

Application For City of Willmar Funding In 2020

Due Date: July 10, 2019

- 1. Total 2020 Request: Willmar Meals on Wheels
- 2. Agency: West Central Industries, Inc. (WCI)

Willmar

3. Program: Willmar Meals on Wheels

- 4. Is your organization a profit or non-profit organization (remit copy of latest IRS form 990 if a non-profit organization) Yes Enclosed is IRS form 990
- 5. Name, Title, Address, and Phone Number of Contact Person: Renee Nolting/Executive Director

1300 SW 22nd Street PO Box 813 Willmar, MN 56201 320-235-5310 ext. 203

6. Agency Mission or Purpose:

WCI enhances quality of life through individualized support, training and employment. The Willmar Meals on Wheels program addresses the needs of individuals who due to age, disability, illness, or recent hospitalization are unable to cook for themselves. We provide a hot, nutritious meal delivered to their home 5 days a week while also providing a safety check. In the process of providing the service to Willmar residents, WCI is able to give job skills, employment and training in Food Service to 3 to 5 individuals with disabilities each weekday of service.

7.	2017 Total Expenditures:	223,176.59	2017 City Funding: \$ 21,192.00
	2018 Total Expenditures:	183,247.81	2018 City Funding: \$ 18,647.00
	2019 Total Budget:	170,927.44	2019 City Request: \$ 16,500.00
	2020 Proposed Budget:	149,575.44	2020 City Request: \$ 17,607.00

Enclosed you will find: A. Food Service financial records for June 2018 (Last year-year end) and May 2019

(Note: June is year end for WCI and WCI will receive June financial data at the end of July after application due date from Westberg Eischens.)

B. WCI Food Service July1, 2019 thru June 30, 2020 projected budget. C. Copy of Meals on Wheels budget prepared in March 2019 for the United Way of West Central MN application process.

Please note on all department financials there is a distribution of occupancy, administration. Our administration data includes gain or losses on our investment reserves. The last year has seen loss on investments.

Please note that we estimate more than 1/3 of Expenditures in WCI Food Service Department are for Meals on Wheels. D. & E. Two years of WCI financials. Please note that WCI does not have the year end June 30, 2019

financial data at this time. It can be provided in September after CDS accounting firm has presented to the WCI Board of Directors.

8. List and identify all other sources of funding for each year:

	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Federal	\$ -	\$ -	\$ -	\$ -
State	\$ -	\$ -	\$ -	\$ -
City	\$ 21,192.00	\$ 18,646.83	\$ 16,500.00	\$ 17,607.00
Program Income	\$ 117,162.00	\$ 126,592.00	\$ 107,854.31	\$ 109,890.07
Other	\$ 15,000.00	\$ 12,000.00	\$ 18,434.07	\$ 21,000.00

9. Description of Program proposed to be paid for with City funding: (Explain all funding sources and percentage of project funded by each source)

West Central Industries prepares, packages and coordinates delivery of home delivered meals to residents residing in the City limits of Willmar that are unable to prepare food for themselves due to their age, illness, disability or recent release from the hospital. About seventy-five percent of people served by the program are signed up by County Social Workers staff. The remainder are private pay and sign up as recommended by their physician, through a family member or individually.

The Willmar Meals on Wheels program promotes good health by providing nutritious home delivered mid-day meals weekdays to people in need. In addition, WCI offers well balanced box lunches or frozen meals with all the sides that can be utilized by individuals for an evening, weekend, or holiday meal. WCI utilizes volunteers from churches, businesses, and individual families to assist delivering the meals. Several times a week we are short volunteer drivers and WCI staff must deliver the meals.

WCI fiscal year runs July 1 thru June 30th. For the 18-19 WCI Fiscal year 16,230 meals were provided in Willmar. Our present cost to produce each meal is over \$8.00 a meal. The funding we receive from the City of Willmar and the United Way of West Central MN helps offset the loss WCI experiences in administering the program. Meals are funded by participant fees paid by the State of MN, insurance, or individuals. WCI presently charges \$6.53per meal. The rate for meals is set by the state waivered rate for meals. We just learned that July 1 the rate will increase to \$6.86 and \$7.06 per meal, based on waivered assigned. We will be posting new rates for private pay to begin September 1, 2019 to \$6.86. The monies we received from the United Way of West Central MN, The City of Willmar, and donations help make up the difference. We still need additional funding to keep the program possible. Many of the people on waivered meals are assigned a deductible for all services and it frequently gets applied to Meals on Wheels. WCI attempts to collect and has been unsuccessful, the deductible is written off. WE ASSURE families that in the time of most dire needs, we get meals to people and help them maintain or get to better health.

9. Program Goals and Objectives for the proposed year (specific and measurable):

A. Objective 1: Introduce Storm shelf stable meals to Meals on Wheels participants beginning Winter of 19-20. Winter storms of this past winter caused 5 days that meals could not be delivered. We would like to send out a shelf stable meal prior to pending storms to help Meals on Wheels customers have access to food during WCI Winter weather closures or days it is not safe to send out volunteer drivers. (Example: Januarys temperatures below 30 below)

B. Objective 2: Continue to meet the nutritional needs of Willmar residents that at their most vulnerable time, meals are available. (Example: recent release from the hospital.)

C. Objective 3: Assisting people with disability by having access to healthy meals.

D. Objective 4: Keep Willmar Older adults healthy and independent in their Willmar homes prolonging their quality of life with familiar surroundings.

E. Objective 5: Provide job skills training for persons with disabilities in the process of preparing and packaging meals.

Objectives to meet goals:

1. Follow Lutheran Social Services model of getting storm meals out to regular Meals on Wheels participants that are dependent on a daily meal. Storm meals will consist of shelf stable ready to eat food items. WCI will package and deliver meals prior to pending severe weather. These meals are to be used in the event WCI needs to cancel meal delivery or close due to Winter weather. This assures that people needing the service have access to food.

2, 3, & 4. WCI will Collaborate with senior/health providers, social services, service clubs, churches, families and individuals to promote meals service to make awareness of the program and how it can help individuals. This upcoming fiscal year, WCI is investing in marketing material to promote the service.
5. Weekdays train 3-5 persons with disabilities in WCI Food Service to assist preparing and packaging Willmar Meals on Wheels.

10. Measures of Program Outcomes (What do City taxpayers get for their investment in your program? Include results from 2018 operations and projections for 2019 and 2020.)

Willmar residents will have access to nutritious hot home delivered meals and a safety check. Willmar Meals on Wheels participants will have the opportunity to remain in their homes longer.

PROJECTIONS FOR 2018 AND 2019

We estimate over 17,000 meals will be served in the new fiscal year. Each meal sent out by WCI meets 1/3 of the recommended dietary allowances for persons 60+ of age.

Program Indicators to evaluate the program's effectiveness:

A. From 7-1-18 thru 6-30-19, <u>135</u> persons utilized the Willmar Meals on Wheels service. A total of <u>16,230</u> meals were delivered (Note 5 days meals were unable to be delivered due to winter weather.) In 2017, <u>145</u> people utilized the service and <u>17,652</u> meals were delivered.

B. We survey participants yearly to find out the programs effectiveness and areas WCI could make improvements.

C. We estimate that over 50 calls are made each year to Meal participants emergency contacts. When someone doesn't answer their door for their meal, the volunteer or WCI staff makes a note on the route sheet or phone WCI Food Service. WCI Food Service staff call emergency contacts to verify meal participants safety or alert contacts of potential concern.

A-June

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Twelve Months ended June 30, 2018

-*	CURF	ENT		Y	EAR-TO-DATE	
	Actual	Budget	Actual	Budget	Over/Under Budget	Over/Under Budget %
REVENUE						
Extended Employment Funding	\$ 499.66	\$ 1,936.21	\$ 4,588.43	\$ 23,234.44	\$ (18,646.01)	(80.25)%
Wage Incentive	0.00	50.00	0.00	600.00	(600.00)	(100.00)%
Food City Grant	1,594.42	1,583.34	9,566.52	19,000.00	(9,433.48)	(49.65)%
DT&H MA Waiver/Icfmr Fees	1,070.80	516.70	12,500.57	6,200.32	6,300.25	101.61 %
Sales Senior Dining	10,273.28	10,921.45	131,066.50	131,057.40	9.10	0.01 %
Sales Cafeteria	2,626.44	2,990.70	32,765.60	35,888.33	(3,122.73)	(8.70)%
Sales Catering	3,466.70	5,099.45	48,695.71	61,193.33	(12,497.62)	(20.42)%
Sales Meals On Wheels	8,587.71	9,763.48	106,746.33	117,161.73	(10,415.40)	(8.89)%
Sales Produce Club	514.56	166.67	1,322.48	2,000.00	(677.52)	(33.88)%
Sales Willmar Vending	0.00	0.00	2.00	0.00	2.00	0.00 %
Sales Food Rebates	0.00	0.00	265.27	0.00	265.27	0.00 %
United Way	1,000.00	1,000.00	12,000.00	12,000.00	0.00	0.00 %
Donation Income	133.34	416.67	7,864.85	5,000.00	2,864.85	57.30 %
Miscellaneous Income	0.00	8.34	44.75	100.00	(55.25)	(55.25)%
Total Revenue	29,766.91	34,453.01	367,429.01	413,435.55	(46,006.54)	(11.13)%
EXPENSES						
Staff Wages	9,534.60	10,201.05	115,424.76	122,412.60	6,987.84	5.71 %
Payroll Taxes Staff	957.90	700.81	8,687.55	8,409.75	(277.80)	(3.30)%
Workers' Comp Staff	200.09	204.02	1,961.11	2,448.25	487.14	19.90 %
Medical Insurance	701.38	1,293.21	8,880.66	15,518.52	6,637.86	42.77 %
Dental Insurance	98.24	95.17	1,178.88	1,142.04	(36.84)	(3.23)%
Disability Insurance	79.88	77.04	976.67	924.55	(52.12)	(5.64)%
Life Insurance	12.83	12.55	158.01	150.66	(7.35)	(4.88)%
Retirement Contribution	100.23	0.00	201.72	0.00	(201.72)	0.00 %
Annual Leave Benefit-Staff	770.43	(56.35)	(2,454.92)			(263.09)%

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them. Management has elected to omit substantially all the disclosures required by accounting principles generally accepted in the United States of America.

