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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY VIOLENCE INTERVENTION CENTER		<b>D</b> Employer identification number  45-0359167
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 211 SOUTH 4TH STREET	Room/suite	<b>E</b> Telephone number  (701) 746-0405
	City or town, state or country, and ZIP + 4 GRAND FORKS, ND 58201		<b>G</b> Gross receipts \$ 2,889,159
	<b>F</b> Name and address of principal officer KRISTI HALL-JIRAN 211 SOUTH 4TH STREET GRAND FORKS, ND 58201		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ WWW.CVICONLINE.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1980	<b>M</b> State of legal domicile ND

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ASSIST VICTIMS OF VIOLENCE AND TO PROMOTE SAFETY, PEACE AND RESPECT FOR ALL INDIVIDUALS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	182
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,816,927	Current Year 2,124,098
	9 Program service revenue (Part VIII, line 2g)	206,793	232,400
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,119	7,108
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	288,671	453,274
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,320,510	2,816,880
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	183,531
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,693,221	1,959,463
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>174,952</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		436,523	527,171
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,313,275	2,648,787
19 Revenue less expenses Subtract line 18 from line 12		7,235	168,093
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	2,094,486	2,281,227
	21 Total liabilities (Part X, line 26)	134,886	127,228
	22 Net assets or fund balances Subtract line 21 from line 20	1,959,600	2,153,999

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	*****			2013-05-28	
	Signature of officer			Date	
	KRISTI HALL-JIRAN EXECUTIVE DIRECTOR				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JANELLE MULROY		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed		PTIN P00167925		
	Firm's name ► BRADY MARTZ AND ASSOCIATES PC			Firm's EIN ► 45-0310328	
	Firm's address ► PO BOX 14296 GRAND FORKS, ND 582084296			Phone no (701) 775-4685	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

1

Briefly describe the organization's mission

TO ASSIST VICTIMS OF VIOLENCE AND TO PROMOTE SAFETY, PEACE AND RESPECT FOR ALL INDIVIDUALS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 930,640 including grants of \$ 161,829 ) (Revenue \$ 95,968 )
LIGHT OF HOPE PROGRAM LIGHT OF HOPE PROVIDES THE ONLY PLACE OF REFUGE IN OUR COMMUNITY FOR ADULTS AND CHILDREN WHO ARE BEING ABUSED IN THEIR OWN HOMES OR HARMED BY SEXUAL VIOLENCE, OFFERING A SAFE WAY THROUGH THE CRISIS AND SUPPORT TOWARD ACHIEVING LONG-TERM STABILITY IN 2012, WE SERVED 1,566 ADULTS AND CHILDREN OUR CLIENTS TELL US THAT OUR SERVICES ARE MAKING A DIFFERENCE 99.6% OF 245 CLIENTS SURVEYED IN 2012 REPORTED THAT OUR SERVICES WERE BENEFICIAL TO THEIR LIVES SERVICES INCLUDE 1. LIFELINE TO SAFETY OUR CRISIS SERVICES PROVIDE A LIFELINE THAT ENSURES SAFETY, INCLUDING SHELTER, 24-HOUR CRISIS LINE, ASSISTANCE WITH PROTECTION ORDERS, LEGAL REPRESENTATION, ADVOCACY, COLLABORATION WITH LAW ENFORCEMENT, CHILD PROTECTIVE SERVICES AND OTHERS, EMERGENCY FINANCIAL ASSISTANCE AND RELATED SUPPORT OF 172 CLIENTS SURVEYED, 95% SAID THEY FELT SAFER AFTER RECEIVING CRISIS SERVICES INDIVIDUALS HAVE TOLD US "I AM SO GRATEFUL TO HAVE THE EXPERTISE AND COMPASSION OF THE CVIC STAFF AS ADVOCATES FOR MY DAUGHTER'S SAFETY " "THE SUPPORT AND SERVICES I'VE GOTTEN FROM CVIC HAS BEEN WONDERFUL AND OUTSTANDING THE OUTPOURING OR SUPPORT WAS AMAZING I NEVER FELT ALONE I WAS LIKE 'WOW!'" 2. HEALING OUR SERVICES PROMOTE STABILITY AND HEALING, HELPING ADULTS AND CHILDREN TO COPE WITH THE TRAUMA OF VIOLENCE, TEACHING CHILDREN NONVIOLENT WAYS OF RELATING, AND ASSISTING FAMILIES IN FOSTERING POSITIVE RELATIONSHIPS WE OFFER INNOVATIVE COUNSELING AND THERAPY GROUPS FOR TEENS, GROUPS AND PLAY THERAPY FOR YOUNG CHILDREN, AND SUPPORT GROUPS, COUNSELING AND PARENTING EDUCATION FOR ADULTS OF 151 ADULT CLIENTS SURVEYED, 93% STATED THEY INCREASED KNOWLEDGE OF THE DYNAMICS OF VIOLENCE, AND 91% OF 149 SHOWED IMPROVEMENT IN EMOTIONAL CONDITION CHILD/YOUTH OUTCOMES WERE ALSO POSITIVE 100% OF 34 SURVEYED OR RATED INCREASED KNOWLEDGE OF ABUSE AND NONVIOLENT WAYS OF RELATING, AND 94% EXHIBITED A POSITIVE CHANGE IN RELATIONSHIP SKILLS INDIVIDUALS HAVE TOLD US "I LOVED MY COUNSELING " "IT'S A RELIEF TO BE ABLE TO TALK TO SOMEONE "3. EMPOWERMENT LOCALLY, MORE THAN 1 IN 4 ADULTS AND CHILDREN FLEEING DOMESTIC VIOLENCE BECAME HOMELESS, WITH THE NUMBER OF NIGHTS HOMELESS SKYROCKETING 54% OVER THE PAST THREE YEARS, FROM 5,837 NIGHTS IN 2010 TO 9,001 NIGHTS IN 2012 OUR SELF-SUFFICIENCY SERVICES PROVIDE RELIEF TO FAMILIES IN DIRE STRAITS AND ASSIST THEM IN ATTAINING FINANCIAL INDEPENDENCE CAREER COUNSELING WE HELP INDIVIDUALS TO IDENTIFY EDUCATIONAL AND CAREER GOALS, APPLY TO INSTITUTIONS OF HIGHER LEARNING, FINANCIAL AID AND EMPLOYMENT, GAIN ACCESS TO JOBS, AND INCREASE MONEY MANAGEMENT SKILLS IN 2012, 100% OF 65 CLIENTS TOOK STEPS TOWARD SECURING JOBS OR HIGHER EDUCATION HOUSING ASSISTANCE WE HELP INDIVIDUALS TO SECURE LOW-INCOME HOUSING OR OTHER OPTIONS, AND PROVIDE TRANSITIONAL HOUSING FOR SINGLE-PARENT FAMILIES WORKING TO ATTAIN SELF-SUFFICIENCY IN 2012, 97% OF 187 CLIENTS TOOK STEPS TOWARD SECURING PERMANENT HOUSING, AND 100% OF SIX TRANSITIONAL HOUSING CLIENTS TOOK STEPS TOWARD MEETING THEIR SELF-SUFFICIENCY GOALS INDIVIDUALS HAVE TOLD US "I DON'T KNOW WHERE I WOULD BE WITHOUT CVIC EVEN MY FRIENDS HAVE NOTICED HOW MUCH STRONGER I AM " "I DON'T KNOW WHAT I WOULD HAVE DONE WITHOUT CVIC'S HELP "	

