	C&E							29393	32	10884	4
٠. ا	Fim 990-T 961	// E	Exempt Orga	nization Bus	sine	ss Inco	me T	ax Returr	า	OMB No 1545-06	887
				nd proxy tax und				NT 20 201		. 2017	7
	•	For ca	alendar year 2017 or other tax ye	ar beginning <u>UUL I,</u> irs.gov/Form990T for in			-		NE	72011	ı
	Department of the Treasury		GO TO WWW Do not enter SSN numbe						M	Open to Public Inspenses 501(c)(3) Organization	ection for
_ 	· — ·		Name of organization (Check box if name of					Emple	oyer identification numovees' trust, see	
,	address changed		(2		Ū		·			ctions)	
B	Exempt under section	Print								<u>6-345347</u>	_
	X 501(c)(3() 5	Type	Number, street, and roon	n or suite no. If a P.O. bo	x, see I	nstructions.				ated business activity nstructions)	y codes
	408(e) 220(e)	',,,,,	PO BOX 318						-		
	408A530(a)		City or town, state or prof		_				519	130 900	099
ō	Book value of all assets		F Group exemption number		<u> </u>	310			<u> </u>	130 300	<u>, </u>
	at end of year	34.	G Check organization typ			n 501	(c) trust	401(a) trust	Other	trust
H			ary unrelated business acti			STATEME	ENT 1				
Ī			poration a subsidiary in an		nt-subs	idiary controlle	d group?	▶ [Ye	s X No	
-			tifying number of the parer	t corporation.			T -11-		110	720 2220	
_	The books are in care of Part I Unrelated		MANAGEMENT de or Business Ind	omo		(A) Inco		one number (B) Expense		739-2239 (C) Net	<u>'</u> -
L		_	6,917.	ome		(A) IIIco	ille	(B) Expense	-	(O) Net	
	1a Gross receipts or saleb Less returns and allow		0,91/.	c Balance	1c	6	917.	٠			
	2 Cost of goods sold (S		A line 7)	C Dalatice	2		7 1 7 0	9 -	5	·	
	3 Gross profit Subtract		•		3	6,	917.			6,9	17.
	4a Capital gain net incom				4a						
•	b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	1 4797)	4b						
	c Capital loss deduction				4c						
			nips and S corporations (att	ach statement)	5						
	6 Rent income (Schedu				6		_				
	7 Unrelated debt-financ		,	(Cab E)	7 8						
			and rents from controlled o on 501(c)(7), (9), or (17) o		<u> </u>			· ·			
1				rganization (Schedule d)	10						
i		-	· ·		11						
1	· ·		•		12						
	3 Total. Combine lines			·	13		917.			_6,9	<u>17.</u>
L			ot Taken Elsewher					unaama)			
-			utions, deductions must		u witii	trie unitelateu		- Income)	1 44 1		
1	,	icers, di	rectors, and trustees (Sche		=11 /	En			15		
1	5 Salaries and wages6 Repairs and mainten	ance		REC	=10				16		
1	_ '	andc				010 8			17		
1.		dule)		NOV 1	4 4	वाव कि			18		
1	9 Taxes and licenses			1 1					19		
2			e instructions for limitation	rules) OGD	EN.	<u> </u>	1		20		
2						<u> </u>	21				
2		aimed o	n Schedule A and elsewher	e on return		Ľ	22a		22b 23		
2	•	arred co	imneneation olans						24		
2			•						25		
2									26		
2018 2018									27		_
≈ 2	8 Other deductions (at	tach scl	nedule)			SEE	STAT	EMENT 2	28		743.
2									29	8,7	43.
○ 3			ncome before net operating		t line 2		CID 3 IPS	omesia 2	30	-1,8	26.
DEC			n (limited to the amount on		om len		STAT	EMENT 3	31	-1,8	26
_			ncome before specific dedu y \$1,000, but see line 33 in			; JU			32	 1 . N	00.
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			y \$1,000, but see line 33 ii income Subtract line 33 i			than line 32, er	nter the sm	aller of zero or	55	<u> </u>	
Ž,	line 32								34	-1,8	26.
SCANNED		r Paper	rwork Reduction Act Notice	e, see instructions						Form 990-T	
SC					1						_
101	61103 758312	2 75	79	2017.04030	WES	ST CENT	RAL I	NITIATIV	E	7579	1

Form 990-1			36-34	53 <u>4</u> 71_	Page 2
Part	III Tax Computation				
35	Organizations Taxable as Corporations See instructions for tax computation.		-		_
	Controlled group members (sections 1561 and 1563) check here Gee instructions an	d:			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde				
	(1) \[\\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	-	_		
_	(2) Additional 3% tax (not more than \$100,000)		_		
c	Income tax on the amount on line 34			35c	0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 34	from:		
•	Tax rate schedule or Schedule D (Form 1041)	0.1 11.10 0 1		36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
	// Tax and Payments	**		1 70 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
	Other credits (see instructions)	41b		-{ 	
	General business credit. Attach Form 3800	41c	_		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
	Total credits Add lines 41a through 41d	710]		41e	
	Subtract line 41e from line 40			42	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 🗀	Other (attach schedule)	43	
	Total tax Add lines 42 and 43		Ottion (attach schedule)	44	0.
	Payments: A 2016 overpayment credited to 2017	45a			
	2017 estimated tax payments	45b			
	Tax deposited with Form 8868	45c			
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
	Backup withholding (see instructions)	45e		7	
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		7	
	Other credits and payments: Form 2439	101			
•	☐ Form 4136 ☐ Other Total ►	45g			
46	Total payments. Add lines 45a through 45g		* <u></u>	46	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
	Fax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48	0.
	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		•	49	0.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50	
Part V	Statements Regarding Certain Activities and Other Information	on (see i	nstructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	or other a	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may have	to file		
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign coi	untry		
	nere >				<u>x</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to	o, a foreign trust?		X
	f YES, see instructions for other forms the organization may have to file				
53	Inter the amount of tax-exempt interest received or accrued during the tax year > \$				
C:	Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and s correct and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare			owledge and belief	i, it is true,
Sign	(1444) 00 01 0 1/6 12 00 0			May the IRS discus	s this return with
Here	FRESIDE	NT		he preparer shown	1
	Signature of officer Date Title	_	urur	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	е	Check	ıf PTIN	
Paid	All to House 1	16-18	self- employed		
Prepar	er KABITI TIANSEN, CIA		—		10050
Use O	nly Firm's name ► FIEBIGER, SWANSON, WEST & CO, PLL	P	Firm's EIN ▶	41-6	134264
	2537 S UNIVERSITY DRIVE			704 005	04.00
	Firm's address ► FARGO, ND 58103	 -	Phone no.	<u>701-280</u>	
				Forn	n 990-T (2017)