A-June

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Twelve Months ended June 30, 2018

	CURRE	INT		Y	EAR-TO-DATE	
	Actual	Budget	Actual	Budget	Over/Under Budget	Over/Under Budget %
Client Wages-EE	818.08	1,820.78	11,442.13	21,849.41	10,407.28	47.63 %
Client Wages DT & H	1,202.82	580.58	14,483.61	6,967.00	(7,516.61)	(107.89)%
Client Payroll Taxes-EE	92.28	130.66	888.45	1,567.97	679.52	43.34 %
Client Payroli Taxes DT&H	135.68	39.88	1,142.19	478.63	(663.56)	(138.64)%
Client Workers' Comp	35.01	72.83	343.15	873.97	530.82	60.74 %
Annual Leave Benefit-Clients	(584.49)	0.00	(1,612.49)	0.00	1,612.49	0.00 %
Contracted Direct Labor	0.00	0.00	2,339.25	0.00	(2,339.25)	0.00 %
Adv. Dues & Subscriptions	9.00	108.09	701.86	1,297.11	595.25	45.89 %
Professional Fees	0.00	250.00	0.00	3,000.00	3,000.00	100.00 %
Credit Card Fees	105.99	82.99	1,123.07	995.95	(127.12)	(12.76)%
Outside Service	0.00	74.41	415.10	892.92	477.82	53.51 %
Operating Supplies	1,042.33	1,195.75	18,872.82	14,349.07	(4,523.75)	(31.53)%
Food Purchases	10,607.45	12,502.61	145,610.76	150,031.36	4,420.60	2.95 %
Freight	0.00	8.55	118.72	102.60	(16.12)	(15.71)%
Vehicle Expense Productive	420.83	500.00	4,301.08	6,000.00	1,698.92	28.32 %
Telephone	18.14	13.65	197.41	163.89	(33.52)	(20.45)%
Equipment Repair & Maintenance	103.71	390.35	1,612.80	4,684.25	3,071.45	65.57 %
Vehicle Ins Transportation	63.93	60.88	752.08	730.56	(21.52)	(2.95)%
Conferences & Seminars	0.00	16.66	215.00	200.00	(15.00)	(7.50)%
Travel	0.00	0.00	24.76	0.00	(24.76)	0.00 %
Equipment Replacement & New	0.00	0.00	1,711.00	0.00	(1,711.00)	0.00 %
Miscellaneous Expense	0.00	0.00	121.62	0.00	(121.62)	0.00 %
Bad Debts	0.00	58.33	661.63	700.00	38.37	5.48 %
Depreciation Expense	441.03	62.50	4,392.78	750.00	(3,642.78)	(485.70)%
Total Expenses	26,967.37	30,497.00	344,873.22	365,964.95	21,091.73	5.76 %

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A - June

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Twelve Months ended June 30, 2018

	CURREN	NT .			Y	EAR-TO-DATE	
OPERATING PROFIT (LOSS)	 Actual 2,799.54	Budget 3,956.01		Actual 22,555.79	Budget 47,470.60	Over/Under Budget (24,914.81)	Over/Under Budget % 0.00 %
OTHER INCOME (EXPENSES) Allocation of Occupancy and Administration	(10,871.76)	0.00		(89,410.23)	0.00	(89,410.23)	0.00 %
Total Other Income (Expenses)	 (10,871.76)	0.00	_	(89,410.23)	9 0.00	(89,410.23)	0.00 %
NET PROFIT (LOSS)	\$ (8,072.22) \$	3,956.01	\$	(66,854.44) \$	47,470.60	\$ (114,325.04)	(240.83)%

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A-May

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Eleven Months ended May 31, 2019 and 2018

		Cl	JRRENT				YEA	R-TO-DATE		
	Actual		Budget	P	rior Year	Actual		Budget	Pr	ior Year
REVENUE										
Extended Employment Funding	\$ 52.32	\$	404.73	\$	186.00	\$ 4,237.71	\$	4,451.98	\$	4,088.77
Food City Grant	1,375.00		1,250.00		1,594.42	15,955.48		13,750.00		7,972.10
DT&H MA Waiver/Icfmr Fees	1,285.72		808.08		661.16	12,537.99		8,888.78		11,429.77
Sales Senior Dining	11,982.00		13,438.58		10,273.28	124,056.00		147,824.28	1	20,793.22
Sales Cafeteria	2,579.16		3,310.50		2,145.41	26,526.65		36,415.45		30,139.16
Sales Catering	7,915.20		4,547.54		3,838.67	70,669.61		50,022.86		45,229.01
Sales Meals On Wheels	9,065.85		8,987.86		10,566.78	98,616.74		98,866.45		98,158.62
Sales Produce Club	213.50		1.20		508.17	1,163.43		13.13		807.92
Sales Willmar Vending	0.00		0.00		0.00	15.34		0.00		2.00
Sales Food Rebates	107.15		26.03		0.00	478.31		286.28		265.27
United Way	1,333.33		1,333.34		1,000.00	14,666.63		14,666.66		11,000.00
Donation Income	219.02		619.51		2,005.96	3,496.90		6,814.56		7,731.51
Miscellaneous Income	508.82		4.98		0.00	530.65	-	54.69		44.75
Total Revenue	 36,637.07	_	34,732.35		32,779.85	 372,951.44	_	382,055.12	3	337,662.10
EXPENSES										
Staff Wages	9,101.97		8,967.38		9,572.05	94,077.73		98,641.29	1	105,890.16
Payroll Taxes Staff	885.65		686.00		614.39	6,856.26		7,546.06		7,729.65
Workers' Comp Staff	(572.48)		205.66		200.09	1,394.75		2,262.29		1,761.02
Medical Insurance	1,309.41		652.39		701.38	12,493.70		7,176.29		8,179.28
Dental Insurance	92.10		92.71		98.24	927.14		1,019.86		1,080.64
Disability Insurance	66.14		75.20		79.88	690.62		827.24		896.79
Life Insurance	12.15		12.23		12.83	126.23		134.54		145.18
Retirement Contribution	0.00		179.34		67.08	62.62		1,972.83		101.49
Annual Leave Benefit-Staff	0.00		(358.38)		0.00	(150.53)		(3,942.09)		(3,225.35)
Client Wages-EE	1,418.79		1,000.73		603.78	15,076.57		11,008.06		10,624.05

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A-May

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Eleven Months ended May 31, 2019 and 2018

		CURRENT		Y	EAR-TO-DATE	
	Actual	Budget	Prior Year	Actual	Budget	Prior Year
Client Wages DT & H	1,539.82	1,254.41	737.15	15,353.63	13,798.55	13,280.79
Client Payroll Taxes-EE	160.76	72.63	73.14	1,173.55	798.97	796.17
Client Payroll Taxes DT&H	174.47	92.38	89.30	1,189.31	1,016.22	1,006.51
Client Workers' Comp	(100.18)	68.57	35.01	244.04	754.28	308.14
Annual Leave Benefit-Clients	0.00	(114.23)	0.00	(115.94)	(1,256.44)	(1,028.00)
Contracted Direct Labor	0.00	0.00	0,00	5,084.14	0.00	2,339.25
Adv. Dues & Subscriptions	9.38	70.54	49.00	1,301.54	775.94	692.86
Credit Card Fees	66,66	89.62	119.24	704.92	985.93	1,017.08
Outside Service	90.00	35.41	0.00	304.83	389.59	415.10
Operating Supplies	2,652.92	1,468.05	3,213.72	14,313.99	16,148.63	17,830.49
Food Purchases	12,365.75	12,005.12	13,344.61	120,556.46	132,056.40	135,003.31
Freight	0.00	0.00	20.36	23.24	0.00	118.72
Vehicle Expense Productive	692.09	345.50	484.82	4,744.83	3,800.51	3,880.25
Postage	0.00	10.92	0.00	0.00	120.23	0.00
Telephone	19.04	13.94	33.69	191.85	153.42	179.27
Equipment Repair & Maintenance	150.00	125.00	489.00	4,294.41	1,375.00	1,509.09
Vehicle Ins Transportation	64.38	62.25	63.93	704.58	684.80	688.15
Conferences & Seminars	0.00	23.88	0.00	504.00	262.79	215.00
Travel	0.00	2.75	0.00	0.00	30.26	24.76
Equipment Replacement & New	0.00	166.66	0.00	122.73	1,833.34	1,711.00
Miscellaneous Expense	0.00	13.51	0.00	16.08	148.65	121.62
Bad Debts	0.00	65.68	0.00	618.67	722.57	661.63
Depreciation Expense	578,89	359.25	359.25	5,110.61	3,951.75	3,951.75
Total Expenses	30,777.71	27,745.10	31,061.94	307,996.56	305,197.76	317,905.85
CHANGE IN NET ASSETS FROM OPERATIONS	5,859.36	6,987.25	1,717.91	64,954.88	76,857.36	19,756.25

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A-May

WEST CENTRAL INDUSTRIES, INC. FOOD SERVICE SCHEDULES OF ACTIVITIES For the One Month and Eleven Months ended May 31, 2019 and 2018

	(CURRENT			YE	AR-TO-DATE	
NONOPERATING ACTIVITIES	Actual	Budget	Prior Year		Actual	Budget	Prior Year
Allocation of Occupancy and Administration	(14,804.08)	(7,397.76)	(6,630.49)		(100,138.98)	(81,375.47)	(78,538.47)
Total Nonoperating Activities	 (14,804.08)	(7,397.76)	(6,630.49)	=	(100,138.98)	(81,375.47)	(78,538.47)
CHANGE IN NET ASSETS	\$ (8,944.72) \$	(410.51) \$	(4,912.58)	\$	(35,184.10) \$	(4,518.11) \$	(58,782.22)

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Presented in May 2019 and approved by WCI Board of Directors.