4b	(Code ) (Expenses \$ 183,118 including grants of \$ 324 ) (Revenue \$ 19,328 )
PATHWAYS TOWARD JUSTICE PROGRAM PATHWAYS TOWARD JUSTICE PROVIDES CRIMINAL JUSTICE ADVOCACY AND SUPPORT FOR VICTIMS OF CRIME, INCLUDING ASSAULT, RAPE, SEXUAL ABUSE, BURGLARY, TERRORIZING, MANSLAUGHTER, MURDER, HARASSMENT AND OTHER CRIMES IN 2012, WE SERVED 748 ADULTS AND CHILDREN OF 86 CLIENTS SURVEYED, 99% SAID OUR SERVICES WERE BENEFICIAL TO THEIR LIVES INDIVIDUALS HAVE TOLD US "WE WERE KEPT WELL INFORMED AND THE OUTCOME IS FAIR I CAN'T THANK EVERYONE ENOUGH FOR HELPING OUR DAUGHTER " "WHAT YOU DO FOR PEOPLE IS AMAZING, I COULDN'T HAVE MADE IT WITHOUT YOU THE SUPPORT, ANSWERS TO QUESTIONS, BEING THERE AT COURT HOLDING MY HAND EVERYTHING YOU HAVE DONE FOR MY KIDS "SERVICES INCLUDE 1. ADVOCACY TO ENSURE RIGHTS WE HELP VICTIMS OF CRIME NAVIGATE THE COURT SYSTEM, ASSISTING BOTH ADULTS AND CHILDREN IN COPING WITH THE TRAUMATIC EFFECTS OF VICTIMIZATION AND THE DEMANDS OF JUSTICE SYSTEM INVOLVEMENT WE ARE INVOLVED WITH CASES THROUGH EVERY STEP OF BOTH THE CRIMINAL JUSTICE AND JUVENILE COURT SYSTEMS, NOTIFY CLIENTS OF THEIR CASE STATUS, ADVOCATE ON THEIR BEHALF, AND ASSIST THEM IN OBTAINING STATE FUNDS TO PAY FOR MEDICAL AND OTHER BILLS RESULTING FROM THE CRIME AND IN ACCESSING OTHER COMMUNITY SERVICES IN 2012, 99% OF 83 CLIENTS SURVEYED SAID THEY WERE KEPT WELL INFORMED ABOUT THEIR CASE 2. COLLABORATION TO INCREASE VICTIM PARTICIPATION IN THE CRIMINAL JUSTICE PROCESS WE ASSIST VICTIMS OF CRIME IN BECOMING ACTIVE PARTICIPANTS IN THE PROCESS, FROM PRESENTING CHARGES TO COMPLETING VICTIM IMPACT STATEMENTS WE COLLABORATE EXTENSIVELY WITH PROSECUTORS, LAW ENFORCEMENT AND COURT PERSONNEL TO ENSURE THAT VICTIMS' QUESTIONS AND CONCERNS ARE ADDRESSED AND THAT THEY ARE PREPARED PRIOR TO THEIR CASES GOING TO TRIAL WE ALSO WORK WITH HUMAN SERVICE AND OTHER AGENCIES TO ENSURE VICTIMS RECEIVE NEEDED SERVICES THAT WILL FACILITATE THEIR WELL-BEING	

