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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **07/01/2016** and ending **06/30/2017**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **WESTSIDE HEALTH AUTHORITY**
 Doing business as
 Number and street (or P O box if mail is not delivered to street address) Room/suite
5417 W. DIVISION
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60651

D Employer identification number
36-3789879

E Telephone number
(773) 378-1878

G Gross receipts \$ **5,662,560.**

F Name and address of principal officer **Morris Reed**
5417 W Division Chicago, IL 60651

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

J Website: **N/A**

K Form of organization Corporation Trust Association Other

L Year of formation **1991**

M State of legal domicile **IL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities The mission of Westside Health Authority is to use the capacity of local people to improve the Health and well bening of westsideresident	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 0
	5 Total number of individuals employed in calendar year 2016 (Part VII, line 2a) 28
	6 Total number of volunteers (estimate if necessary) 0
	7a Total unrelated business revenue from (Part VII, column (C), line 7) -210,122.
	7b Net unrelated business taxable income from Form 990-T, line 34 0.
	8 Contributions and grants (Part VIII, line 1h) 2,283,632. 4,180,877.
9 Program service revenue (Part VIII, line 2a) 1,068,751. 507.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 273. 90,522.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,079. -280,572.	
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (C), line 7) 3,389,735. 3,991,334.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 13) 1,159,686. 1,423,498.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,792,138. 1,944,269.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,951,824. 3,367,767.	
19 Revenue less expenses Subtract line 18 from line 12 437,911. 623,567.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,721,680. 8,869,275.
	21 Total liabilities (Part X, line 26) 2,884,599. 2,926,905.
	22 Net assets or fund balances Subtract line 21 from line 20 5,837,081. 5,942,370.

Part II Signature Block

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

Sign Here
 Signature of officer: **Morris Reed** Date: **1/16/18**
MORRIS REED, CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **GREG W. KENNER** Preparer's signature: *Greg Kenner*
 Firm's name: **FIELDBELLOW**
 Firm's address: **873 Drexel Chicago**

May the IRS discuss this return with the preparer shown above? (see instruction)