WCI FOOD SERVICE

PROJECTED BUDGET

July 1, 2019 thru June 30, 2020

July 1, 2019 thru June 30, 2020			
		WCI	WCI
		Projected	Projected
		Annual	Monthly
DEVENUE		Annual	wonuny
REVENUE			
Extended Employment Funding		-	-
Wage Incentive		=	1
Food City Grant		17,607.31	1,467.28
DT&H MA Waiver/Icfmr Fees		23,697.34	1,974.78
Sales Senior Dining		134,848.00	11,237.33
Sales Cafeteria		29,053.07	2,421.09
Sales Catering		72,961.85	6,080.15
Sales Meals On Wheels		109,890.07	9,157.51
Sales Produce Club		835.91	69.66
Sales Willmar Vending		-	-
Sales Food Rebates		500.00	41.67
United Way (Not: Fied	June 2019		1,416.67
	we will		
Donation Income		5,000.00	416.67
Miscellaneous Income	receive	29.11	2.43
Total Revenue	\$17,500	411,422.65	34,285.22
			• 10
EXPENSES			
		110,518.89	9,209.91
Staff Wages			
Retirement		1,778.52	148.21
Payroll Taxes Staff		8,454.69	704.56
Workers' Comp Staff		2,317.65	193.14
Medical Insurance		17,460.88	1,455.07
Dental Insurance		770.04	64.17
Disability Insurance		841.01	70.08
Life Insurance		150.66	12.56
Annual Leave Benefit-Staff		(200.71)	(16.73)
Client Wages-EE		-	25
Client Wages DT & H		31,596.45	2,633.04
Client Payroll Taxes-EE			-
Client Payroll Taxes DT&H		2,353.78	196.15
Client Workers' Comp		772.55	64.38
Annual Leave Benefit-Clients			-
Contracted Direct Labor		4 740 07	-
Adv. Dues & Subscriptions		1,710.37	142.53
Professional Fees		No.	7
Credit Card Fees		767.07	63.92
Outside Service		162.93	13.58
Operating Supplies		14,435.09	1,202.92
Food Purchases		128,707.87	10,725.66
Freight		30.99	2.58
The second se			
Vehicle Expense Productive		5,003.44	416.95
Postage		-	-
Telephone		202.49	16.87
Equipment Repair & Maintena	nce	5,000.00	416.67
Vehicle Ins Transportation		767.76	63.98
and all the second s		2 10 2 202 1	

Conferences & Seminars Travel Equipment Replacement & New Miscellaneous Expense Bad Debts Depreciation Expense Total Expenses	672.00 - 21.44 824.89 <u>5,270.44</u> 340,554.84	56.00 13.64 1.79 68.74 439.20 28,379.57	
OPERATING PROFIT (LOSS)	70,867.81	5,905.65	
OTHER INCOME (EXPENSES) Allocation of Occupancy (18%) Allocation of Administration (10%) Allocation of Admin & Occupancy Total Other Income (Expenses)	(108,171.48) (108,171.48)	(9,014.29) (9,014.29)	
NET PROFIT (LOSS)	(37,303.67)	(3,108.64)	

This is the First draft Mer **PROGRAM BUDGET**

*Please be sure to enter a number (even if it's "0") in each box to ensure proper totaling of numbers.

		INCOME 17-18	18-19	19-20
·		Prior Year	Current Year	Next Year (projected)
	Grant from this United Way	\$12,000.00	\$16,000.00	\$21,037.00
- H	Grants from other United Ways	\$0.00	\$0.00	\$0.0
Support	Grants (Corp, Gov't, Foundation)	\$19,300.00	\$15,000.00	\$16,000.00
l ns	Individual contributions	\$0.00	\$0.00	\$0.00
	Fundraising events and products	\$7,854.00	\$5,836.52	\$7,500.00
	In-kind support	\$0.00	\$0.00	\$0.00
e	Program fees	\$106,746.33	\$107,854.00	\$110,011.00
Revenue	Membership dues	\$0.00	\$0.00	\$0.00
Sev	Other (specify)	\$0.00	\$0.00	\$0.00
	Other (specify)	\$0.00	\$0.00	0
	TOTAL INCOME	\$145,900.33	\$144,690.52	\$154,548.00

	EXPENSES	10- 10-	10 2 10
	17-18 Prior Year	18-19 Current Year	ノターみつ Next Year (projected)
Salarias and wagaa (broakdown by individual position)	\$0.00		\$0.00
Salaries and wages (breakdown by individual position)		\$0.00	
Staff wages, FICA, Workers comp	\$42,804.48	\$38,770.95	\$40,709.50
Disabaled workes, FICA, Workers Comp	\$13,978.19	\$16,841.53	\$17,346.78
Administration, Accounts recievable	\$7,312.32	\$7,458.57	\$7,607.74
new 2019- 5 storm meals	\$0.00	\$0.00	\$1,500.00
	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00
Rent and utilities	\$14,772.85	\$15,068.31	\$15,369.68
Equipment	\$1,107.93	\$2,244.64	\$2,255.86
Supplies	\$54,864.66	\$49,013.73	\$51,474.27
Insurance, benefits and other related taxes	\$3,798.64	\$4,773.53	\$4,869.00
Consultants/Professional fees	\$3,666.66	\$5,833.55	\$5,950.22
Travel	\$1,684.38	\$3,061.21	\$3,000.00
Printing/Copying	\$633.60	\$646.27	\$659.19
Telephone/Internet	\$98.71	\$100.68	\$102.69
Postage/Delivery	\$403.20	\$411.26	\$419.49
In-kind expenses	\$0.00	\$0.00	\$0.00
Other (specify) unpaid meals written off	\$661.63	\$1,003.15	\$1,023.20
Other (specify) food license, pest service, new 2018 marketing	\$210.03	\$678.06	\$2261.18
TOTAL EXPENS	E \$145,997.28	\$145,905.44	\$154,548.80

Difference (Income less Expense)	(\$96.95)	(\$1,214.82)	(\$.80)
*this will not auto-calculate	· · ·		

Program Budget Notes:

WCI Board of Directors has tasked the Board Business Development committee to come up with an action plan to look at the current deficit in the WCI Food Service Department. A meeting was held in September and February to evaluate and create the action plan. Currently WCI food service provides catering services to help cover the overhead for operating the Meals on Wheels program. One contract is providing food preparation for LSS Senior meals in Meeker and Kandiyohoi county. We believe that with the help of the community we can and will continue to provide Willmar Meals on Wheels. Over time the Meals on Wheels numbers have declined, we have identified reasons 1. Seniors have options for example there are more assisted living services in Willmar today than 10 years ago 2. People who turn 60 today are more mobile 3. Over half of the people we currently serve are under county assistance due to cost of meals those remaining struggle with cost of meals 4. WCI has not had funding to help market the program to people in need.

Westberg-Eischens, PLLP PO Box 362 Willmar, MN 56201-0362 320-235-3727

October 31, 2018

CONFIDENTIAL

West Central Industries, Inc 1300 SW 22nd ST / PO Box 813 Willmar, MN 56201

Dear Renee:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990) Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

> Westberg-Eischens, PLLP PO Box 362 Willmar, MN 56201-0362

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Minnesota Charitable Organization Filing Instructions

The filing fee for the tax year ended 6/30/18 is \$25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 41-0872939, for the year ended 6/30/18" on the check. Mail the return by January 15, 2019 to:

Minnesota Attorney General's Office Suite 1200, Bremer Tower 445 Minnesota Street

St. Paul, MN 55101-2130

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Michael A Gramm, CPA

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Department of the Treasury	For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30 ► Do not send to the IRS. Keep for your records.) ₂₀ 18	2017
nternal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	Employer Identific	ation number
	est Central Industries, Inc	41-0872	
	onathan Dahl	41-0072	333
1000	ecretary/Treasurer		
	Return and Return Information (Whole Dollars Only)		
heck the box for the return	for which you are using this Form 8879-EO and enter the applicable amount, if any, from	the return. If you	1
heck the box on line 1a, 2a	3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form	was blank, then	
eave line 1b, 2b, 3b, 4b, or	5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return,	then enter -0- or	ו
All The Control of	not complete more than one line in Part I.		
a Form 990 check here		^{1b} _	
a Form 990-EZ check here		2b	
a Form 1120-POL check h		3b _	
a Form 990-PF check here			
a Form 8868 check here	b Balance Due (Form 8868, line 3c)	^{5b} _	
Part II Declaratio	on and Signature Authorization of Officer		
o send the organization's re he transmission, (b) the rea authorize the U.S. Treasury inancial institution account i return, and the financial insti Agent at 1-888-353-4537 no nvolved in the processing o resolve issues related to the electronic return and, if app Officer's PIN: check one b I authorize Wess on the organization' being filed with a st ERO to enter my P As an officer of the If I have indicated v	ERO firm name to enter my PIN	for rejection of plicable, I entry to the wed on this easury Financial nancial institution inquiries and organization's 56201 a ther five numbers to not enter all zero of the return is the aforemention	s my signature , but ps pned eturn.
Officer's signature	Date	10/31/18	3
	ion and Authentication		
	Ir six-digit electronic filing identification	1	1000050000
number (EFIN) followed by	your five-digit self-selected PIN.	Ľ	41082753727 Do not enter all zeros
indicated above. I confirm the	eric entry is my PIN, which is my signature on the 2017 electronically filed return for the on the anat I am submitting this return in accordance with the requirements of Pub. 4163 , Modern RS <i>e-file</i> Providers for Business Returns.		=)
	ERO Must Retain This Form — See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To D	o So	
For Paperwork Reduction	Act Notice, see back of form.		Form 8879-EO (20