4c	(Code ) (Expenses \$ 710,001 including grants of \$ ) (Revenue \$ 30,000 )
COMMUNITY INNOVATIONS PROGRAM COMMUNITY INNOVATIONS WORKS ON A COMMUNITY LEVEL TO BOTH PREVENT DOMESTIC AND SEXUAL VIOLENCE AND TO ENHANCE THE WAY IN WHICH WE COLLABORATIVELY RESPOND TO VIOLENCE, OFFERING BROAD-BASED PREVENTION EDUCATION FOR ADULTS AND YOUTH, PROFESSIONAL TRAINING AND COLLABORATION SERVICES INCLUDE 1. COMMUNITY EDUCATION AND TRAINING IN 2012, WE PROVIDED 285 EDUCATION AND TRAINING PRESENTATIONS TO 9,362 PEOPLE, INCLUDING 2,007 PROFESSIONALS, 2,238 CHILDREN AND YOUTH, AND 5,117 ADULTS OF 1,606 PEOPLE SURVEYED, 96% SAID OUR PRESENTATIONS WERE BENEFICIAL TO THEM INDIVIDUALS HAVE TOLD US "I LEARNED WHAT IT TAKES TO HAVE A HEALTHY RELATIONSHIP AND WARNING SIGNS WHEN IT'S UNHEALTHY " "IT HELPED ME KNOW HOW TO RESPOND TO A CLIENT WHO MIGHT BE IN AN ABUSIVE RELATIONSHIP " "I LEARNED ABOUT THE IMPACT OF VIOLENCE ON CHILDREN " "I LIKED THE POSITIVE ATTITUDE OF THE PRESENTER, THE GREAT INFORMATION AND THE ABILITY TO GET HELP AND TO KNOW THAT SOMEONE'S ACTUALLY THERE FOR YOU " GENERAL EDUCATION WE OFFER EDUCATIONAL PRESENTATIONS TO SERVICE ORGANIZATIONS, PLACES OF WORSHIP AND OTHER COMMUNITY GROUPS ON DOMESTIC VIOLENCE, CHILD ABUSE, SEXUAL ASSAULT, DATING VIOLENCE, ELDER ABUSE, WHERE TO GO FOR HELP, AND CHARACTERISTICS OF HEALTHY RELATIONSHIPS OF 966 EDUCATION PARTICIPANTS SURVEYED IN 2012, 89% SAID OUR PRESENTATIONS INCREASED THEIR AWARENESS OF ISSUES AND SERVICES YOUTH VIOLENCE PREVENTION WE OFFER PROGRAMMING THAT HELPS TO PREVENT ABUSE OR SEXUAL ASSAULT BEFORE IT EVER HAPPENS THROUGH TWO PRIMARY PROGRAMS (1) HOW TO AVOID DATING A JERK(ETTE) WE REACH HIGH SCHOOL TEENS AND YOUNG ADULTS WITH THIS ENTERTAINING HEALTHY RELATIONSHIP CURRICULUM, ADDRESSING TOPICS SUCH AS RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS WITHIN RELATIONSHIPS, BOUNDARIES, AND ESTABLISHING ONE'S IDENTITY AND FUTURE PLANS (2) FRIENDSHIPS THAT WORK A POSITIVE FRIENDSHIP CURRICULUM WE REACH MIDDLE SCHOOL YOUTH WITH A CURRICULUM DESIGNED TO FOSTER POSITIVE FRIENDSHIPS, PROVIDING SKILLS FOR DEVELOPING FUTURE HEALTHY INTIMATE RELATIONSHIPS IN ALL OUR PRESENTATIONS TO YOUTH, 83% OF 1,484 SURVEYED SHOWED AN INCREASE IN KNOWLEDGE OF ABUSE AND HEALTHY RELATIONSHIPS PROFESSIONAL TRAINING OUR TRAINING IS DESIGNED TO ADDRESS AREAS NEEDING IMPROVEMENT WITHIN OUR COORDINATED RESPONSE TO VIOLENCE (BELOW) WE TRAIN LAW ENFORCEMENT OFFICERS, PROSECUTORS, COURT PERSONNEL, HEALTHCARE PROFESSIONALS, EDUCATORS, FIRE/RESCUE PERSONNEL AND OTHERS TO MORE EFFECTIVELY IDENTIFY AND RESPOND TO DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING, DATING VIOLENCE AND CHILD AND ELDER ABUSE OF 54 PROFESSIONALS TAKING PRE- AND POST-TRAINING TESTS IN 2012, 96% DEMONSTRATED INCREASED KNOWLEDGE OR ANSWERED ALL QUESTIONS CORRECTLY ON BOTH FURTHER, 97% OF 640 PROFESSIONALS SURVEYED INDICATED CVIC'S TRAINING PROVIDED THEM WITH KNOWLEDGE OR SKILLS THAT WILL ASSIST THEM IN THEIR LINE OF WORK, AND 87% OF THOSE RESPONDING TO SIX-MONTH FOLLOW-UP SURVEYS SAID THEY USED SKILLS LEARNED FROM THE WORKSHOP SOMETIMES OR OFTEN 2. COLLABORATIVE PROJECTS COORDINATED COMMUNITY RESPONSE (CCR) PROJECT WE SPEARHEAD THIS MAJOR COLLABORATIVE EFFORT INVOLVING 155 LOCAL INDIVIDUALS AND 13 KEY AGENCIES THAT COLLABORATE CLOSELY TO TRACK CASES OF DOMESTIC AND SEXUAL VIOLENCE THROUGH THE CRIMINAL JUSTICE SYSTEM, ANALYZE COMPUTERIZED DATA TO DETERMINE GAPS IN OUR SYSTEMS RESPONSE, AND PARTICIPATE IN TRAINING AND DIALOGUE TO STRATEGICALLY ADDRESS THE GAPS OUR PROJECT HAS CONDUCTED SAFETY ASSESSMENTS, REVISED POLICIES AND PROCEDURES, AND DEVELOPED STRATEGIES THAT HAVE MARKEDLY IMPROVED OUR RESPONSE TO LETHAL SITUATIONS, CHILDREN, RURAL, ELDERLY, MILITARY AND OTHERS IMPACTED BY DOMESTIC AND SEXUAL VIOLENCE OUR PROGRESS INCLUDES CHILDREN ARE SAFER, AS LAW ENFORCEMENT RESPONDING TO 911 CALLS INCREASED REPORTS OF CHILD ABUSE OR NEGLECT FROM 30% OF REPORTS THAT NOTED CHILD WITNESSES IN 2002 TO 70% IN 2012 PROSECUTION INCREASED THE CONVICTION RATE IN DOMESTIC VIOLENCE CASES FROM 65% IN 2005 TO 72% IN 2012, AND LAW ENFORCEMENT INCREASED THE ARREST RATE IN PROTECTION ORDER VIOLATIONS FROM 37% IN 2010 TO 50% IN 2012 DEFENDANTS CONVICTED AND ORDERED INTO CVICS OFFENDER PROGRAM INCREASED FROM 23% OF OFFENDERS SENTENCED IN 2006 TO 51% IN 2012 SAFER TOMORROWS PROJECT THIS PROJECT INVOLVES PROFESSIONALS FROM MORE THAN 40 AGENCIES WORKING TOGETHER TO REDUCE AND END CHILDHOOD EXPOSURE TO VIOLENCE OVER THE PAST YEAR WE PROVIDED BULLYING PREVENTION EDUCATION TO MORE THAN 6,000 STUDENTS, HEALTHY RELATIONSHIP CURRICULA TO MORE THAN 500 MIDDLE AND HIGH SCHOOL STUDENTS, HEALTHY FRIENDSHIP CURRICULA TO MORE THAN 300 PRE-SCHOOL CHILDREN, AND COACHING BOYS INTO MEN TO NEARLY 300 HIGH SCHOOL ATHLETES, IN ADDITION TO MANY OTHER INITIATIVES SAFER TOMORROWS WAS ONE OF FOUR PROJECTS IN THE NATION TO BE AWARDED A \$2 MILLION U.S. DEPARTMENT OF JUSTICE DEFENDING CHILDHOOD INITIATIVE GRANT OVER TWO YEARS TO ADDRESS THE NEEDS OF LOCAL CHILDREN EXPOSED TO VIOLENCE THE CITY OF GRAND FORKS, CVIC, LUTHERAN SOCIAL SERVICES OF ND AND GRAND FORKS PUBLIC SCHOOLS PROVIDE LEADERSHIP TO THE PROJECT USING A MAJOR COMMUNITY NEEDS AND RESOURCES ASSESSMENT TO PROVIDE DIRECTION, WE COLLABORATIVELY DEVELOPED A STRATEGIC PLAN TO PROVIDE AN OUTCOME-DRIVEN ROAD MAP FOCUSING ON THREE AREAS (1) PREVENTION, INCLUDING HEALTHY RELATIONSHIP EDUCATION IN SCHOOLS ACROSS THE COUNTY, A PUBLIC AWARENESS CAMPAIGN, COACHING BOYS WITHIN SPORTS PROGRAMS TO NEVER EQUATE VIOLENCE WITH STRENGTH, AND EXPANSION OF A HOME VISITING PROGRAM TO PREVENT CHILD MALTREATMENT, (2) INTERVENTION, INCLUDING NEW THERAPY FOR CHILD AND YOUTH VICTIMS OF ALL CRIME, EXPANDED RESTORATIVE JUSTICE SERVICES, PROFESSIONAL COLLABORATION, TRAINING AND RELATED AREAS, AND (3) DATA, INVOLVING COLLECTION AND ANALYSIS TO BETTER UNDERSTAND AND RESPOND TO LOCAL VIOLENCE	






















