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

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization WEST CENTRAL INITIATIVE		D Employer identification number 36-3453471	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) PO BOX 318	Room/suite	E Telephone number (218) 739-2239	
	City or town, state or country, and ZIP + 4 FERGUS FALLS, MN 565380318		G Gross receipts \$ 14,546,135	
	F Name and address of principal officer NANCY STRAW PO BOX 318 FERGUS FALLS, MN 565380318		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.WCIF.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1986		M State of legal domicile MN

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SERVING TO IMPROVE WEST CENTRAL MINNESOTA THROUGH FUNDING, PROGRAMS, AND TECHNICAL ASSISTANCE UNITING IDEAS AND RESOURCES TO HELP PEOPLE AND COMMUNITIES CREATE A BETTER TOMORROW			
	2 Check this box ☐ 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)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	18	
Activities & Governance	6	Total number of volunteers (estimate if necessary)	300	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-15,702	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-15,702	
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,818,504	3,795,773
	9	Program service revenue (Part VIII, line 2g)	447,912	458,367
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	853,760	1,030,370
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,736	14,786
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,137,912	5,299,296
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,578,375
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)	1,103,046	1,178,586
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	172,875	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	725,861	745,035
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,407,282	5,532,258
19		Revenue less expenses Subtract line 18 from line 12	1,730,630	-232,962
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	55,107,611	57,232,868
	21	Total liabilities (Part X, line 26)	2,895,427	2,844,553
	22	Net assets or fund balances Subtract line 21 from line 20	52,212,184	54,388,315

Part II	Signature Block
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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.

Sign Here	*****				2013-10-10	
	Signature of officer				Date	
Paid Preparer Use Only	NANCY STRAW PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name RALPH A HANSEN		Preparer's signature		Date	
					Check ☐ if self-employed	
					PTIN P00010050	
	Firm's name  FIEBIGER SWANSON WEST & CO				Firm's EIN  41-6134264	
	Firm's address  2537 SOUTH UNIVERSITY DRIVE SUITE 200 FARGO, ND 58103				Phone no (701) 280-2100	

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

SERVING TO IMPROVE WEST CENTRAL MINNESOTA THROUGH FUNDING, PROGRAMS, AND TECHNICAL ASSISTANCE VISION OF UNITING IDEAS AND RESOURCES TO HELP PEOPLE AND COMMUNITIES CREATE A BETTER TOMORROW

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 \$ 1,716,520 including grants of \$ 1,009,284) (Revenue \$ 1,142,917)

WORKERS AND THEIR FAMILIESASSISTING WORKERS IN ATTAINING SKILLS THAT ENABLE THEM TO EARN A LIVABLE WAGE, HELPING WORKERS AND THEIR FAMILIES OVERCOME BARRIERS TO ECONOMIC SUCCESS

4b

(Code) (Expenses \$ 2,738,719 including grants of \$ 2,559,103) (Revenue \$ 2,625,743)

COMMUNITIES AND THE REGION ASSISTING COMMUNITIES AND THE GREATER REGION IN DEVELOPING THE CAPACITIES NECESSARY TO ADDRESS PRIORITY NEEDS AND SUSTAIN THEIR ECONOMIC AND SOCIAL VIABILITY

4c

(Code) (Expenses \$ 335,830 including grants of \$) (Revenue \$ 315,160)

BUSINESS AND EMPLOYMENT ASSISTING FAMILIES AND HELPING THEM FULFILL THEIR ASPIRATIONS BY FOSTERING AND SUPPORTING THE CREATION AND RETENTION OF QUALITY JOBS AND SELF-EMPLOYMENT OPPORTUNITIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

4,791,069

Form 990 (2012)

