIELD, SUSAN</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	PHYSICIAN 32 HRS/WK	121,829.	6,500.	NONE
<u>BORGES, LOURDES</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	PHYSICIAN 36 HRS /WK	127,605.	6,380.	NONE
<u>FIGARI, CARLOS</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	PHYSICIAN 32 HRS/WK	135,998.	6,500.	NONE
Total number of other employees paid over \$50,000 ▶	36			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GROUP HEALTH INC.</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	CONTRACT PHYS. SERV.	190,811.
<u>INCOMPASS, INC.</u> ----- 153 CONCORD STREET ST. PAUL, MN 55107	INFO SYSTEMS CONS.	81,348.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc.? 3b. Do you have a section 403(b) annuity plan for your employees? 4. Did you maintain any separate account for participating donors...

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

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

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

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

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. NOT APPLICABLE

Table with columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, student body composition, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED/GAINS ON INVESTMENTS

14,885.

TOTAL

14,885.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
PATIENT TRANSPORTATION	20,902.	20,902.	
HEALTHCARE CONSULTANTS	479,048.	479,048.	
INSURANCE	90,526.	53,403.	37,123.
LABORATORY FEES	363,145.	363,145.	
MISCELLANEOUS	136,673.	65,827.	70,846.
PERSONNEL RECRUITMENT	33,732.	19,813.	13,919.
PROVISION FOR BAD DEBTS	587,016.	587,016.	
DUES AND SUBSCRIPTIONS	75,987.	28,186.	47,801.
STAFF TRAINING	14,024.	NONE	14,024.
PHARMACEUTICALS	1,010,169.	1,010,169.	
UTILITY ASSISTANCE	139,065.	139,065.	
PUBLIC INFORMATION	5,160.	4,965.	195.
MINNESOTA CARE TAXES	79,500.	79,500.	
CONSULTANTS & PROFESSIONAL FEE	493,727.	187,022.	306,705.
TOTALS	3,528,674.	3,038,061.	490,613.

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

=====

A HEALTH CENTER PROVIDING A BROAD RANGE OF HEALTH SERVICES TO A
LARGELY MEDICALLY UNDERSERVED POPULATION IN ST. PAUL, MINNESOTA.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

A HEALTH CARE CENTER PROVIDING A BROAD RANGE OF MEDICAL SERVICES TO APPROX. 102,838 PATIENTS FOR Y/E 9/30/04 TO A LARGELY MEDICALLY UNDERSERVED POPULATION IN ST. PAUL, MINNESOTA.

13,478,589.

TOTAL

13,478,589.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	176,933.
TOTALS	----- 176,933. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MONEY MARKET FUND	67,103.
EQUITY FUNDS	510,529.
TOTALS	----- 577,632. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CONTRACT RECEIVABLES	
OTHER RECEIVABLES	61,317.

TOTALS	61,317.
	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
REFUNDABLE ADVANCES	1,167,922.
TOTALS	----- 1,167,922. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: OTTO BREMER FOUNDATION
 ORIGINAL AMOUNT: 500,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 07/01/2001
 MATURITY DATE: 07/01/2006
 REPAYMENT TERMS: PRINCIPAL AND INTEREST PAYABLE ON JULY 1 EACH YEAR
 SECURITY PROVIDED: UNSECURED

BEGINNING BALANCE DUE 300,000.
 ENDING BALANCE DUE NONE

LENDER: CHEROKEE STATE BANK
 ORIGINAL AMOUNT: 350,000.
 INTEREST RATE: 6.250000
 DATE OF NOTE: 06/01/2004
 MATURITY DATE: 06/19/2005
 SECURITY PROVIDED: COMPANY'S ASSETS
 PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE 350,000.
 ENDING BALANCE DUE 350,000.

LENDER: REDA
 ORIGINAL AMOUNT: 25,000.
 INTEREST RATE: 7.000000
 DATE OF NOTE: 10/01/2002
 MATURITY DATE: 10/01/2012
 REPAYMENT TERMS: PAYABLE MONTHLY PAYMENTS OF PRINCIPAL AND INTEREST
 SECURITY PROVIDED: BY CERTAIN PROPERTY, PLANY AND EQUIPMENT

BEGINNING BALANCE DUE 25,000.
 ENDING BALANCE DUE NONE

LENDER: MN PRIMARY CARE FUND
 ORIGINAL AMOUNT: 600,000.
 INTEREST RATE: 5.250000
 DATE OF NOTE: 06/25/2003
 MATURITY DATE: 07/30/2005
 REPAYMENT TERMS: 24 CONSECUTIVE INSTALLMENTS OF INTEREST ON 7/30/03
 SECURITY PROVIDED: BY CERTAIN PROPERTY, PLANT AND EQUIPMENT

BEGINNING BALANCE DUE 600,000.
 ENDING BALANCE DUE NONE

LENDER: CHEROKEE STATE BANK
 ORIGINAL AMOUNT: 4,776,497.
 INTEREST RATE: 4.000000
 DATE OF NOTE: 04/28/2004
 MATURITY DATE: 06/01/2028
 REPAYMENT TERMS: THE LOAN IS PAYABLE FOR 360 CONSECUTIVE INSTALLMEN
 SECURITY PROVIDED: THE LOAN IS SECURED BY THE LAND AND BUILDING
 PURPOSE OF LOAN: NEW BUILDING

BEGINNING BALANCE DUE NONE
 ENDING BALANCE DUE 4,776,497.