	(Code ) (Expenses \$ 142,582 including grants of \$ ) (Revenue \$ 51,621 )
NEW CHOICES PROGRAM NEW CHOICES PREVENTS VIOLENCE WITHIN FAMILIES, ADDRESSING THE ROOT CAUSES OF VIOLENCE THROUGH THE TREATMENT OF OFFENDERS TO NOT ONLY PROTECT VICTIMS BUT TO PREVENT CHILDREN FROM LEARNING VIOLENT BEHAVIORS AND THUS STOP THE INTERGENERATIONAL CYCLE OF VIOLENCE THIS PROGRAM IS THE ONLY ONE IN THE AREA THAT MEETS THE NORTH DAKOTA STATE STANDARDS FOR OFFENDER TREATMENT STUDY SHOWS PROGRAM PROGRESS RECENT DATA ON OUR OFFENDER PROGRAM SUGGESTS VERY POSITIVE RESULTS A 2013 STUDY CONDUCTED BY CVIC USING LAW ENFORCEMENT, COURT AND CVICS NEW CHOICES PROGRAM DATA AND TRACKING 158 OFFENDERS COMPLETING THE PROGRAM BETWEEN 2004 AND 2010 REVEALED THAT THESE MEN SHOWED A DRASTIC DROP IN SYSTEM INVOLVEMENT DURING THE TWO YEARS FOLLOWING TREATMENT (THROUGH 2012) 74% DECREASE IN LAW ENFORCEMENT INVOLVEMENT NEEDED AT THOSE HOMES, FROM 364 CALLS INVOLVING 144 OFFENDERS TO 93 CALLS INVOLVING 53 OFFENDERS 87% DROP IN PROTECTION ORDERS, FROM 39 ORDERS PLACED UPON 34 OFFENDERS TO 5 ORDERS PLACED ON 5 OFFENDERS 85% DECREASE IN CRIMINAL DOMESTIC VIOLENCE CHARGES, FROM 267 CHARGES ON 136 OFFENDERS TO 39 CHARGES ON 20 OFFENDERS SERVICES INCLUDE 1. EVIDENCE-BASED TREATMENT WITH A COMPONENT ON FATHERHOOD AFTER CONDUCTING AN INTAKE ASSESSMENT TO DETERMINE IF INDIVIDUALS ARE APPROPRIATE FOR OUR PROGRAM, WE PROVIDE FOUR, ONGOING 27-SESSION GROUPS FOR MEN WHO HAVE ABUSED THEIR PARTNERS WE INVOLVE BOTH EDUCATIONAL AND THERAPEUTIC FORMATS TO CHALLENGE THEIR BELIEF SYSTEMS REGARDING VIOLENCE AND TEACH SKILLS THAT FACILITATE CHANGE IN THEIR BEHAVIOR WITH EACH TOPIC, WE OFFER A HEALTHY METHOD FOR PARTICIPANTS TO PRACTICE AND APPLY FOCUS ON FATHERHOOD AND EFFECTS ON CHILDREN OUR FATHERHOOD COMPONENT IS PROGRESSIVE, LOOKING FIRST AT THE MESSAGES THEY LEARNED FROM THEIR FAMILIES AND SOCIETY ABOUT THE ROLE OF FATHERS, MOVING INTO HOW VIOLENCE AFFECTS CHILDREN AND THE PARENT-CHILD RELATIONSHIP THAT INVOLVES VIDEOS AND ARTWORK DEPICTING VIOLENCE FROM A CHILD'S PERSPECTIVE, AND THEN INVOLVING DISCUSSION AND ROLE PLAYS ABOUT RESPONSIBLE PARENTING OFTEN, THIS IS THE POINT IN WHICH MEN RAISED IN VIOLENT HOMES BEGIN TO UNDERSTAND HOW THEIR VIOLENCE HURTS THEIR OWN FAMILY, MAKING COMMENTS SUCH AS, IM TURNING INTO MY DAD MOST OF THE MEN DESCRIBE THE IMPACT THIS COMPONENT HAS ON THEM, GREATLY INCREASING THEIR DESIRE TO CHANGE IN 2012, WE SERVED 138 MEN, WITH 79 PARTICIPATING IN GROUP TREATMENT OF 37 MEN COMPLETING GROUP DURING THE YEAR, 89% DEMONSTRATED INCREASED KNOWLEDGE OF DOMESTIC VIOLENCE AND AWARENESS OF THEIR INDIVIDUAL ABUSE OF POWER AND CONTROL MEN COMMENTED AS FOLLOWS I HAVE A MUCH BETTER HOME RELATIONSHIP IM MORE PATIENT, UNDERSTANDING, AND OPEN MINDED I TRUST AND RESPECT MY PARTNER IM CLOSER TO MY KIDS AFTER THIS CLASS 2. INTERAGENCY COLLABORATION AND NATIONALLY RECOGNIZED DATA TRACKING SYSTEM A KEY ELEMENT IN THE SUCCESS OF OUR PROGRAM IS CLOSE COLLABORATION WITH THE COORDINATED COMMUNITY RESPONSE PROJECT REGARDING MEN COURT-ORDERED INTO TREATMENT TO ENSURE THERE IS A SYSTEM IN PLACE TO ENSURE THEY FOLLOW THROUGH WITH THE ORDER LAST YEAR, 86% OF MEN SERVED WERE COURT ORDERED TO ATTEND THE CCR PROJECTS COMPUTERIZED TRACKING SYSTEM PROVIDES US WITH INFORMATION ON OFFENDERS TO MONITOR THE EFFECTIVENESS OF OUR PROGRAM, TRACKING THEIR INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM BOTH BEFORE AND AFTER THEY HAVE COMPLETED OUR PROGRAM 3. VICTIM OUTREACH AND SAFETY PLANNING A VICTIM ADVOCATE CONTACTS THE INTIMATE PARTNERS OF MEN IN TREATMENT TO OFFER SERVICES AND PROVIDE SAFETY PLANNING IN 2012, 97% OR 116 VICTIMS FOR WHOM WE HAD CONTACT INFORMATION WERE OFFERED SERVICES AND MADE AWARE OF SAFETY CONCERNS WHEN NEEDED, 71 RECEIVED ONGOING SERVICES FROM CVICS LIGHT OF HOPE PROGRAM 4. GROUPS FOR WOMEN WHO HAVE USED VIOLENCE IN THEIR RELATIONSHIPS WE OFFER 13-SESSION GROUPS FOR FEMALES WHO HAVE BEEN VIOLENT WITH THEIR INTIMATE PARTNERS TO PROVIDE EDUCATION ABOUT SKILLS THAT FACILITATE A CHANGE IN BEHAVIOR AND HEALTHY ALTERNATIVES TO VIOLENCE FOR PARTICIPANTS TO PRACTICE AND APPLY IN 2012, WE SERVED 23 WOMEN, WITH 8 PARTICIPATING IN GROUP TREATMENT OF 6 WOMEN COMPLETING GROUP DURING THE YEAR, 100% DEMONSTRATED INCREASED KNOWLEDGE OF DOMESTIC VIOLENCE AND THEIR INDIVIDUAL USE OF VIOLENCE WOMEN COMMENTED AS FOLLOWS IVE REALIZED THAT I HAD TO CONTROL MY OUTBURSTS AS WELL AS CORRECT MY ACTIONS NOW I TALK AND REMAIN CALM WHEN I AM UPSET	