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 Section 501(c)(3) organizations. 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 Yes	
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	No
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	Yes	
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	Section 501(c)(3) and 501(c)(4) organizations. 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		No
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	Section 501(c)(3) organizations. 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? Note. 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.	1a	149						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0						
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					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.	2a	18						
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					2b	Yes	
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?					3a	Yes	
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	Yes				
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No			
b		If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No			
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No			
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No			
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b					
7		Organizations that may receive deductible contributions under section 170(c).							
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No			
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No			
d		If "Yes," indicate the number of Forms 8282 filed during the year.		7d					
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No			
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No			
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g					
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h					
8		Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8					
9		Sponsoring organizations maintaining donor advised funds.							
a		Did the organization make any taxable distributions under section 4966?		9a					
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b					
10		Section 501(c)(7) organizations. Enter							
a		Initiation fees and capital contributions included on Part VIII, line 12.		10a					
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b					
11		Section 501(c)(12) organizations. Enter							
a		Gross income from members or shareholders.		11a					
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b					
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b					
13		Section 501(c)(29) qualified nonprofit health insurance issuers.							
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a					
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b					
c		Enter the amount of reserves on hand.		13c					
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a		No			
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		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	13	
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	MN
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. ☐ Own website ☐ Another's website ☒ Upon request ☐ 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	MANAGEMENT 1000 WESTERN AVENUE FERGUS FALLS, MN (218) 739-2239

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) CHERI JOHNSON DIRECTOR	50	X						0	0	0
(2) JOHN MACFARLANE DIRECTOR	50	X						0	0	0
(3) REBECCA WORNER TREASURER	50	X		X				0	0	0
(4) MELISSA PERSING SECRETARY	50	X		X				0	0	0
(5) MIKE REESE CHAIRPERSON	50	X		X				0	0	0
(6) DAVID NELSON VICE-CHAIRPERSON	50	X		X				0	0	0
(7) DEAN SIMPSON DIRECTOR	50	X						0	0	0
(8) LATRESSE SNEAD DIRECTOR	50	X						0	0	0
(9) JERRY ARNESON DIRECTOR	50	X						0	0	0
(10) AMY COLEY DIRECTOR	50	X						0	0	0
(11) DAN ELLISON DIRECTOR	50	X						0	0	0
(12) MERLE WAGNER DIRECTOR	50	X						0	0	0
(13) DAN THORSON DIRECTOR	50	X						0	0	0
(14) NANCY STRAW PRESIDENT	40 00			X				129,823	0	15,344

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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								129,823	0	15,344

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 ►1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	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>	4	No
5	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>	5	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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	368,084			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,427,689			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,795,773			
Program Service Revenue	2a	LOAN INTEREST REVENUE	Business Code 900099	341,516	341,516		
	b	LOAN ORIGATION & OTHER FEES	900099	116,851	116,851		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		458,367			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		704,292		704,292
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		326,078		326,078
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	58,206			
		b	Less direct expenses	b	27,718		
		c	Net income or (loss) from fundraising events		30,488		30,488
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	EQUITY INVESTMENT INCOME	900099	-15,702		-15,702		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-15,702				
12	Total revenue. See Instructions		5,299,296	458,367	-15,702	1,060,858	