LENDER: CITY OF ST. PAUL
 ORIGINAL AMOUNT: 300,000.
 INTEREST RATE: 4.000000
 DATE OF NOTE: 06/26/2003
 MATURITY DATE: 06/01/2028
 REPAYMENT TERMS: MONTHLY FOR 288 MONTHS
 SECURITY PROVIDED: SECURED BY CERTIAN PROPERTY AND EQUIPMENT
 ENDING BALANCE DUE 295,134.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,275,000.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 5,421,631.
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FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	ENDING BOOK VALUE
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NEGATIVE GOODWILL	839,040.
TOTALS	----- 839,040. =====

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
WILLIAM CELEBREZZE C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN. 55107	VICE CHAIR 1 HR/MONTH	NONE	NONE	NONE
KRISTI ZIMMERMAN-BENCE C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST PAUL, MN 55107	SECRETARY 1 HR/MONTH	NONE	NONE	NONE
DALE ULRICH C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST PAUL, MN 55107	TREASURER 1 HR/MONTH	NONE	NONE	NONE
KEVIN BOREN C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST PAUL, MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
KATHI CAIRNS C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST PAUL, MN 55107	MEMBER 1 HE/MONTH	NONE	NONE	NONE
TONI CARTER C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST PAUL, MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
ERWIN CONCEPCION	MEMBER 1 HR/MONTH	NONE	NONE	NONE

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
C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107				
MAVIS BREHM C/O WESTSIDE COMMUNITY HEALTH 153 CONCORD STREET ST. PAUL MN 55107	EXECUTIVE DIRECTOR 40 HRS/WK	135,998.	8,000.	NONE
HEIDI CONRAD C/O WESTSIDE COMMUNITY HEALTH 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
MAE SEELY SYLVESTER C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	CHAIR 1 HR/MONTH	NONE	NONE	NONE
VIVIANA GATICA C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
KATHRYN LAMP C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
SHENG LEE C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET	MEMBER 1 HR/MONTH	NONE	NONE	NONE

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
ST. PAUL MN 55107				
LYNNE PANKE VALDES C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
DER THAO C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE
EFREN TOVAR LEON C/O WESTSIDE COMMUNITY HEALTH SVS 153 CONCORD STREET ST. PAUL MN 55107	MEMBER 1 HR/MONTH	NONE	NONE	NONE

GRAND TOTALS 135,998. 8,000. NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93AF	PROGRAM SERVICE REVENUE REPRESENTS FEES RECEIVED FROM THE RENDERING OF HEALTH SERVICES IN THE FORM OF APPROXIMATELY 102,838 VISITS. THESE REVENUES ARE USED TO PROVIDE A BROAD RANGE OF HEALTH SERVICES TO A LARGELY MEDICALLY UNDERSERVED POPULATION IN ST. PAUL, MINNESOTA.
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• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section for Name of Exempt Organization (WEST SIDE COMMUNITY HEALTH SERVICES, INC.), Employer Identification number (23-7156236), and address (153 CONCORD STREET, ST PAUL, MN 55107).

Check type of return to be filed (File a separate application for each return):

Form section for selecting the type of return to be filed, including Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does not have an office or place of business in the United States, check this box.
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)...

Form section for extension details: 4 I request an additional 3-month extension of time until 08/15/2005; 5 For calendar year 10/01/2003 and ending 09/30/2004; 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 7 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.

Form section for tax amounts: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$; 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$; 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I 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, and complete, and that I am authorized to prepare this form.

Signature: Alan Wyl CPA Title: MANAGING DIRECTOR Date: 5/3/05

Notice to Applicant - To Be Completed by the IRS

Form section for IRS notice to applicant with checkboxes: We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period... We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other

By: Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section for alternate mailing address: Name AMER EXP TAX & BUS SVCS INC, Number and street 1185 AVENUE OF THE AMERICAS, City or town, province or state, and country NEW YORK, NY 10036

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization WEST SIDE COMMUNITY HEALTH SERVICES, INC.	Employer identification number 23-7156236
	Number, street, and room or suite no. If a P.O. box, see instructions. 153 CONCORD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST PAUL, MN 55107	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 05/16, **2005**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning 10/01, **2003**, and ending 09/30, **2004**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I 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, and complete, and that I am authorized to prepare this form.

Signature ▶ Ace Wyl CPA Title ▶ **MANAGING DIRECTOR** Date ▶ 2/9/05
 For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)