	(Code ) (Expenses \$ 196,562 including grants of \$ ) (Revenue \$ 35,483 )
KIDS FIRST PROGRAM KIDS FIRST PROVIDES SUPERVISED CHILD VISITATIONS AND EXCHANGES TO ENSURE THE SAFETY OF AT-RISK CHILDREN AND PARENTS, PROMOTE POSITIVE PARENT-CHILD RELATIONSHIPS, AND HELP FAMILIES THROUGH DIFFICULT OR TRANSITIONAL PERIODS, SUCH AS ABUSE OR NEGLECT, DOMESTIC VIOLENCE, AND OTHER SITUATIONS WE OFFER A SAFE ENVIRONMENT THAT FEATURES A HIGH LEVEL OF SECURITY, INCLUDING A WALK-THROUGH METAL DETECTOR, ELECTRONIC MONITORING SYSTEMS AND ALARM BUTTONS THAT ARE LINKED TO LAW ENFORCEMENT WE COLLABORATE CLOSELY WITH THE COURTS AND SOCIAL SERVICES TO ENSURE THE SAFETY OF CHILDREN AND FAMILIES IN 2012, WE SERVED 168 CHILDREN AND 241 ADULTS (121 FAMILIES), PROVIDING 845 SUPERVISED PARENTING TIME SESSIONS AND 293 SUPERVISED EXCHANGES OF CHILDREN OF 130 PEOPLE SURVEYED, 92% WERE SATISFIED WITH SERVICES (MANY ARE MANDATED TO RECEIVE SERVICES) INDIVIDUALS HAVE TOLD US I ABSOLUTELY LOVE KIDS FIRST I WISH MY FAMILY WASN'T IN THIS SITUATION BUT I REALLY APPRECIATE THE PEOPLE WHO WORK HERE THIS IS A GREAT PLACE WITHOUT YOU PEOPLE OUR LIVES WOULD BE SO MUCH MORE STRESSFUL THANKS AGAIN FOR ALL YOU TRY TO DO FOR ME AND MY FAMILY SERVICES INCLUDE 1. SUPERVISED PARENTING TIME SUPERVISED PARENTING TIME ENSURES THE SAFETY OF CHILDREN AND PROMOTES HEALTHY PARENT-CHILD INTERACTIONS WE PROVIDE SEPARATE ROOMS FURNISHED WITH COMFORTABLE FURNITURE, BOOKS, TOYS AND GAMES THAT PROMOTE LEARNING AND HELP PARENTS TO SPEND QUALITY TIME WITH THEIR CHILDREN VISITS ARE SUPERVISED BY PROFESSIONAL STAFF THAT OBSERVES THE VISIT EITHER IN THE SAME ROOM OR IN THE NEXT ROOM VIA AUDIOVISUAL EQUIPMENT, DEPENDING ON THE LEVEL OF SUPERVISION REQUESTED OR ORDERED BY THE COURT OR CHILD PROTECTIVE SERVICES OUR STAFF MONITORS INTERACTIONS, ANSWERS QUESTIONS, PROVIDES FEEDBACK AND PROMOTES POSITIVE PARENTING SKILLS IN 2012, PARENTS WERE PROVIDED PARENTING FEEDBACK AND INFORMATION IN 94% OF THE VISITS 2. SUPERVISED EXCHANGES SUPERVISED EXCHANGES PROVIDE PARENTS OR CARETAKERS THAT NO LONGER LIVE TOGETHER A SAFE PLACE TO EXCHANGE THEIR CHILDREN FOR VISITATION, PREVENTING HARASSMENT OR ABUSE AND ENSURING THAT CHILDREN ARE NOT EXPOSED TO PARENTAL CONFLICTS DURING THE EXCHANGE SCHEDULES ARE COORDINATED SO THAT THERE IS NO CONTACT BETWEEN PARENTS WHEN DROPPING OFF OR PICKING UP CHILDREN	