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.	3,608,637	3,608,637		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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.	145,168	72,584	72,584	
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.	773,466	433,309	178,359	161,798
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	192,388	122,293	70,095	
10	Payroll taxes.	67,564	40,407	27,157	
11	Fees for services (non-employees):				
a	Management.	37,665	37,238	427	
b	Legal.	13,613	6,597	7,016	
c	Accounting.	20,000	10,207	9,793	
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).	98,854	90,231	8,623	
12	Advertising and promotion.	53,831	29,638	24,193	
13	Office expenses.	29,190	20,246	8,944	
14	Information technology.	33,065	16,045	17,020	
15	Royalties.				
16	Occupancy.	54,554	26,437	28,117	
17	Travel.	51,180	42,788	8,392	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	54,089	27,991	26,098	
20	Interest.	50,989	28,887	22,102	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	56,313	27,289	29,024	
23	Insurance.	18,019	8,732	9,287	
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	MISCELLANEOUS	137,227	133,390	3,837	
b	EDUCATIONAL TRAINING	22,624	8,598	2,949	11,077
c	MAINTENANCE AND REPAIRS	16,200	3,193	13,007	
d	DUES AND SUBSCRIPTIONS	5,323	4,033	1,290	
e	All other expenses	-7,701	-7,701		
25	Total functional expenses. Add lines 1 through 24e.	5,532,258	4,791,069	568,314	172,875
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,584,078	1	1,251,547
	2	Savings and temporary cash investments		41,549,087	2	44,848,893
	3	Pledges and grants receivable, net		4,270,900	3	3,133,549
	4	Accounts receivable, net		1,030	4	506
	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		5,190,174	7	5,026,692
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,922	9	2,733
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,910,944			
	b	Less accumulated depreciation	10b699,693	1,235,635	10c	1,211,251
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,183,997	12	1,682,637
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		81,788	15	75,060
	16	Total assets. Add lines 1 through 15 (must equal line 34)		55,107,611	16	57,232,868
Liabilities	17	Accounts payable and accrued expenses		88,932	17	136,387
	18	Grants payable		893,040	18	863,046
	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		671,194	23	616,398
	24	Unsecured notes and loans payable to unrelated third parties		897,538	24	859,329
	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		344,723	25	369,393
	26	Total liabilities. Add lines 17 through 25		2,895,427	26	2,844,553
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		35,870,703	27	37,600,351
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		16,341,481	29	16,787,964
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		52,212,184	33	54,388,315
	34	Total liabilities and net assets/fund balances		55,107,611	34	57,232,868

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	5,299,296
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,532,258
3	Revenue less expenses Subtract line 2 from line 1	3	-232,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,212,184
5	Net unrealized gains (losses) on investments	5	2,433,763
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-24,670
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,388,315

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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ 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 ☒ Separate basis ☐ Consolidated basis ☐ 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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
WEST CENTRAL INITIATIVE

Employer identification number
36-3453471

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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 ")	4,126,134	5,623,808	3,712,103	6,818,504	3,795,772	24,076,321
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	4,126,134	5,623,808	3,712,103	6,818,504	3,795,772	24,076,321
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)						7,016,582
6 Public support. Subtract line 5 from line 4						17,059,739

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	4,126,134	5,623,808	3,712,103	6,818,504	3,795,772	24,076,321
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,843,776	1,359,875	1,841,933	853,760	1,030,370	6,929,714
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-136,156	-108,961	2,677	4,653	-15,702	-253,489
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)						30,752,546
12	Gross receipts from related activities, etc (see instructions)					12	2,543,837
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))	<table><tr><td>14</td><td>55 470 %</td></tr></table>	14	55 470 %
14	55 470 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>57 250 %</td></tr></table>	15	57 250 %
15	57 250 %			
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 IIISupport 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).

Facts And Circumstances Test

Explanation

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 WEST CENTRAL INITIATIVE	Employer identification number 36-3453471
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		0													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)		0													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j 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?		☐ Yes ☐ 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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WEST CENTRAL INITIATIVE

Employer identification number
36-3453471

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	4
2	Aggregate contributions to (during year)	50,000
3	Aggregate grants from (during year)	167,050
4	Aggregate value at end of year	1,442,985
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? ☒ Yes ☐ No	
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? ☒ Yes ☐ No	

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	25,834,685	26,155,441	22,582,503	20,388,298	23,055,976
b	Contributions	447,411	199,133	805,542	532,737	964,424
c	Net investment earnings, gains, and losses	2,739,471	-147,402	3,650,749	2,549,298	-2,871,082
d	Grants or scholarships					
e	Other expenditures for facilities and programs	879,065	372,487	883,353	887,830	761,020
f	Administrative expenses					
g	End of year balance	28,142,502	25,834,685	26,155,441	22,582,503	20,388,298

2

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

a

Board designated or quasi-endowment

40.000 %

b

Permanent endowment

60.000 %

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)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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	92,807	155,000		247,807
b Buildings		1,297,908	413,012	884,896
c Leasehold improvements		24,580	7,143	17,437
d Equipment		340,649	279,538	61,111
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,211,251