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-	MMI
Form	000

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2017 Open to Public

		Go to www.irs.gov/romsso for instructions and the latest			mspecuon								
A	For the 2017 c	alendar year, or tax year beginning $07/01/17$, and ending $06/30/2$	18										
В	Check if applicable:	C Name of organization		D Employer	dentification number								
	Address change	West Central Industries, Inc Doing business as 41-0872939											
	Name change	Doing business as 41-0872939 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
\Box	Initial return	1300 SW 22nd ST / PO Box 813 320-235-5310											
	Final return/	City or town, state or province, country, and ZIP or foreign postal code											
님	minated Willmar MN 56201 G Gross receipts \$ 4,406,043												
\Box	Amended return	F Name and address of principal officer.		0 01000 10001									
	Application pending	Teresa Holwerda	H(a) Is this a gr	oup return for su	bordinates? Yes X No								
_		801 1st St S	H(b) Are all sut	ordinates inclu	ded? Yes No								
		Willmar MN 56201	If "No,	attach a list. (see instructions)								
ir.	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527											
<u>a</u>	and the second se	ww.wcimn.org	H(c) Group exe	motion number	•								
<u>к</u>	Form of organization:		Year of formation: 1		M State of legal domicile: MIN								
	and the second se	Immary	Tear of Iomaoon.		N State of legal dormane.								
	T	escribe the organization's mission or most significant activities:											
		provide employment opportunities for individuals with	th diabi	lition									
ICe	10 1		.un disabi	TICIES	****								
Jan	thro	ugh rehabilitation and training.											
/eri	47777.274												
Governance	2 Check th	is box is the organization discontinued its operations or disposed of more than 2											
ø	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12								
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12								
i viti	5 Total nur	mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	315								
Activities		mber of volunteers (estimate if necessary)			1000								
	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	0								
_		lated business taxable income from Form 990-T, line 34		7b	0								
			Prior Ye	-	Current Year								
e	8 Contribut	tions and grants (Part VIII, line 1h)		1,049	127,013								
Revenue	9 Program	service revenue (Part VIII, line 2g)		1,940	3,709,458								
Š	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	23	1,460	65,661								
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0								
_	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,28	4,449	3,902,132								
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	L		0								
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0								
ŝ	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,03	6,362	2,769,894								
nse	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0								
Expenses	b Total fur	ndraising expenses (Part IX, column (D), line 25) ► 0	and the trade										
Û	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,06	9,690	1,140,134								
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,10	6,052	3,910,028								
	19 Revenue	e less expenses. Subtract line 18 from line 12		8,397	-7,896								
Net Assets or	8		Beginning of C	urrent Year	End of Year								
sets	20 Total as	sets (Part X, line 16)		4,899	3,034,970								
4 As	21 Total lial	bilities (Part X, line 26)		4,134	376,300								
Se Se		ets or fund balances. Subtract line 21 from line 20	2,64	0,765	2,658,670								
		ignature Block											
1	Under penalties of	perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the	best of my kr	owledge and belief, it is								
t	rue, correct, and o	complete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowled	lge.									

Sign Here	Signature of office Jonat Type or print name	han Dahl		Secretary/Trea	Date	
Paid	Prinl/Type preparer's na Michael A Gram		Preparer's signature	Date	Check iself-employed	F PTIN
Preparer	Firm's name	Westberg-Eiscl	nens, PLLP	Fi	m's EIN	1-1792388
Use Only	Firm's address	PO Box 362 Willmar, MN	56201-0362	Pi	hone no. 32	0-235-3727
		n with the preparer shown ab				Yes No

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		stries, Inc 41-0		Page
	tatement of Program Service heck if Schedule O contains	ce Accomplishments a response or note to any line in this F	Part III	X
	ibe the organization's mission:		are in a second second second second	
To prov:		portunities for individ	uals with disabili	ties
		rogram services during the year which were no		Yes X No
If "Yes," des	cribe these new services on Sched	ule O.		
		significant changes in how it conducts, any pr		Yes X N
	cribe these changes on Schedule C			
		complishments for each of its three largest prog nizations are required to report the amount of g		
	penses, and revenue, if any, for eac		grants and anocations to others,	
setting	s to meet their p	otential. Total person	s servea = 18	
training) (Expenses \$ 86 aining and Rehabi g for those who h served = 112	52,068 including grants of \$ litation" provided spec ave the greatest need f) (Revenue \$ cialized supervision for continued suppo	1,263,852 on and ort. Tota
training	g for those who h	52,068 including grants of \$ litation" provided spec ave the greatest need f) (Revenue \$ cialized supervisio for continued suppo	1,263,852 on and ort. Tota
rainin	g for those who h	52,068 including grants of \$ litation" provided spec ave the greatest need f) (Revenue \$ cialized supervision for continued suppo	1,263,852 on and ort. Tota
craining	g for those who h served = 112	ave the greatest need i	for continued suppo	1,263,852 on and ort. Tota
craining	g for those who h	52,068 including grants of \$ litation" provided spec ave the greatest need f including grants of \$) (Revenue \$ cialized supervision for continued support	1,263,852 on and ort. Tota
craining	g for those who h served = 112	ave the greatest need i	for continued suppo	1,263,852 on and ort. Tota
cersons 	g for those who h served = 112	ave the greatest need i	for continued suppo	1,263,852 on and ort. Tota
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training persons	g for those who h served = 112	ave the greatest need i	for continued suppo	1,263,852 on and ort. Tota
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training persons	g for those who h served = 112	ave the greatest need if	for continued suppo	1,263,852 on and ort. Tota

Form	990 (2017) West Central Industries, Inc 41-0872939		P	age 3
Pa	art 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		X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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	-	X
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		X
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,	5		x
c	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		-	-
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ver" complete Schodule D. Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			4
0	complete Selectule D. Best III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	····· •		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
		9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VII, IX, or X as applicable.		1.1	1150
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	111111-11		A Destination
u	complete Schodule D. Bost VII	11a	x	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С				1
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a		2020		
	Schedule D, Parts XI and XII	12a	x	
b			1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	55557		1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	and mand		
-	If "Yes," complete Schedule G, Part III	19		X

Page 3

Form 990 (2017)

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Form	990 (2017) West Central Industries, Inc 41-0872939		- P	age 4
100000	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23		x
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27	10000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1.12		1.55
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1.5.2	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	-	X
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? If "Yes," complete Schedule L, Part IV	280	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	X
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? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	1-	X
35a		35a		X
b				1.12
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
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? If "Yes," complete Schedule R,			
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	

Form	990 (2017) West Central Industries, Inc 41-0872939		Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	P1	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	0.3		100
-	reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 315	-8-1	124	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	107		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country:	1	127	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	- 7117	19	E
	(FBAR).		1	100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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		X
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).		10	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and the	0.00	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1.12		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	20		() III
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.		15 -	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	-
10	Section 501(c)(7) organizations. Enter:		1	16.
а	Initiation fees and capital contributions included on Part VIII, line 12		1.3	18
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 53	8	
11	Section 501(c)(12) organizations. Enter:	-	15	3
а	Gross income from members or shareholders	- 2.	138	
b	Gross income from other sources (Do not net amounts due or paid to other sources			-
	against amounts due or received from them.)	- Marca		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b	- 300		10
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	0.0	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.	101-	115	
b	· · · · · · · · · · · · · · · · · · ·	170	1	
	the organization is licensed to issue qualified health plans 13b	· ····		
C	Enter the amount of reserves on hand	44		3
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			+-

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7240

Form	990 (2017) West Central Industries, Inc 41-0872939			Pa	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a	a "N	10"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See in	stru	ction	s <u>.</u>
-	Check if Schedule O contains a response or note to any line in this Part VI	en construction de			X
Sect	tion 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 1a 12			-	
	If there are material differences in voting rights among members of the governing body, or	- 3			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	1.1		- 3-	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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			_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct	275910A			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	L I		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	5		X
6	Did the organization have members or stockholders?	6	5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	A			
	one or more members of the governing body?	7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	2125	-		
	stockholders, or persons other than the governing body?	7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ving:			
а	The governing body?	100 C	a	X	
b	Each committee with authority to act on behalf of the governing body?	8	b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ĺ	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	.)		
			1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	0.030			-
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1	оь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a	- i	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0000	-		10.01
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1000			<u> </u>
Ŭ	describe in Schedule O how this was done	1	2c	х	
13	Did the organization have a written whistleblower policy?		13	X	-
14	Did the organization have a written document retention and destruction policy?		14	X	0
15	Did the process for determining compensation of the following persons include a review and approval by	111111		1-2-25	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		28		
-		1	5a	x	and the second
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		5b		x
n	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		50	1	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		28		in a
16a		1	6a		x
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	AAAAA	Ua	1911	42
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	18	1		
	organization's exempt status with respect to such arrangements?		6b		10000
For			on		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MN		17743		******
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	ł			
	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)	4			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	L			
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	enee Nolting 1300 SW 22nd Street illmar MN 56201	320-	22	5	210
W	illmar MN 56201	320-	23	5-5	1710

Form 990 (2017)

Form 990 (2017) West	Central	Industries,	Inc	41-0872939	Page 7		
Part VII	Compens	sation of Off	icers, Directors, T	rustees,	Key Employees, Highest Co	mpensated Employees, and		
	Independ	lent Contrac	tors			_		
	Check if S	Schedule O co	ontains a response	or note to	any line in this Part VII			
Section A.	Officers, D	irectors, Truste	es, Key Employees, a	nd Highest	Compensated Employees			
1a Complete th organization's ta		all persons requir	ed to be listed. Report	compensatio	n for the calendar year ending with c	or within the		
 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 organize	ation's current k	av amplovage if any S	ee instructio	ns for definition of "key employee "			

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, and 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Tille	(B) Average hours per week (list any hours for	(do box offi	o not c	(C Posi check i ess pei nd a c	2) ition more rson i	than on is both a pr/trustee	18 An 9)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112) 103241100)	organization and related organizations
(1) Ray Skolberg										
Chair	1.00	x		x				C		o
(2) Teresa Holwerda	0.00			•	-	+	_		·	<u> </u>
(2) TELESA MOIWELUA	1.00	1								
Vice Chair	0.00	x		x						0
(3) Jonathan Dahl								/		
	1.00									
Secretary/Treasurer	0.00	X		X						0
(4) Joel Gratz										
	1.00									
Director	0.00	X								00
(5) David Lieser										
	1.00									
Director	0.00	X						(0 0
(6) Kimberly Saterba										
Director	1.00	x								0
(7) Tammy Rudningen	0.00		-		-	3- ÷			· · · · · · · · · · · · · · · · · · ·	<u> </u>
(i) ranny Ruchtingen	1.00		6							
Director	0.00	x								o o
(8) Jim Butterfield	0.00		-	-	1					
(-,	1.00					1 1				
Director	0.00	x		ii -						0 0
(9) Kimberly Holm		1	1		i.					
	1.00							li, Elizabetha de la companya de la		
Director	0.00	X				4			0	0 0
(10) Dave Baker										
	1.00									
Director	0.00	X		_	-		_		0	0 0
(11) Kristal Dahlage										
Director	1.00	x	10						o	o o
Director	0.00	A	1	1		_	1	l		