723711 01-22-18

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	 Ir		6		
2 Purchases	2		7	Cost of goods sold Su	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
-	2 Rent receiv	ed or accrued		-					
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		cted with the income attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-	(-)	3 Deductions directly cor to debt-finance		perty	
1 Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)	
(1),	 					<u>.</u>	<u> </u>		
(2)		-							
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in column	ı 8		•			•		0.

Form 990-T (2017) WEST	CENTRA	L INI	TIAT1	IVE					36-34			Page 4
Schedule F - Interest,	Annuitie	s, Roya	lties, a					zatio	ns (see ins	structio	ns)	
•		ļ		Exempt	Controlled O	rganızatı	ons					
1 Name of controlled organiz	ation	identif	iployer ication iber		nrelated income e instructions)	4 Tot payr	al of specified ments made	includ	rt of column 4 ded in the cont zation's gross	trolling	6 Deduction connected with the c	vith income
(1)				 		 				\dashv		
					_							
(2)						 			_			
(3)				 -								
(4)												
Nonexempt Controlled Organ	nizations											
7. Taxable Income		nrelated incor ee instruction		9. Total	l of specified payi made	ments	10 Part of colur in the controlli gross		nization's		eductions direct th income in co	
(1)												
				 					_			
(2)	 			 			_					
_(3)	_			1			_					
	<u> </u>			<u>L</u>								
							Add colum Enter here and line 8, c	on pag	e 1, Part I,		ndd columns 6 a here and on pa line 8, column	ge 1, Part I,
Totals						>			0.			0.
Schedule G - Investm	ent Incor	ne of a	Section	1 501(c)((7), (9), or	(17) Or	ganization					
(see ins	tructions)											
1 Des	cription of inco	me			2. Amount of	ıncome	3 Deduction directly connected (attach sched)	cted	4 Set-		and	il deductions set-asides i plus col 4)
(1)												
(2)									-			
(3)				_								
(4)					F-4 b				l		Fater have	
					Enter here and o Part I, line 9, co							and on page 1, 9, column (B)
Totals				<u> </u>	<u></u>	0.						<u> </u>
Schedule I - Exploited (see instr	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	; 				
			3 ==	penses	4 Net incom		_				7 540	ess exempt
Description of exploited activity	unrelated income trade or b	business from	directly of with pro of uni	connected oduction related s income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	5 Gross inco from activity the is not unrelate business income	hat ed	6 Exp attributa colun	able to	expens 6 minus but not	es (column s column 5, more than umn 4)
(1)		Ī								_		
(2)												
(3)					<u> </u>							
(4)	_										_	
	Enter here page 1, line 10, c	Part I, col (A)		_							on p	here and page 1, I, line 26
Totals	· <u> </u> : !	0.		<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·					0.
Schedule J - Advertis						D:						
Rartil Income From	Periodic	ais Rep	ortea o	n a Con	isoilaatea	Basis						
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs	or (loss) (co	in, compute	5 Circulati	on	6 Reade costs		costs (colu	readership mn 6 minus out not more lumn 4)
(1)												
(2)	_		1				,					
(3)												
(4)	_ _											
<u>···</u>			_				†					
Totals (carry to Part II, line (5))	▶		0.	0			<u> </u>					0.
											⊦orm 99	0-T (2017)

723731 01-22-18

44

Form: 990-T (2017) WEST CENTRAL INITIATIVE 36-34534 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

	1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)						<u> </u>		
Totals from	Part I	▶	0.	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-		٠	Enter here and on page 1, Part II, line 27
Totals, Par	t II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T'	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1
FORM JJU-1	DESCRIPTION OF ORGANIZATION B TRIMMER ORRESPONDED	D 1111 D11211	_
	BUSINESS ACTIVITY		
t -	DODINEDS ACITAIT		

WEBSITE TO SHARE STORIES OF PEOPLE WHO HAVE CHOSEN TO LIVE IN THE REGION INVESTMENT IN UNRELATED LLC AND LLLP

TO FORM 990-T, PAGE 1

FORM 990-7	r 	OTHER DEDUCTI	ONS	STATEMENT	2
DESCRIPTIO	МС			AMOUNT	
DOMAIN REG	 GISTRATION AND DESIG	GNING MATERIALS		8,7	43.
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 28		8,7	43.
FORM 990-1	net net	OPERATING LOSS D	EDUCTION	STATEMENT	3
FORM 990-T	r NET	OPERATING LOSS D LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR	3
		LOSS PREVIOUSLY	LOSS	AVAILABLE	