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1		7,686,049
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	2,433,763	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	342,059	
e	Add lines 2a through 2d	2e		2,775,822
3	Subtract line 2e from line 1	3		4,910,227
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	389,069	
c	Add lines 4a and 4b	4c		389,069
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		5,299,296
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1		5,509,918
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	27,718	
e	Add lines 2a through 2d	2e		27,718
3	Subtract line 2e from line 1	3		5,482,200
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	50,058	
c	Add lines 4a and 4b	4c		50,058
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		5,532,258

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, 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	TO FUND THE ORGANIZATION'S PROGRAMS IN THEIR REGION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCORDING TO GAAP, WCI IS REQUIRED TO RECORD A LIABILITY FOR UNCERTAIN TAX POSITIONS WHEN IT IS PROBABLE THAT A LOSS HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED. AS OF JUNE 30, 2013, NO SUCH LIABILITY EXISTED. MANAGEMENT WILL CONTINUALLY EVALUATE EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		TAX ENTRY TO CONVERT FROM BOOK TO TAX AMOUNT FOR INVESTMENT 314,341. FUNDRAISING AND AGENCY FUND ENTRY 27,718.
PART XI, LINE 4B - OTHER ADJUSTMENTS		CONSULTANT AND MANAGEMENT FEES 48,566. AGENCY FUND ACTIVITY ENTRY 9,878. AGENCY FUND ACTIVITY ENTRY AND INVESTMENT TAX AMOUNT ADJUSTMENT 330,625.
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 27,718.
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONSULTANT AND MANAGEMENT FEES 48,566. AGENCY FUND ACTIVITY ENTRY 1,492.

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>FOUNDATION COMEDY NIGHT</u>	<u>SILENT AUCTION</u>	<u>5</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	14,067	8,665	35,474	58,206	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	14,067	8,665	35,474	58,206	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	582	2,071	2,653	
	7	Food and beverages	.	3,080	10,304	13,384	
	8	Entertainment	. . .	3,350	7,507	10,857	
	9	Other direct expenses	.		824	824	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(27,718)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					30,488

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes..... ☐ No	☐ Yes..... ☐ No	☐ Yes..... ☐ No	
	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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OMB No 1545-0047

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

2012

Open to Public Inspection

Employer identification number

36-3453471

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

(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
--	---------	------------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	35
3	Enter total number of other organizations listed in the line 1 table	▶	30

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
(1) HUMANITARIAN ASSISTANCE	7	73,097			

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 ORGANIZATIONS MUST SUBMIT REPORTS ON THE USE OF THE GRANT FUNDS WCI PROGRAM STAFF EVALUATE REPORTS AND COMMUNICATE WITH ORGANIZATIONS TO ENSURE PROPER USE GRANTS OVER \$7,500 MUST HAVE BOARD APPROVAL

Software ID:

Software Version:

EIN: 36-3453471

Name: WEST CENTRAL INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALEXANDRIA PUBLIC SCHOOL1410 SOUTH MCKAY AVE SUITE 201 ALEXANDRIA,MN 56308	41-6000893	PUBLIC SCHOOL	978,550				NEW BUILDING, GENERAL SUPPORT
ALEXANDRIA TECHNICAL AND COMMUNITY COLLEGE1601 JEFFERSON STREET ALEXANDRIA,MN 563083799	41-1687554	COLLEGE/UNIVERSITY	52,405				MANUFACTURING BOOT CAMP, MAINTENANCE TRAINING, SMALL BUSINESS CENTER, ROBOTICS GEAR UP
ANDERSON CENTER MANAGEMENT & BUSINESS DEVELOPMENT122 12TH AVE N STE 102 SAINT CLOUD,MN 563014892	41-1911774	501(C)(3)	10,000				TRAINING SCHOLARSHIPS
APPLE TREE DENTAL WESTRIDGE MALL 2001 WEST LINCOLN AVE SUITE 33 FERGUS FALLS,MN 56537	36-3411437	501(C)(3)	82,000				GENERAL SUPPORT
ASHBY PUBLIC SCHOOL DIST #261PO BOX 30 ASHBY,MN 563090030	41-6001359	PUBLIC SCHOOL	14,948				GENERAL SUPPORT
AUGSBURG COLLEGE2211 RIVERSIDE AVENUE MINNEAPOLIS,MN 55454	41-0694721	COLLEGE/UNIVERSITY	55,000				GENERAL SUPPORT
BARNESVILLE CHILD DAY CARE CENTERPO BOX 383 BARNESVILLE,MN 565140383	41-1276490	501(C)(3)	5,044				GENERAL SUPPORT
BATTLE LAKE PUBLIC SCHOOL402 SUMMIT STREET W BATTLE LAKE,MN 565154029	41-6002914	PUBLIC SCHOOL	5,293				GENERAL SUPPORT
BECKER COUNTY FOOD PANTRY INC1308 ROSSMAN AVENUE DETROIT LAKES,MN 565013829	36-3332912	501(C)(3)	12,198				GENERAL SUPPORT
CENTRAL MINNESOTA AREA HEALTH EDUCATION CENTER1414 COLLEGE WAY FERGUS FALLS,MN 56537	26-1397088	501(C)(3)	10,283				HEALTHCARE CAREER EXPLORATION
CHOKIO ALBERTA PUBLIC SCHOOLSPO BOX 68 CHOKIO,MN 562210068	41-0916699	PUBLIC SCHOOL	60,283				SHOP CLASS REMODEL, SWIMMING POOL, PLAYGROUND
CITY OF DEER CREEK106 MAIN AVE E PO BOX 272 DEER CREEK,MN 565270272	41-0952833	GOVERNMENT	15,000				BASEBALL FIELD
CITY OF MOORHEAD500 CENTER AVENUE PO BOX 0779 MOORHEAD,MN 565610779	41-6005386	GOVERNMENT	500,000				ECONOMIC DEVELOPMENT INCENTIVE PROGRAM
CITY OF OSAKIS14 NOKOMIS ST E PO BOX 486 OSAKIS,MN 563600486	41-6005443	GOVERNMENT	45,000				STORE FRONT REMODELING
CITY OF PERHAM125 2ND AVE NE PO BOX 130 PERHAM,MN 565730130	41-6005453	GOVERNMENT	5,500				BASEBALL FIELD
CLAY COUNTY SOCIAL SERVICES715 11TH STREET NORTH SUITE 502 MOORHEAD,MN 56560	41-6005775	GOVERNMENT	7,950				EARLY CHILDHOOD INITIATIVE
COUNCIL ON FOUNDATIONS2121 CRYSTAL DRIVE SUITE 700 ARLINGTON,VA 22202	13-6068327	501(C)(3)	5,180				GENERAL SUPPORT
DETROIT LAKES COMMUNITY & CULTURAL CENTER826 SUMMIT AVENUE DETROIT LAKES,MN 565012905	41-1970351	501(C)(3)	15,000				COMMUNITY CONNECTIONS, GENERAL SUPPORT
DETROIT LAKES PUBLIC LIBRARY1000 WASHINGTON AVE DETROIT LAKES,MN 56501	41-1416960	501(C)(3)	27,503				BUILDING UPGRADES
DETROIT LAKES PUBLIC SCHOOLS ADMINISTRATION CENTER 702 LAKE AVENUE PO BOX 766 DETROIT LAKES,MN 565020766	41-0971772	PUBLIC SCHOOL	12,880				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DETROIT LAKES YOUTH HOCKEY ASSOCIATIONPO BOX 393 DETROIT LAKES,MN 56502	41-1449892	501(C)(3)	10,000				GENERAL SUPPORT
DETROIT MOUNTAIN RECREATION AREA INCPO BOX 1039 DETROIT LAKES,MN 56502	27-2089583	501(C)(3)	7,769				REDEVELOPMENT PROJECT