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 339,144 including grants of \$ ) (Revenue \$ 87,104 )
4e	Total program service expenses ▶ 2,162,903

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			No
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	12	
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? . . . . .	2	No
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? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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 . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶KRISTI HALL-JIRAN 211 SOUTH 4TH STREET GRAND FORKS, ND (701) 746-0405

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) TOM ERICKSON DIRECTOR	1 00	X						0	0	0
(2) RANDY BOETTNER DIRECTOR	1 00	X						0	0	0
(3) DR LINDA NEUERBURG DIRECTOR	1 00	X						0	0	0
(4) JOHN PACKETT DIRECTOR	1 00	X						0	0	0
(5) JIM SONDREAL DIRECTOR	1 00	X						0	0	0
(6) MARCIA KELLEY DIRECTOR	1 00	X						0	0	0
(7) MAC SCHNEIDER DIRECTOR	1 00	X						0	0	0
(8) DARLA ADAMS DIRECTOR	1 00	X						0	0	0
(9) JOANNE GAUL DIRECTOR	1 00	X						0	0	0
(10) JODY THOMPSON DIRECTOR	1 00	X						0	0	0
(11) HEATHER STRANDELL PRESIDENT-ELECT	1 00	X		X				0	0	0
(12) MARLENE MILLER PRESIDENT	1 00	X		X				0	0	0
(13) EDIE DAHLEN DIRECTOR OF PLANNING & FIN	40 00			X				69,606	0	5,844
(14) KRISTI HALL-JIRAN EXECUTIVE DIRECTOR	40 00			X				89,039	0	3,006



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b</b>	<b>Sub-Total</b>									
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>									
<b>d</b>	<b>Total (add lines 1b and 1c)</b>							158,645	0	8,850

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	59,519	2,124,098		
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	25,428			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	1,662,468			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	376,683			
	g	Noncash contributions included in lines 1a-1f \$		113,663			
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	GRANTS FROM COUNTY & C	624100	200,000	200,000		
	b	PROGRAM FEES	624100	17,629	17,629		
	c	BATTERERS TREATMENT	624100	10,000	10,000		
	d	VISITATION PROGRAM FEE	624100	4,771	4,771		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			232,400		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			6,438		6,438
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities		(ii) Other			
		773					
		0		103			
		773		-103			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .			670		670
	8a	Gross income from fundraising events (not including \$ 25,428 of contributions reported on line 1c) See Part IV, line 18 . . . . .			295,142		295,142
	a	367,318					
	b	Less direct expenses . . . . .					
b	72,176						
c	Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
a							
b	Less direct expenses . . . . .						
b							
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
a							
b	Less cost of goods sold . . . . .						
b							
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	900099		158,132	158,132		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			158,132			
12	Total revenue. See Instructions . . . . .			2,816,880	390,532	0	302,250

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).

Check if Schedule O contains a response to any question in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	162,153	162,153		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	170,945		89,011	81,934
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,541,619	1,279,024	186,958	75,637
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,188	19,238	2,812	1,138
9	Other employee benefits.	100,198	83,131	12,151	4,916
10	Payroll taxes.	123,513	92,186	20,000	11,327
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,625	1,625		
c	Accounting.	8,975	8,975		
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	14,928	14,928		
13	Office expenses.	89,004	89,004		
14	Information technology.				
15	Royalties.				
16	Occupancy.	43,804	43,804		
17	Travel.	79,911	79,911		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	10,794	10,794		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	72,011	72,011		
23	Insurance.	26,047	26,047		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	CONTRACTS & SERVICES	122,540	122,540		
b	REPAIRS AND MAINTENANCE	29,087	29,087		
c	MISCELLANEOUS	15,253	15,253		
d	BANK & OTHER FEES	6,033	6,033		
e	All other expenses	7,159	7,159		
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	2,648,787	2,162,903	310,932	174,952
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .			618	1	877
	2	Savings and temporary cash investments . . . . .			55,321	2	63,742
	3	Pledges and grants receivable, net . . . . .			566,419	3	754,805
	4	Accounts receivable, net . . . . .			183	4	105
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			20,690	9	9,950
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,786,152	1,094,863	10c	1,045,196
	b	Less accumulated depreciation . . . . .	10b	740,956			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			356,392	12	406,552
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,094,486	16	2,281,227
Liabilities	17	Accounts payable and accrued expenses . . . . .			34,904	17	20,447
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			99,982	25	106,781
	26	Total liabilities. Add lines 17 through 25 . . . . .			134,886	26	127,228
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			1,258,252	27	1,272,034
	28	Temporarily restricted net assets . . . . .			383,194	28	547,311
	29	Permanently restricted net assets . . . . .			318,154	29	334,654
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,959,600	33	2,153,999
	34	Total liabilities and net assets/fund balances . . . . .			2,094,486	34	2,281,227

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,816,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,648,787
3	Revenue less expenses Subtract line 2 from line 1	3	168,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,959,600
5	Net unrealized gains (losses) on investments	5	33,506
6	Donated services and use of facilities	6	-7,200
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,153,999

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	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	2c	Yes
3a	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?	3a	Yes
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	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

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

2012

Open to Public  
Inspection

Name of the organization COMMUNITY VIOLENCE INTERVENTION CENTER	Employer identification number 45-0359167
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,122,555	1,355,759	1,840,656	1,816,927	2,153,142	8,289,039
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,122,555	1,355,759	1,840,656	1,816,927	2,153,142	8,289,039
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						283,716
6 Public support. Subtract line 5 from line 4						8,005,323

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,122,555	1,355,759	1,840,656	1,816,927	2,153,142	8,289,039
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,961	7,673	7,438	8,119	6,335	42,526
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						8,331,565
12 Gross receipts from related activities, etc. (see instructions)					12	1,014,823
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .					▶	

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96 080 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	96 710 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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 ▶			



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

<b>Explanation</b>

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization COMMUNITY VIOLENCE INTERVENTION CENTER	Employer identification number  45-0359167
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		379													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		379													
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		379													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		76													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>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)		19													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		303													
<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 checked="" 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.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	642	65	381	76	1,164
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,746
<b>c</b> Total lobbying expenditures	3,208	325	1,907	379	5,819
<b>d</b> Grassroots nontaxable amount	161	16	95	19	291
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					437
<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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

<b>Name of the organization</b> COMMUNITY VIOLENCE INTERVENTION CENTER	<b>Employer identification number</b>  45-0359167
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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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII

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?