DAA

Form 990 (2017) West Cent Part VII Section A. Officers								41-0872 nd Highest Compensated			Pa	age 8
(A) Name and title	(B) Average hours per week (list any hours for	(do bo; off	o not o k, unle icer ar	(C Posi sheck i iss per nd a d	tion more rson i	than o s both r/truste	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compens from	ted t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112) (555 miles)	organiza and rei organiza	ation ated	
(12) William Bann	on 1.00					-						
Director	0.00	x	_					0	0			0
1b Sub-total c Total from continuation she	ets to Part VII,	Sect	tion	Α		(+ (+ -1))						
d Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	ncluding but not	limite	ed to	thos	se lis	sted a	abov	l ve) who received more that	1 \$100,000 of			
3 Did the organization list any				trus	tee.	kev	emt	ployee, or highest compens	ated	1-2	Yes	1.1111
 employee on line 1a? If "Yes For any individual listed on li organization and related organization 	," complete Sche ne 1a, is the sun	dule 1 of	J fo repoi	r suo table	chir e co	<i>divid</i> mper	ual Isati	on and other compensation	i from the	3		X
individual 5 Did any person listed on line	Ta receive or ac	crue	con	npen	satic	on tro	m s	any unrelated organization (or individual	4		X
for services rendered to the Section B. Independent Contract		Yes,	" cor	nplet	e So	chedi	ile .	J for such person		5		X
1 Complete this table for your compensation from the organ										year.		
	(A) nd business address								(B) iption of services		(C) Compens	ation
2 Total number of independen received more than \$100,00									0	5	1.2	

	(2017) West Ce			ndustries,	Inc 4	41-0872939		Page
rt VI				ains a response or	note to any line in	this Part VIII		Γ
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	21.2202	1a	33,700				
	Membership dues	AT STOL	1b					
с	Fundraising events		1c			A DE UN SER D		
d	Related organizations		1d			STORES STORES		· · · · · · · · · · · · · · · · · · ·
е	Government grants (contributio	ons)	1e	9,658				
f	All other contributions, gifts, gra							
	and similar amounts not include	ed above	lf	83,655	1.2 NY 17 1			
	Noncash contributions included Total. Add lines 1a-11			•	127,013			
				Busn, Code		State State State		
2a	Program Servi	ce Rev	renue	624310	3,709,458	3,709,458		
b	*							
C								
d	·							
e								
	All other program sen				0 500 150			
	Total. Add lines 2a-2				3,709,458			
3	Investment income (ir		dividend		00.000			00.0
	and other similar amo		netertet en		28,606			28,6
4	Income from investme			· · · · ·				
5	Royalties							
6 -	0	(i) Real		(ii) Personal				
	Gross rents							- Same
	Less: rental exps.				Section and sector			ALL THE PERCH
C L	Rental inc. or (loss)	(1)						A NEXRI VE
7a	Net rental income or Gross amount from	(IOSS) i) Securitie		(ii) Other	a server and	The second second second		
	sales of assets		,280	13,686				
Ь	other than inventory Less: cost or other	527	1200	13,000				
	basis & sales exps.	502	,279	1,632				Not the second second
c	Gain or (loss)		,001	12,054	2 3 1 6 A VI			1. 1. 1. 1. 1.
	Net gain or (loss)				37,055	37,055		1
	Gross income from fundi				AREA TO LEAD		10 M 10 190	
	(not including \$					A land and the second		내 문제 가지 않았다.
	of contributions reported	on line 1	c).		백 김 유민이 가지?	S Cherry		N 25 12
	See Part IV, line 18				Service of the			
b	Less: direct expenses	S	b					
	Net income or (loss)			events >				
9a	Gross income from gami	ing activit	ties.					
	See Part IV, line 19		a			Chér Sing.		all survey and the
b	Less: direct expenses		ь			and the state of the		10.00
c	Net income or (loss)	from ga	ming act	ivities 🕨				
10a	Gross sales of invent							1912 Steam 20
	returns and allowance	es	a		C. Good and	Sec. 2 million		
	Less: cost of goods s		p					1. Start 151
C	Net income or (loss)							
	Miscellaneous	s Revenue	9	Busn. Code	MARK STRATE			11 14 14 14 14 14
11a	 A. Y. K. K.							
b	****							
С	·							
d	(1.0.0.0)						· · · · · · · · · · · · · · · · · · ·	
e	Total. Add lines 11a-	–11d						Contraction (Contraction)

3,902,132

3,746,513

0

12

Total revenue. See instructions.

Form 990 (2017) West Central Industries, Inc

Part IX Statement of Functional Expenses

41-0872939

Page 10

	Check if Schedule O contains a response				(P)
	ot include amounts reported on lines 6b, b, 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 domestic organizations			AND STREET	
	and domestic governments. See Part IV, line 21		1		1212518151
2	Grants and other assistance to domestic			Strail NEV R	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			A DUP Y TO	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	2,246,393	2,007,119	239,274	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	272,436	232,545	39,891	
10	Payroll taxes	251,065	227,903	23,162	
11	Fees for services (non-employees):				
а	Management	38,430	38,430		
b	Legal	1,110		1,110	
С	Accounting	117,150		117,150	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,075		10,075	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	190,988	68,072	122,916	
12	Advertising and promotion	42,349	34,234	8,115	
13	Office expenses	49,380	40,618	8,762	
14	Information technology				
15	Royalties				
16	Occupancy	128,613	104,079	24,534	
17	Travel	111,792	110,120	1,672	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,496	2,496		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139,236	115,566	23,670	
23	Insurance	23,365	16,215	7,150	
24	Other expenses. Itemize expenses not covered	5 10 2 N	A PARTY AND A PARTY AND A	When the state of the state of the	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	South HARS	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	(A) amount, list line 24e expenses on Schedule O.)	Strand States & State	E. B. Balles		3. 10. 10 - 10 P
а	Food Costs	145,611	145,611		
b	Operating Supplies	49,769	49,769		
c	Bad Debt	40,998	40,998		
d	Equipment Replacement	18,986	15,476	3,510	
e	· · · · ·	29,786	20,163	9,623	
25	Total functional expenses. Add lines 1 through 24e	3,910,028	3,269,414	640,614	
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		-,,3	,	

Form 990 (2017) West Central Industries, Inc Part X Balance Sheet

41-0872939

Page 11

	_	Check if Schedule O contains a response or note to a	any line in this Part X			
				(A) Beginning of year		(B) End of year
		Cash-non-interest bearing		18,448	1	144,779
	2	Savings and temporary cash investments	66,051	2	42,949	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		385,910	4	227,940
	5	Loans and other receivables from current and former office	ers, directors,		977	
		trustees, key employees, and highest compensated employ		- 12		
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	s (as defined under section		1.	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and	d contributing employers and	A State State State	12	
		sponsoring organizations of section 501(c)(9) voluntary em	ployees' beneficiary		10	
n		organizations (see instructions). Complete Part II of Sched			6	
Assels		Notes and loans receivable, net			7	
2	8	Inventories for sale or use		40,740	8	42,101
	9	Prepaid expenses and deferred charges		72,321	9	62,078
	10a	Land, buildings, and equipment: cost or			-1 -1 -1	Carl State Store I
		other basis. Complete Part VI of Schedule D	10a 4,014,679	State of the second	-	
	Ь	Less: accumulated depreciation	10b 2,782,997		10c	1,231,682
	11	Investments-publicly traded securities			11	
	12	Investments-other securities. See Part IV, line 11	**************	1,256,799	12	1,235,831
	13	Investments-program-related. See Part IV, line 11			13	
		Intangible assets			14	
		Other assets. See Part IV, line 11		19,602		47,610
	16	Total assets. Add lines 1 through 15 (must equal line 34)	*********	3,134,899		3,034,970
		Accounts payable and accrued expenses		447,348		339,223
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
	22	Loans and other payables to current and former officers, of				1
l lie		trustees, key employees, highest compensated employees			F. 8. 1.	
Liabilities		disqualified persons. Complete Part II of Schedule L			22	
19	23	Secured mortgages and notes payable to unrelated third p	narties	46,786		37,077
	24	Unsecured notes and loans payable to unrelated third par	u		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		494,134		376,300
		Organizations that follow SFAS 117 (ASC 958), check			0-10	Contraction of the
es		complete lines 27 through 29, and lines 33 and 34.			123	
	27	Unrestricted net assets		2,613,508	27	2,634,304
Sat	28	Temporarily restricted net assets		27,257		24,366
	29	Descent and the sector of sector and		,	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958),	check here ► □ and	A PUT OF A PUT OF		and had been the second
Ъ		complete lines 30 through 34.			1	
Sts	30	Capital stock or trust principal, or current funds			30	
in	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
S		and in or oupling, or land, building, or equipment	alles Engle		32	
st Ass	32	Retained earnings endowment accumulated income or				
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or Total net assets or fund balances	other tunds	2,640,765		2,658,670

Form 990 (2017)

Form	990 (2017) West Central Industries, Inc 41-0872939			Pag	e 12
Pa	t XI Reconciliation of Net Assets				2-2
	Check if Schedule O contains a response or note to any line in this Part XI			0.6172	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,91		
3	Revenue less expenses. Subtract line 2 from line 1	3			396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,64		
5	Net unrealized gains (losses) on investments	5	3	37,8	855
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]	.2,0	054
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,65	58,6	570
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	4.4.5.8.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			5.11	
	Schedule O.				22.3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				w.
	Separate basis Consolidated basis Both consolidated and separate basis				199
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		15.00		
	separate basis, consolidated basis, or both:		0422		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		10.11		
	Schedule O.		12		限也ら
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				- Salar
	the Single Audit Act and OMB Circular A-133?		3a		X
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		
			For	m 99	0 (2017)