DOLAND PUBLIC SCHOOLS405 NORTH HUMPHRY DRIVE PO BOX 385 DOLAND,SD 57436	46-6002902	PUBLIC SCHOOL	10,000				GENERAL SUPPORT
ELBOW LAKE FIRE DEPARTMENTPO BOX 55 ELBOW LAKE,MN 565310055	41-6005120	GOVERNMENT	27,000				EQUIPMENT
ENTERPRISE MINNESOTA SMALL BUSINESS DEVELOPMENT CENTER 901 8TH ST S MOORHEAD,MN 56562	41-1595930	501(C)(3)	303,420				WORKFORCE TRAINING
ESSENTIA HEALTH ST MARY'S1027 WASHINGTON AVE DETROIT LAKES,MN 56501	41-1620386	501(C)(3)	10,000				GENERAL SUPPORT
FARMINGTON YOUTH HOCKEY ASSOCIATIONPO BOX 223 FARMINGTON,MN 55024	41-1529207	501(C)(3)	25,000				ICE ARENA
FERGUS FALLS BAND BOOSTERSPO BOX 115 FERGUS FALLS,MN 56537	41-1653013	501(C)(3)	6,750				INAUGURATION PARADE TRIP
FERGUS FALLS COMMUNITY FOOD SHELF PO BOX 136 FERGUS FALLS,MN 565380136	41-1558108	501(C)(3)	6,750				GENERAL SUPPORT
FRIENDS OF THE PRAIRIE WETLANDS LEARNING CENTER602 STATE HIGHWAY 210 EAST PO BOX 229 FERGUS FALLS,MN 565380229	41-1699443	501(C)(3)	10,300				EAGLE SCOUT PROJECT, GENERAL SUPPORT
HANCOCK PUBLIC SCHOOL371 HANCOCK AVE PO BOX 367 HANCOCK,MN 562440367	41-6004130	PUBLIC SCHOOL	9,064				GENERAL SUPPORT
HOSPICE OF RED RIVER VALLEY1701 38TH ST SW SUITE 201 FARGO,ND 58102	45-0349152	501(C)(3)	20,000				GENERAL SUPPORT
LAKES & PRAIRIES COMMUNITY ACTION PARTNERSHIP715 11TH STREET N SUITE 402 MOORHEAD,MN 565602088	41-0905871	501(C)(3)	95,000				CHILD CARE AWARE CHILD CARE CONSULTATION, FAMILY ECONOMIC SUCCESS, STAFF TRAINING
LAKES COUNTRY SERVICE COOP1001 EAST MOUNT FAITH FERGUS FALLS,MN 56537	41-1285124	PUBLIC SCHOOL	43,000				ENGINEERING EDUCATION
LAKES CRISIS AND RESOURCE CENTERPO BOX 394 DETROIT LAKES,MN 565020394	41-1456433	501(C)(3)	35,000				GENERAL SUPPORT
MAHUBE-OTWA COMMUNITY ACTION PARTNERSHIP INC1125 WEST RIVER ROAD PO BOX 747 DETROIT LAKES,MN 565020747	41-6049474	501(C)(3)	14,250				TAXAIDE, WINTER CLOTHING, ORGANIZATION REDESIGN, GENERAL SUPPORT
MINNESOTA COUNCIL ON FOUNDATIONS100 PORTLAND AVENUE SUITE 225 MINNEAPOLIS,MN 554012575	41-1269275	501(C)(3)	7,250				GENERAL SUPPORT
MINNESOTA LAKES MARITIME MUSEUM206 BROADWAY PO BOX 1216 ALEXANDRIA,MN 56308	41-1967683	501(C)(3)	14,000				GENERAL SUPPORT
MINNESOTA PUBLIC RADIO901 SOUTH 8TH STREET MOORHEAD,MN 56562	41-0953924	501(C)(3)	5,460				GENERAL SUPPORT
MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE900 HIGHWAY 34 EAST DETROIT LAKES,MN 565012643	41-1687554	COLLEGE/UNIVERSITY	10,000				BUSINESS & ENTREPRENEURIAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE1900 28TH AVENUE SOUTH MOORHEAD,MN 565604899	41-1687554	COLLEGE/UNIVERSITY	30,140				HUMAN SERVICE WORKER PROGRAM
MINNEWASKA AREA SCHOOLS25122 STATE HIGHWAY 28 GLENWOOD,MN 563343390	41-1746974	PUBLIC SCHOOL	16,000				EARLY CHILDHOOD INITIATIVE, GENERAL SUPPORT
MINNEWASKA LAKER FOUNDATION25122 ST HWY 28 GLENWOOD,MN 56334	71-1041194	501(C)(3)	10,000				GENERAL SUPPORT
MN DEPARTMENT OF EMPLOYMENT & ECONOMIC DEVELOPMENT204 LAUREL STREET SUITE 21 BRAINERD,MN 56401	41-1681137	GOVERNMENT	31,304				ON THE JOB TRAINING BOOT CAMP