☐ Yes

☐ No

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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	320,494	255,366	236,014	194,118	280,408
b Contributions	18,417	67,000	612	2,189	1,000
c Net investment earnings, gains, and losses	38,266	3,874	25,268	46,059	-73,968
d Grants or scholarships					
e Other expenditures for facilities and programs	6,767	5,711	6,493	6,317	13,287
f Administrative expenses	35	35	35	35	35
g End of year balance	370,375	320,494	255,366	236,014	194,118

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,178,709	369,128	809,581
c Leasehold improvements		309,042	151,249	157,793
d Equipment		298,401	220,579	77,822
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,045,196



Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .		1	2,934,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a	33,506	
b	Donated services and use of facilities . . . . .	2b	11,935	
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	45,441
3	Subtract line 2e from line 1 . . . . .		3	2,889,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b	-72,279	
c	Add lines 4a and 4b . . . . .		4c	-72,279
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	2,816,880

Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .		1	2,740,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a	19,135	
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	72,279	
e	Add lines 2a through 2d . . . . .		2e	91,414
3	Subtract line 2e from line 1 . . . . .		3	2,648,787
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	2,648,787

Part XIII	Supplemental Information
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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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EARNINGS FROM ENDOWMENT FUNDS ARE USED FOR OPERATIONAL EXPENSES COMMUNITY VIOLENCE INTERVENTION CENTER'S ENDOWMENT CONSISTS OF A FUND ESTABLISHED TO SUPPORT VICTIM SERVICES ITS ENDOWMENT IS MADE UP OF DONOR-RESTRICTED FUNDS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF DIRECTORS OF COMMUNITY VIOLENCE INTERVENTION CENTER HAS INTERPRETED THE NORTH DAKOTA STATE PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (SPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, COMMUNITY VIOLENCE INTERVENTION CENTER CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY SPMIFA IN ACCORDANCE WITH SPMIFA, THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS 1 THE DURATION AND PRESERVATION OF THE ENDOWMENT FUND 2 THE PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUND 3 GENERAL ECONOMIC CONDITIONS 4 THE POSSIBLE EFFECT OF INFLATION OR DEFLATION 5 THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS 6 OTHER RESOURCES OF THE ORGANIZATION 7 THE INVESTMENT POLICIES OF THE ORGANIZATION ON AN ANNUAL BASIS, THE BOARD SHALL DETERMINE THE PERCENT OF INVESTMENT EARNINGS THAT WILL BE PAID TO THE COMMUNITY VIOLENCE INTERVENTION CENTER FOR SUPPORT OF OPERATIONS IN DETERMINING THE PAYOUT AMOUNT, THE BOARD WILL TARGET AN AMOUNT EQUAL TO 5 PERCENT OF A PREVIOUS 3 YEARS ANNUAL MOVING AVERAGE OF THE FUND'S MARKET VALUE THE BOARD IS ENCOURAGED EACH YEAR TO RESTRICT THE PAYOUT TO ONE HALF OF THE TARGETED AMOUNT WHICH WOULD LEAD TO MORE AVAILABLE SPENDING IN THE LONG RUN - AS CORPUS WILL GROW LARGER AND PRODUCE MORE REVENUE IN FUTURE YEARS ALL EARNINGS FROM DONOR RESTRICTED FUNDS ARE CLASSIFIED AS TEMPORARILY RESTRICTED UNTIL THEY ARE SPENT FUNDS WITH DEFICIENCIES FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THE DONOR OR SPMIFA REQUIRES THE ORGANIZATION TO RETAIN AS A FUND OF PERPETUAL DURATION IN ACCORDANCE WITH GAAP, DEFICIENCIES OF THIS NATURE WILL BE REPORTED IN UNRESTRICTED NET ASSETS RETURN OBJECTIVES AND RISK PARAMETERS COMMUNITY VIOLENCE INTERVENTION CENTER HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT ALLOW FOR DISTRIBUTIONS OF DIVIDENDS AND INTEREST INCOME WHILE MAINTAINING THE PURCHASING POWER OF THE INVESTMENT PORTFOLIO ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT STRATEGIES EMPLOYED FOR ACHIEVING OBJECTIVES TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COMMUNITY VIOLENCE INTERVENTION CENTER RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) ALLOCATION OF THE FUND IN EQUITIES WILL FALL BETWEEN 20 AND 40 PERCENT, WITH THE BALANCE IN FIXED INCOME ASSETS AND MONEY MARKET ACCOUNTS, ENABLING SUFFICIENT LIQUIDITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COMPANY'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS, AND OTHER EVIDENCE IT IS THE OPINION OF MANAGEMENT THAT THE CENTER HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENTS DIRECT EXPENSES -72,176 LOSS ON DISPOSAL OF ASSETS -103
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS DIRECT EXPENSE 72,176 LOSS ON DISPOSAL OF ASSETS 103





Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>RISE &amp; SHINE FOR PEACE</u>	<u>CELEBRITY NIGHT</u>	<u>19</u>	(add col (a) through col (c))	
		(event type)	(event type)	(total number)		
	1	Gross receipts . . . .	316,751	44,784	31,211	392,746
	2	Less Contributions . . .	3,323	20,038	2,067	25,428
3	Gross income (line 1 minus line 2) . . . .	313,428	24,746	29,144	367,318	
Direct Expenses	4	Cash prizes . . . .				
	5	Noncash prizes . . .				
	6	Rent/facility costs . . .	1,181			1,181
	7	Food and beverages .	5,058	3,250		8,308
	8	Entertainment . . . .				
	9	Other direct expenses .	21,306	20,065	21,316	62,687
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(72,176)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				295,142

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY VIOLENCE INTERVENTION CENTER

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public  
Inspection

Employer identification number  
45-0359167

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

3

Enter total number of other organizations listed in the line 1 table

▶

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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
See Additional Data Table					

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE BOARD RECEIVES MONTHLY REPORTS OF ALL GRANTS APPLIED FOR, RECEIVED, AND DENIED THEY ALSO FORMALLY MONITOR ONE RANDOM GRANT PER YEAR ADDITIONALLY, GRANT OUTCOMES AND EXPENDITURES ARE REPORTED TO GRANTORS IN PROGRESS AND FINANCIAL REPORTS
		AN ESTIMATED 80% OF LIGHT OF HOPE CLIENTS SERVED IN 2012 RECEIVED HOUSEHOLD & PERSONAL CARE ITEMS