SCHED	ULE A	Publ	ic Charity Status	and	Public	Support	OMB No. 1545-0047
(Form 99	0 or 990-EZ)	Complete if the orga	anization is a section 501(c)(3) organization	zation or a se	tion 4947(a)(1) nonexempt charitable trust.	2017
Department	of the Treasury		Attach to Form 9				Open to Public
Internal Reve		► Go to	www.irs.gov/Form990 for in			test information.	Inspection
Name of the	e organization					Employer Identifi	cation number
			Industries, In			41-0872	
Part I	6 N 12		Status (All organizations	and the second sec		is part.) See instruction	S
			it is: (For lines 1 through 12,			• \ /!\	
			ciation of churches described			A)(I).	
2 3			A)(ii). (Attach Schedule E (Forre organization described in set				
4 H	-		in conjunction with a hospital				spital's name,
	city, and state						
5	An organizatio		f a college or university owned			ernmental unit described in	
		b)(1)(A)(iv). (Complete Part	-				
		•	overnmental unit described in				
7 X	described in a	section 170(b)(1)(A)(vi). (Co	~ ~ ~	•	mmental ui	nit or from the general public	
8 H	1.00		70(b)(1)(A)(vi). (Complete Par			ation with a load grant colleg	-
9 📋		or a non-land grant college o	cribed in section 170(b)(1)(A) f agriculture (see instructions).	Enter the i	name, city,		e
10) more than 33 1/3% of its su			s, membership fees, and gro	ss
	receipts from	activities related to its exem	pt functions-subject to certain	exception	s, and (2) r	no more than 33 1/3% of its	
	There are a set the set of the se	-	d unrelated business taxable i), 1975. See section 509(a)(2			11 tax) from businesses	
11			exclusively to test for public sa			(a)(4).	
12			exclusively for the benefit of, to				ses
_			ations described in section 5				
-			hat describes the type of support				
а	the suppo	orted organization(s) the pow	erated, supervised, or controlle er to regularly appoint or elect	t a majority			IG
			pervised or controlled in connert		ita auspady	d organization(a) by baying	
b			ting organization vested in the				ed
		on(s). You must complete		*1		3	
С		functionally integrated. A s	upporting organization operate	ed in conne	ction with,	and functionally integrated w	th,
d			tructions). You must complet I. A supporting organization or				n(s)
			e organization generally must				
		· · · ·	nust complete Part IV, Section		-		
е			eived a written determination f n-functionally integrated suppo			a Type I, Type II, Type III	
f		nber of supported organizati	008				
g			ne supported organization(s).				
A. (4.1) 1000 (0000)	ne of supported	(II) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
or	ganization		(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No	,	,, ,
(A)							
				_			
(B) 							
(C)							
(D)							
(E)							
Total							

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

Schee			Industrie			0872939	Page 2
Pa	Int II Support Schedule for O						
	(Complete only if you chec						under
-	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	169,402	109,796	177,686	161,049	127,013	744,946
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	169,402	109,796	177,686	161,049	127,013	744,946
5	The portion of total contributions by each person (other than a		au an	1. 2. U	3	and the second	
	governmental unit or publicly			1664 82.19	10011111111		
	supported organization) included on			1.1			
	line 1 that exceeds 2% of the amount	96. 25. 01.	Constant Sales 1		STOP AND AND	Children and the	
•	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						744,946
6 Sec	tion B. Total Support	1					/44,940
-	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	169,402	109,796	177,686	161,049	127,013	744,946
8	Gross income from interest, dividends,	109,402	103,130	177,000	101,049	127,013	/11,010
Ŭ	payments received on securities loans,						
	rents, royalties, and income from	27,136	24,971	26,281	26,502	28,606	133,496
	similar sources	27,130	24,3/1	20,201	20,302	20,000	155,490
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
	 A static static static 			1			
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	ी गुर्गाना हु । कहा	LA STREET	1	Mediate New T	SALLS SUPERSY	878,442
12	Gross receipts from related activities, etc	(see instructions)			•	12	3,709,456
13	First five years. If the Form 990 is for the					I(c)(3)	
	organization, check this box and stop he					*****	
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2017 (line 6	, column (f) divided	d by line 11, colum	ר (f))		14	84.80 %
15	Public support percentage from 2016 Sch		- 14			45	84.86%
16a	33 1/3% support test-2017. If the organ	nization did not che					
	box and stop here. The organization qua	lifies as a publicly	supported organization	tion			▶ 2
b	33 1/3% support test-2016. If the organ	nization did not che	ck a box on line 13	or 16a, and line	15 is 33 1/3% or m	iore, check	o legianego esa
	this box and stop here. The organization						►L
17a	10%-facts-and-circumstances test-20	17. If the organizat	ion did not check a	box on line 13, 1	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circumsta	nces" test. The org	anization qualifies	s as a publicly sup	ported	-
	organization	** * ****** **********					▶ [
b							
	15 is 10% or more, and if the organization				10		
	Explain in Part VI how the organization r	neets the "facts-and	d-circumstances" te	st. The organizati	on qualifies as a p	ublicly	10-3
	supported organization		ar na 121 an 121 an 121 an	10000000000000000000000000000000000000	• 1.52 • 52 • 52 • 53 • • • 52 • 53 • • • 52		• • • • •
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee	. IF
	instructions	****************					

Schedule A (Form 990 or 990-EZ) 2017

Sched	ule A (Form 990 or 990-EZ) 2017 West	t Central	Industri	es, Inc	41-	-0872939	Page 3
Pa	rt III Support Schedule for Org	ganizations D	escribed in Se	ection 509(a)(2)		
	(Complete only if you check						Part II.
	If the organization fails to o	ualify under th	e tests listed be	elow, please co	mplete Part II.)	
	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🛛 🕨 📘	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
þ	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	4.5					
	line 6.)	N M INC. III NO		LI SALA, LA			
	tion B. Total Support dar year (or fiscal year beginning in)	() 00(0	(1) 0014	() 0045	(1) 0010	(1) 0047	(0. T. I. I
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	e organization's firs				1(c)(3)	▶□
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8			חר (f))		15	%
16	Public support percentage from 2016 Sche	edule A, Part III, li	ne 15				%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2017 (I			3, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part					%
19a	33 1/3% support tests-2017. If the orga	nization did not ch					
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization	qualifies as a publ	icly supported org	anization	enseren 🕨 🗋
b	33 1/3% support tests—2016. If the orga						
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		-		• • • • •		
							3.1.1.5.5.1.9.3.(b)(3.3)

Schedule A (Form 990 or 990-EZ) 2017

	e A (Form 990 or 990-EZ) 2017 West Central Industries, Inc 41-087	2939		Page
Par	IV Supporting Organizations	_		
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comp			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	te Part V.)	1	
ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		E Same	14
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	Ens	1. E	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1	-1-	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1.10		20
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			2
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			1.1
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		1.1	-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	1911
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		200	1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination	-15		1
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	24	13.25	
		40		
Fo	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		5.53	1.5
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		N. S.	No.
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		10000	
h	was accomplished (such as by amendment to the organizing document).	<u>5a</u>	1.02	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	F 1.	Children of	
	designated in the organization's organizing document?	5b		-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	-	1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1.4.5	1.5	1.044
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		120 5	1.75
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			1000
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1.1		1.11
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1.0	a produced in	101-5
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1.1		12
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	100.05	1000	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	_
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1.1	1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1.2	1.54	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		_
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	-
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1 Sec	15	215
	supporting organizations)? If "Yes," answer 10b below.	10a	L	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2017

	e A (Form 990 or 990-EZ) 2017 West Central Industries, Inc 41-08	72939		Page 5
Par	IV Supporting Organizations (continued)		N	Ma
11	Has the organization accepted a gift or contribution from any of the following persons?	15	Yes	<u>No</u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1.31	
u	below, the governing body of a supported organization?	11a	11 - CT	
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	12.5	1.11	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1.1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	14.13	1.00	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		(F) L D	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	17-5	0.000	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	(Last	10 C 10	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		- 255.1	
	or management of the supporting organization was vested in the same persons that controlled or managed	10.000	2.114	
-	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		(Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.2	1.23	13-31
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	5.1.8	110-4	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	11-59		5
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-1055	14.5	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.00	12011	12.00
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.4	3.331	10.0
	significant voice in the organization's investment policies and in directing the use of the organization's		line (1997 - 1999 1997 - 1999
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	in the		
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
		Page 1	Tes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	10 - L	19-24	15.0
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	134	12.54	1.55
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.5	1.1	1.124
	how the organization was responsive to those supported organizations, and how the organization determined	10,000		
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1.75		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	12-1	1.00	
	reasons for the organization's position that its supported organization(s) would have engaged in these			111-
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1000	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	125		110-
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
-				

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Chedule A (Form 990 or 990-EZ) 2017 West Central Industries,		41-0872	939 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 19	70 (explain in Part VI).S	ee
instructions. All other Type III non-functionally integrated supporting organization	is must comple	te Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		Then a start	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	철학을 한 그 영습 바다	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	일 위 (XC 1) 이 가 이 가격!	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	tagan peder selfer -	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	orated Type III	supporting organization	(see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiz	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C. line 6	Manuary and the Service		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See			
3	instructions. Excess distributions carryover, if any, to 2017:			
120	191	When the process of the second s		Constant of the
a	From 2013			
	From 2014		ACTING TO A CALL OF A CALL	
	From 2015			
	From 2016			
a 10.044	Total of lines 3a through e	HALLS NORTH AND ADDRESS		ALL STREET AND ALL AND
	Applied to underdistributions of prior years			014 1 40.040
73.8	Applied to 2017 distributable amount			1
	Carryover from 2012 not applied (see instructions)	BH G I CHOWLEDG CHOLD		
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$		EINOAL SEXTER	
	Applied to underdistributions of prior years		MARK REAS THE ATTEND	
	Applied to 2017 distributable amount			1 11- 01 10/3/s (
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			에 다 온 것이라 않
~	greater than zero, explain in Part VI. See instructions.		ि श्रेष्ठ कर्ण प्रसार सिम्बर्ग	IN CONTRACTOR
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		1 2.5) Roan = -	
~	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	A TOPPER PORT OF A		
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016	10년=10년 14년 21년 24년 14		

Schedule A (For	m 990 or 990-EZ) 2017	West	Central	Industr	ies,	Inc	41-0872	939	Page 8
Part VI	III, line 12; Part I B, lines 1 and 2; 3a and 3b; Part	V, Section A, Part IV, Sec V, line 1; Par	, lines 1, 2, 3 tion C, line 1 t V, Section	b, 3c, 4b, 4c ; Part IV, Sec B, line 1e; Pa	, 5a, 6, ction D, art V, Se	9a, 9b, 9c, lines 2 and ection D, lir	, line 10; Part II, line 11a, 11b, and 11c; d 3; Part IV, Section nes 5, 6, and 8; and See instructions.)	Part IV, S E, lines 1	Section c, 2a, 2b,

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					at the state				
	******	*******							