MORRIS AREA PUBLIC SCHOOLS201 S COLUMBIA AVE MORRIS,MN 562671543	41-6004129	PUBLIC SCHOOL	68,764				SCHOLARSHIPS, GENERAL SUPPORT
PERHAM DENT PUBLIC SCHOOLS200- 5TH ST SE PERHAM,MN 56573	41-6002934	PUBLIC SCHOOL	19,069				SCHOLARSHIPS, GENERAL SUPPORT
PERHAM HEALTH DISTRICT1000 CONEY STREET W PERHAM,MN 56573	41-1271856	501(C)(3)	6,409				GENERAL SUPPORT
PRODUCTIVE ALTERNATIVES INC1205 N TOWER ROAD FERGUS FALLS,MN 56537	41-0844951	501(C)(3)	26,000				ORGANIZATIONAL CAPACITY, GENERAL SUPPORT
RICHLAND AND WILKIN HEALTHY COMMUNITIES INC2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 565201025	41-1961094	501(C)(3)	5,250				EARLY CHILDHOOD INITIATIVE, GENERAL SUPPORT
ROOSEVELT ELEMENTARY SCHOOL510 - 11TH AVE DETROIT LAKES,MN 56501	41-0971772	PUBLIC SCHOOL	8,000				ASSISTANCE FOR NEEDY CHILDREN
ROSSMAN ELEMENTARY SCHOOL1221 ROSSMAN AVE DETROIT LAKES,MN 56501	41-0971772	PUBLIC SCHOOL	7,000				ASSISTANCE FOR NEEDY CHILDREN
RURAL MINNESOTA CEP 803 ROOSEVELT AVE PO BOX 1108 DETROIT LAKES,MN 565021108	41-0942639	501(C)(3)	39,490				CAREER ADVISOR NETWORK, FOUNDATIONAL SKILLS PROGRAM, MN CAREERS SUPPLEMENT
ST FRANCIS HEALTHCARE CAMPUS2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 565201025	41-0695598	501(C)(3)	10,000				EARLY CHILDHOOD INITIATIVE
ST JAMES EPISCOPAL CHURCH321 S LAKESIDE DR FERGUS FALLS,MN 56537	41-6032966	501(C)(3)	15,000				GENERAL SUPPORT
ST PAUL'S LUTHERAN CHURCH201 MAPLE STREET PO BOX 95 LOWRY,MN 56349	41-1313561	501(C)(3)	13,000				BUILDING
STEVENS COUNTY FOOD SHELF701 IOWA AVENUE MORRIS,MN 56267	41-1829830	501(C)(3)	5,657				GENERAL SUPPORT
UNITED WAY OF DOUGLAS & POPE COUNTIES503 HAWTHORNE STREET PO BOX 1148 ALEXANDRIA,MN 563081148	23-7450908	501(C)(3)	28,750				EARLY CHILDHOOD INITIATIVE, GENERAL SUPPORT
UNITED WAY OF OTTER TAIL COUNTY120 EAST WASHINGTON FERGUS FALLS,MN 565372823	41-0873718	501(C)(3)	33,500				EARLY CHILDHOOD INITIATIVE, GENERAL SUPPORT
UNIVERSITY OF MINNESOTA305 HAECKER HALL 1364 ECKLES AVENUE AVENUE SAINT PAUL,MN 55108	41-6042488	COLLEGE/UNIVERSITY	50,650				DAIRY MANAGEMENT, BUSINESS RETENTION & EXPANSION
WEST CENTRAL DENTAL RESOURCES INC700 CEDAR STREET SUITE 44 ALEXANDRIA,MN 563081787	20-2417571	501(C)(3)	6,000				OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WEST CENTRAL AREA SCHOOLS301 COUNTY ROAD 2 BARRETT,MN 563114500	41-1806563	PUBLIC SCHOOL	11,000				EARLY CHILDHOOD INITIATIVE, GENERAL SUPPORT
WEST CENTRAL RESEARCH & OUTREACH CENTER 46352 STATE HWY 329 MORRIS,MN 562670471	41-6007513	COLLEGE/UNIVERSITY	35,000				GARDEN PAVILLION
WEST CENTRAL SMALL BUSINESS DEVELOPMENT CENTER (WCSBDC)OFFUTT SCHOOL OF BUSINESS 1310 SOUTH 8TH ST GRANT CENTER 220 MOORHEAD,MN 56562	41-0693977	COLLEGE/UNIVERSITY	78,750				SMALL BUSINESS DEVELOPMENT CENTER
WHEATON AREA SCHOOLS 1700 3RD AVE SOUTH WHEATON,MN 56296	41-6004390	PUBLIC SCHOOL	32,500				PLAYGROUND, GENERAL SUPPORT
WHITE EARTH CHILD CARE PROGRAMPO BOX 418 WHITE EARTH,MN 565910418	41-1737979	TRIBAL GOVERNMENT	10,000				EARLY CHILDHOOD INITIATIVE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
WEST CENTRAL INITIATIVE**Employer identification number**