Software ID:

Software Version:

EIN: 45-0359167

Name: COMMUNITY VIOLENCE INTERVENTION CENTER

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
TRANSPORTATION GAS CARDS, VEHICLE REPAIRS, BUS PASSES, TRAIN & BUS TICKETS	135	6,847	630	DONOR REPORTED	
FOOD & CLOTHING GROCERY & GIFT CARDS	25	5,460			
RENT & UTILITY ASSISTANCE	19	47,488			
FURNITURE & FURNISHINGS	3	16,897			
OTHER ASSISTANCE CHILD CARE	1	80			
EMERGENCY ASSISTANCE PERSONAL EXPENSES & LODGING	19	4,504			
OTHER ASSISTANCE CHRISTMAS GIFTS	16	3,585			
OTHER ASSISTANCE COPIES OF ID CARDS & BIRTH CERTIFICATES, INTERPRETATION SERVICE, PARENTING CLASSES, TICKETS	16	277	577	DONOR REPORTED	
OTHER ASSISTANCE MOVING & STORAGE EXPENSES	3	569	498	DONOR REPORTED	
OTHER ASSISTANCE FOOD	704	7,806	12,048	DONOR REPORTED	GROCERY GIFT CARDS, CHILDREN'S GROUP SNACKS, FOOD & BEVERAGES
HOUSEHOLD ITEMS & CLOTHING	1331		32,881	DONOR REPORTED	HOUSEHOLD ITEMS & CLOTHING
PERSONAL CARE ITEMS	1331		20,006	DONOR REPORTED	PERSONAL CARE ITEMS
OTHER ASSISTANCE CLIENT PASS-THROUGH SCHOLARSHIP	1	2,000			

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization  
COMMUNITY VIOLENCE INTERVENTION CENTER

Employer identification number  
45-0359167

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		32,881	DONOR REPORTED
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 . . . . .	X	8	12,048	DONOR REPORTED
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( PERSONAL CARE ITEMS )	X	19	20,006	DONOR REPORTED
26 Other ► ( TICKETS TO ENTERTAINMENT EVENTS )	X	1	577	DONOR REPORTED
27 Other ► ( GAS CARDS )	X	1	630	DONOR REPORTED
28 Other ► ( MISCELLANEOUS )	X	65	25,428	DONOR REPORTED
Other ► ( OFFICE SUPPLIES )	X	2	444	DONOR REPORTED
Other ► ( PRINTING )	X	4	3,792	DONOR REPORTED
Other ► ( OFFICE FURNITURE )	X	3	17,359	DONOR REPORTED
Other ► ( MOVING & STORAGE )	X	1	498	DONOR REPORTED

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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? . . . . .

30a

Yes

No

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493168002353	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div>				OMB No 1545-0047
					<div>2012</div> <div>Open to Public Inspection</div>
	Name of the organization COMMUNITY VIOLENCE INTERVENTION CENTER			Employer identification number 45-0359167	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE 990 IS REVIEWED AND DISCUSSED BY THE FINANCE COMMITTEE. A COPY IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUESTS CONFLICTS OF INTEREST BE REPORTED AS THEY ARISE. EACH BOARD MEMBER ALSO SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY. A DISCUSSION ON CONFLICT OF INTEREST AND WHAT THAT ENTAILS IS ALSO INCLUDED AS PART OF THE BOARD ORIENTATION PROCESS.
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON YEARS OF SERVICE AND ANNUAL PERFORMANCE APPRAISALS. MERIT INCREASES ARE INCLUDED IN THE BUDGET EACH YEAR AND THE BOARD APPROVES THE BUDGET. MERIT INCREASES ARE IMPLEMENTED IF FUNDS ALLOW. SUPERVISORS CONDUCT ANNUAL PERFORMANCE APPRAISALS AND APPROVE MERIT INCREASES BIANNUALLY. DESIGNATED BOARD MEMBER(S) CONDUCT A SALARY SURVEY TO COMPARE SALARIES AND BENEFITS PAID BY CVIC TO THOSE REFLECTED IN THE REGIONAL SURVEY CONDUCTED BY NONPROFIT TIMES, AND TO SALARIES AND BENEFITS PAID BY OTHER SIMILAR AGENCIES AROUND THE STATE.
	FORM 990, PART VI, SECTION C, LINE 18	COPIES OF FORM 1023 AND 990 ARE AVAILABLE TO WALK-INS AND ARE MAILED OUT UPON REQUEST.
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
AUDIT COMMITTEE OVERSIGHT ROLE	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE ROLE OF THE AUDIT COMMITTEE IN OVERSIGHT OF THE AUDIT PROCESS FROM THE PRIOR YEAR.
SERVICES PROVIDED BY VOLUNTEERS	FORM 990, PART I, LINE 6	IN 2012, 182 LOCAL VOLUNTEERS PROVIDED 5,718 HOURS OF SERVICE TO CVIC IN A VARIETY OF AREAS. SERVING AS A TABLE CAPTAIN FOR CVIC'S MAJOR ANNUAL FUNDRAISER, THE RISE AND SHINE FOR PEACE BREAKFAST, OR SPONSORING OTHER EVENTS ON CVIC'S BEHALF. INVITING OTHERS TO A BREAK THE SILENCE TOUR, A ONE-HOUR PRESENTATION ON SERVICES, WITH A TOUR OF CVIC'S OFFICES AND PROGRAMS. PROVIDING CRISIS INTERVENTION FOR VICTIMS OF ABUSE IN THE OFFICE OR BY PAGER, RESPONDING TO OUR 24-HOUR CRISIS LINE. HELPING WITH SPECIAL PROJECTS SUCH AS PREPARING LARGE MAILINGS, ORGANIZING OUR DONATION ROOM, DOING HANDY WORK, AND RUNNING ERRANDS.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2012**

Attachment  
Sequence No **179**

Name(s) shown on return  
COMMUNITY VIOLENCE INTERVENTION CENTER

Business or activity to which this form relates  
FORM 990 PAGE 10

**Identifying number**  
  
45-0359167

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	72,011

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	72,011
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year . . . . .												
32 Total other personal(noncommuting) miles driven . . . . .												
33 Total miles driven during the year Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2012 tax year (see instructions)					
43 A mortization of costs that began before your 2012 tax year . . . . .				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report . . . . .				44	