SCH	EDULE D	Supplemental F	Financial Statements		OMB No. 1545-0047				
(Form 990) Department of the Treasury		Complete if the organize		2017					
		Part IV, line 6, 7, 8, 9, 10, 11; ► Atta		Open to Public					
	Revenue Service		or instructions and the latest informati	on.	Inspection				
Name o	f the organization			Employer id	entification number				
We	st Central		41-0872939						
Pa	rt I Organiza	tions Maintaining Donor Advised Fur	nds or Other Similar Funds or						
_	Complete	if the organization answered "Yes" on F	Form 990, Part IV, line 6.	and methods in the second	······································				
			(a) Donor advised funds	(b)	(b) Funds and other accounts				
1	Total number at end o	of year							
2	Aggregate value of co	ontributions to (during year)							
3	Aggregate value of gra	ants from (during year)							
		d of year							
		nform all donors and donor advisors in writing tha ation's property, subject to the organization's excl			☐ Yes ☐ No				
		nform all grantees, donors, and donor advisors in							
v		poses and not for the benefit of the donor or don							
	conferring impermissit			0.000					
Pa		ation Easements.							
	Complete	if the organization answered "Yes" on I	Form 990, Part IV, line 7.						
1		vation easements held by the organization (check	all that apply).						
		nd for public use (e.g., recreation or education)	Preservation of a historically imp		area				
	Protection of natu		Preservation of a certified histori	c structure					
•	Preservation of op			1712/12/ 14 -515					
2	easement on the last	ough 2d if the organization held a qualified conse day of the tay year	ervation contribution in the form of a consi		leid at the End of the Tax Year				
а					reiu at the End of the Tax Teal				
b	Total acreage restricte	ervation easements ed by conservation easements		2b					
c	Number of conservati	on easements on a certified historic structure inc	luded in (a)	20					
		on easements included in (c) acquired after 7/25/							
	historic structure listed	d in the National Register		2d					
3	Number of conservati		the						
	tax year ►								
4		ere property subject to conservation easement is							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
~	Violations, and enforce	ement of the conservation easements it holds?							
6	Stall and volunteer no	ours devoted to monitoring, inspecting, handling	or violations, and emorcing conservation e	easements	during the year				
7	Amount of expenses	incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation ease	ments durin	a the year				
0	► \$		stations, and entering concertation cases						
8		ion easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	(i)					
)(B)(ii)?			Yes No				
9		how the organization reports conservation easen							
		nclude, if applicable, the text of the footnote to the	e organization's financial statements that	describes th	he				
		nting for conservation easements. Ations Maintaining Collections of Art,	listerias Tressures of Other	Cimilar	Acceta				
Fd		e if the organization answered "Yes" on		Similar	Assels.				
- 1a	If the organization ele	ected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sh	neet				
	works of art, historica	al treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of					
		e, in Part XIII, the text of the footnote to its finan							
b		ected, as permitted under SFAS 116 (ASC 958),							
		works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera							
	• CONCIDE 1871 OF 18 19 19 19 19 19 19 19 19 19 19 19 19	e the following amounts relating to these items:		Þ	c				
	(ii) Assets included	d on Form 990, Part VIII, line 1			\$ \$				
2		(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide							
-		quired to be reported under SFAS 116 (ASC 958							
а		n Form 990, Part VIII, line 1		•	\$				
b	Assets included in Fo	orm 990, Part X			\$				
For	Panerwork Reduction	Act Notice, see the Instructions for Form 99	0		Schedule D (Form 990) 2017				

see the Instructions for Form 990. DAA Paper

	ule D (Form 990) 2017 West Cen It III Organizations Maintainin				41-08729		o (continue		ge 2
3	Using the organization's acquisition, access	4					s (continue	u)	-
1	collection items (check all that apply):	. 🗂							
a	Public exhibition	d –	Loan or exchange pro	grams					
b c	Scholarly research Preservation for future generations	e 🗌	Other			ana in			
	Provide a description of the organization's	collections and explain	how they further the	organization's	exempt purpose	in Part			
	XIII.		non any farmer are	organization	exempt purpose				
	During the year, did the organization solicit	t or receive donations	of art, historical treasu	res, or other s	imilar			_	
	assets to be sold to raise funds rather than	n to be maintained as j	part of the organization	n's collection?			Yes		No
Par	rt IV Escrow and Custodial A		St. New Street Street						
	Complete if the organization	on answered "Yes"	on Form 990, Pa	irt IV, line 9,	or reported a	an amoun	t on Form		
	990, Part X, line 21.								
	Is the organization an agent, trustee, custo								Ne
	included on Form 990, Part X?						Yes	Ц	No
U	If "Yes," explain the arrangement in Part X	in and complete the it	nowing table.				Amount		
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year						_		
	Ending balance							_	
	Did the organization include an amount on						Yes	Ц	No
	If "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has been p	provided on Pa	rt XIII		************		
Pa	rt V Endowment Funds.				0				
	Complete if the organization					hare were book	(a) Faure	in mar in	
4.	Designing of year belows	(a) Current year	(b) Prior year	(c) Two year	S DACK (d) i	hree years back	(e) Four	ears D	аск
	Beginning of year balance					_			
	Contributions Net investment earnings, gains, and								
v	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs		· · · · · · · · · · · · · · · · · · ·						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c		æ (line 1g, column (a)) held as:					
a	Board designated or quasi-endowment ► Permanent endowment ►	%							
	Temporarily restricted endowment	/o 0/_							
C	The percentages on lines 2a, 2b, and 2c s	should equal 100%							
3a	Are there endowment funds not in the pos	÷	ation that are held an	d administered	for the				
	organization by:	5						Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		_
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as requ	ired on Schedule R?				3b		
4	Describe in Part XIII the intended uses of		lowment funds.						_
Ра	rt VI Land, Buildings, and Ed		" an Earm 000 D	ent IV line 1	1a Saa Far	- 000 De	rt V line 1	5	
-	Complete if the organizati Description of property	(a) Cost or other		r other basis	(c) Accumul		(d) Book		_
	Description of property	(investment		ther)	depreciatio		(u) Dook	uluo	
1a	Land			98,100		16. Ce **	g	8,	100
	Buildings		3,0	006,836	2,00	1,221	1,00	_	
c	Leasehold improvements	180fh		70,088	3	7,440			648
	Equipment			839,655	74	4,336	9	5,	319
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Pa	art X, column (B), line	10c.)			1,23	11,	682

Schedule D (Form 990) 2017

Schedule D (F				Industries,	Inc	41-0872939	Page
Part VII	Investments-				000 Bort IV line	11h Soo Form 000 Dort	V line 12
	(a) Descriptio			ered res on Form	(b) Book value	11b. See Form 990, Part (c) Method of valu	
		g name of second			(b) BOOK Value	Cost or end-of-year ma	
) Financial	derivatives						
) Closely-he	ld equity interests	IGARGE DADA					
B) Other I	NVESTMENT AC	COUNT	- EQUIT	IES	1,235,831	Market	
(A)			NA	C.MARCHARMANN			
(B)							
(C)							
(D)			· · · · · · · · · · · · · · · · · · ·				
(E)				******			
(F)		se 8552 ····					
(G)							
(H)					1 005 001		
	n (b) must equal For				1,235,831		
Part VIII	Investments-					11a Cas Farm 000 Dat	V line 12
				lered res on Forr		e 11c. See Form 990, Part (c) Method of value	
	(a) Desc	ription of in	vestment		(b) Book value	Cost or end-of-year ma	
141							
(1)							
(2) (3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	nn (b) must equal Fo	rm 990, I	Part X, col. (B)	line 13.) 🕨		1-21-02-01-02-02-02-02-02-02-02-02-02-02-02-02-02-	Sec. 15 - 17
Part IX	Other Assets						
	Complete if th	e orgar	ization ansv	vered "Yes" on For	m 990, Part IV, line	<u>e 11d. See Form 990, Par</u>	t X, line 15.
				(a) Description			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)		_					
(8)							
(9)	an (h) must actual Ea	rm 000	Dort V. col. (D)	line 15)			
Part X	nn (b) must equal Fo Other Liabilit			Inte 15.)	***************	******	
I all A			nization ans	vered "Yes" on For	m 990. Part IV lin	e 11e or 11f. See Form 9	90 Part X
	line 25.	io organ	inzation and		111 000, 1 dit 14, mi		
4		escription o	liability	1	(b) Book value		
5 5 a 2	l income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)						1번 모바 모 모 전 전 가	
California (California)	nn (b) must equal Fo	orm 990,	Part X, col. (B)	line 25.) ►			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	lule D (Form 990) 2017 West Central Industries, I	nc	41-0872939)	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	3,927,933
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	190		64	
а	Net unrealized gains (losses) on investments	2a	37,855		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		2.5	
d	Other (Describe in Part XIII.)	2d			00.055
е	Add lines 2a through 2d		******	2e	37,855
	Subtract line 2e from line 1			3	3,890,078
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(b. 1	
	Investment expenses not included on Form 990, Part VIII, line 7b		10.054	C.0.	
	Other (Describe in Part XIII.)		12,054		10 OF4
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		********	4c 5	12,054
	rt XII Reconciliation of Expenses per Audited Financial Sta			-	
Гđ	Complete if the organization answered "Yes" on Form 99			Telui	11.
1	Total expenses and losses per audited financial statements			1	3,910,028
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,010,020
	Donated services and use of facilities	2a		1.24	
				i a ca	
0	Prior year adjustments	20 2c		12.2	
с 4	Other losses	2d			
d	Other (Describe in Part XIII.)			2e	
3	Add lines 2a through 2d			3	3,910,028
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	······T····I·····			3,310,020
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		w.ū=	
h	Other (Describe in Part XIII.)	4b			
с С	Other (Describe in Part XIII.) Add lines 4a and 4b	1000.00 B		10	
v					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	3,910,028
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				3,910,028
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and	d 2b; Part V, line 4; F	5	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information.	5 Part X,	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information.	5 Part X,	
Pa Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information. curn – Othe	5 Part X,	
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)rt XIII Supplemental Information.de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Frt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, Line 4b - Revenue Amounts Include	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information. curn – Othe	5 Part X, ≥r	line
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)rt XIII Supplemental Information.de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Frt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, Line 4b - Revenue Amounts Include	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information. curn – Othe	5 Part X, ≥r	line
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)rt XIII Supplemental Information.de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Frt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, Line 4b - Revenue Amounts Include	Part IV, lines 1b and rovide any additiona	d 2b; Part V, line 4; F al information. curn – Othe	5 Part X, ≥r	line
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)rt XIII Supplemental Information.de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Frt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, Line 4b - Revenue Amounts Include	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	⊃art X, ∋r	line 12,054
Provi 2; Pa Pa Ta	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Inclus ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	i 2b; Part V, line 4; F al information. curn – Othe	5 Part X, ≥r	line 12,054
Provi 2; Pa Pa Ta	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	i 2b; Part V, line 4; F al information. curn – Othe	5 Part X, ≥r	line 12,054
Pa Provi 2; Pa Pa Ta	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr art XI, Line 4b - Revenue Amounts Include ax Gain on Like Kind Exchange	Part IV, lines 1b and rovide any additiona ded on Ret	3 2b; Part V, line 4; F al information. curn – Othe	5 Part X,	line 12,054
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Schedule D (I	Form 990) 2017	West	Central	Industries,	Inc	41-0872939	Page 5
Part XIII	Suppleme	ntal Info	rmation (conti	inued)			