36-3453471

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	DRAFT COPIES OF THE 990 WERE REVIEWED BY THE AUDIT COMMITTEE AS WELL AS THE FULL BOARD AND PRESIDENT DURING ONE OF THE REGULAR BOARD MEETINGS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND EMPLOYEES MUST ANNUALLY LIST ANY POTENTIAL CONFLICTS OF INTEREST BOARD MEMBERS MAY NOT VOTE ON ISSUES WHERE A POTENTIAL CONFLICT OF INTEREST EXISTS THE CHAIRPERSON OF THE BOARD AND THE PRESIDENT ARE AWARE OF ALL DISCLOSED OR KNOWN CONFLICTS OF INTEREST AND MONITOR ALL SITUATIONS TO MAKE SURE THE POLICY IS BEING FOLLOWED
	FORM 990, PART VI, SECTION B, LINE 15	THE OFFICERS AND EMPLOYEES SALARIES ARE ALL SUBJECT TO PRESIDENT AND/OR BOARD APPROVAL SEVERAL COMPARABILITY STUDIES OF OTHER LOCAL AND REGIONAL NON-PROFIT ORGANIZATIONS ARE TAKEN INTO CONSIDERATION WHEN DETERMINING THE ANNUAL BUDGET AND SALARIES COMPARISONS OF JOB RESPONSIBILITIES AND MERIT WITHIN THE ORGANIZATION ARE ALSO TAKEN INTO CONSIDERATION AN INDEPENDENT MARKET ANALYSIS OF WCI JOBS WAS COMPLETED IN 2012 AND A SALARY STRUCTURE HAS BEEN DEVELOPED
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES, AND COPIES OF THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN AGENCY FUNDS NET ASSETS -24,670
		PART XII, LINE 2C - THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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
WEST CENTRAL INITIATIVE

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

Identifying number

36-3453471

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	

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	
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? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ 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								
2008 FORD TAURUS	2007-08-13		21,673		5 0	S/L-HY		
		%						
		%						
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 (do not 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)		
Note: 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) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	