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Z -	OMB No: 1545-0047	
Name of the organization	-	Employer identifica	
	West Central Industries, Inc	41-087293	9
Assessment planning fo	art III, Line 4d - All Other Accomplishment and Training focused on school to work transi r career development, and employee developmen k adaptation. Total persons served = 40		
Form 990, E	art VI, Line 11b - Organization's Process to THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF T		
M COLL OF 1			******************
DIRECTORS F	OR THEIR REVIEW PRIOR TO FILING.		
Form 990, I THE PROCESS INCLUDE A 1	REVIEW AND APPROVAL BY INDEPENDENT PERSONS, C	ENT OFFICI	ALS TY DATE,
Form 990, 1 The Organiz	PORANEOUS SUBSTANTIATION OF THE DELIBERATION A Part VI, Line 19 - Governing Documents Disclo CATION MAKES ITS GOVERNING DOCUMENTS, POLICIE: AVAILABLE TO THE PUBLIC UPON REQUEST.	sure Expla	anation
	Part XI, Line 9 - Other Changes in Net Assets n Like Kind Exchange	997.08.5.542C 14.5491.010.9	ion -12,054

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Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business									
Property Type									
Date	Business %	Cost	Depr Basis	Period	Method		Deduction	Section 179	
2016 Dodge Grand Caravan (Whi 11/14/16		18,763	\$ 18,763	5.0	S/L-	\$	3,753	Ş	
2016 Dodge Grand Caravan 11/14/16	100.00	18,763	18,763	5.0	S/L-		3,753		
2016 Toyota Camry VIN 4733 2/16/18	100.00	12,649	12,649	5.0	200DBHY		2,530		
2016 Toyota Camry VIN 3254 2/16/18	100.00	10,500	10,500	5.0	200DBHY		2,100		
Total	\$	60,675	\$ 60,675			\$	12,136	\$0	

1.1

		preciation and	Amortiza	tion			OMB No. 1545-0172
orm 4562	•	ding Information o Attach to your to	ax return.	• • •			2017
iternal Revenue Service (99)	Go to www.irs.g	ov/Form4562 for instru	ctions and th	e latest inform			Sequence No. 179
ame(s) shown on return West C	Central Indu	stries, Inc			Identifying		
usiness or activity to which this form relates					1		
Indirect Depreciat							
	The state of the second st	erty Under Section		and the second			
		, complete Part V be	fore you co	mplete Part			E10 000
Maximum amount (see instruction		a instructions)		*************		1 2	510,000
2 Total cost of section 179 proper3 Threshold cost of section 179 pr	a placed in service (se	e instructions)	tions)	********	*****	3	2,030,000
Reduction in limitation. Subtract	line 3 from line 2 If zer	ro or less, enter -0-				4	
5 Dollar limitation for tax year. Subtract	line 4 from line 1. If zero c	or less, enter -0 If married fill	ng separately, se	e instructions		5	
	on of property		st (business use o		Elected cost		10 IV
						_	
						_	
7 Listed property. Enter the amour	nt from line 29		anerenne d	7	ř	_	
3 Total elected cost of section 179						8	
Tentative deduction. Enter the s	maller of line 5 or line	8			amana 🛓	9	
Carryover of disallowed deductionBusiness income limitation. Enter						<u>10</u> 11	
 Business income limitation. Ente Section 179 expense deduction. 						12	
3 Carryover of disallowed deduction				13			
lote: Don't use Part II or Part III belo							
Part II Special Deprecia	tion Allowance a	nd Other Depreciat	ion (Don't	include listed	property	.) (Se	e instructions.)
4 Special depreciation allowance 1	for qualified property (o	ther than listed property)	placed in serv	ice			
	1 1 2 2	and and motod proporty/	placea ill coll				
during the tax year (see instruct	ions)					14	
during the tax year (see instruct	ions)					15	
during the tax year (see instruct 5 Property subject to section 1680 6 Other depreciation (including A0	ions) (f)(1) election CRS)						130,923
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DAA

Туре с		Note: For any ve 24b, columns (a)	tainment, rec	ou are using	or amus	sement	.) ileage ra	te or de	certain a													
Туре с			-Depreciation a							s for lim	its for p	assenge	er autom	obiles.)		_						
Туре с	Do you hav	e evidence to support the	e business/investment	use claimed?			Yes	No	24b If	"Yes," i	s the ev	idence	written?		Yes	No						
	(a) of property hicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or oth	er basis Basis for depreciation R (business/investment		other basis Basis for depreclation Recovery Method/ (business/investment period Convention		Basis for depreclation Rec		Recovery Method/		Method/ D		(h) Depreciation deduction		Depreciation		od/ Depreciation		(I) Elected section 17 cost	
		depreciation allowa		100 million - 10			vice dur	0														
		ear and used more used more than 50	100 M			se (see i	nstructio	ns)		8000000	25											
		atement 1		business u	30.	T	-					1										
	1212		%	60	0,675	5	60,	675					12,	136								
7	Property	used 50% or less	in a qualified bu	siness use:																		
			%							S/L-												
										01												
8	Add amo	unts in column (h)	linon 25 throug	h 27 Entor	boro and		21 000	<u> </u>		S/L·		-	12	,136	1150							
		ounts in column (i),												29								
9	Add and	Santa in column (i),	inte 20. Enter fi					1.1.1	Vehicles			<u></u>	CLOCK COLO	1 20								
omr	lete this	section for vehicles	s used by a sole					-			d person	If you	provided	vehicle	s							
		ees, first answer t		in the second se								•	•		-							
1					(a		(b		(0		(d)	(e	:)	(f	· · · ·						
0	Total bu	siness/investment	miles driven dur	ing	Vehic	de 1	Vehic	de 2	Vehic	le 3	Vehic	de 4	Vehic	cle 5	Vehic	de 6						
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1		mmuting miles driv																				
2		ner personal (nonc		14-051510			1															
	miles dr	iven													L							
3		les driven during th																				
	lines 30	through 32		1 ••• 1572557151						-				·								
4		vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No						
_	use duri	ing off-duty hours?	ar trigan antan	******								_				-						
5		e vehicle used prim											1. 1									
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6	is anoth	er vehicle available				L		L														
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		questions to deten owners or related				npieung	Section	B IOL A	enicles us	sed by e	empioyee	es who	aren t									
37		maintain a written			ite all na	reonal u	se of ve	hiclos i	ocluding	commut	ing by				Yes	No						
<i>.</i>	•	nployees?	policy statement	. that profile	its an pe	isonal u	se or ve	nicies, ii	liciuuling	commu	iliy, by				185							
38	-	maintain a written	nolicy statement	that prohib	ite noreo	nal usa	of vehic		ent comm	nutina h	V VOUR			1022237								
		es? See the instru														1						
39	Do vou	treat all use of ver	icles by employ	ees as pers	onal use	? ?	o, anoon	, , , ,			33695											
10	Do vou	provide more than	five vehicles to	vour emplo	vees. oh	tain info	mation 1	tom voi	r employ	ees abo	out the	1013.01010										
-		he vehicles, and re																				
1 1	Do you	meet the requiren	nents concerning	qualified a	utomobile	e demor	stration	use? (S	See instru	ictions.)		*******	535553333	558.0580) 								
		your answer to 37										******	********	1.5119.01								
Pa	art VI	Amortization				- 93																
		(a) Description of costs			o) Iortization		Amortiz	(c) able amou	int	(d Code s		(e) Amortiz perioc	ation	Amortia	(f) zation for th	iis year						

43	Amortization of costs that began before your 2017 tax year	43	
44	Total. Add amounts in column (f). See the instructions for where to report	44	
DAA			Form 4

WESTBERG EISCHENS,

advisors and accountants. profit from our experience.

West Central Industries, Inc 1300 SW 22nd ST / PO Box 813 Willmar, MN 56201

Dear West Central Industries, Inc:

Westberg Eischens, PLLP is pleased to provide West Central Industries, Inc ("you" or "your") with the professional services described below. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. This engagement between you and our firm will be governed by the terms of this Agreement.

Scope of Engagement

We will prepare the federal Form 990 and requested state returns for the year ended 2017:

We will prepare your tax returns based upon information and representations that you provide to us. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information. We will prepare the above referenced tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities as identified above. Our work is not intended to benefit or influence any third party, either to obtain debt or equity financing or for any other purpose.

You agree to indemnify and hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns (collectively, "firm," "we," "us," or "our") harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

You agree that you are not and will not be entitled to rely on any advice given to you by us unless your request for advice and our response are provided in writing.

Client Responsibilities

You will provide us with a trial balance and other supporting data needed to prepare your tax returns. You must provide us with accurate and complete information, including all income from all sources including those outside of the U.S.

Non-Profit

If your organization produces revenue from a trade or business activity not directly related to its tax-exempt purpose, it may have unrelated business taxable income that must be reported separately from other income. You are responsible for informing us of any potential unrelated business taxable income.

Documentation

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under tax law. You are responsible for the adequacy of all such documents. You represent that you have such documentation and can produce it if needed to respond to any audit or inquiry by taxing authorities. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed upon you by taxing authorities resulting from the disallowance of tax deductions due to inadequate documentation.

Personal expenses

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and expenses such as meals, travel, entertainment, vehicle use, gifts, and related expenses, and are supported by necessary records required by the IRS and other taxing authorities.

State and local filing obligations

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to, income, franchise, sales, use, property or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided us and other information that comes to our attention, we believe you may have an obligation to file additional tax returns, we will notify you of this responsibility and ask you to contact us.

U.S. filing obligations related to foreign financial assets

As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that

exceed certain thresholds. You are responsible for informing us of all foreign investments, so we may properly advise you as to your filing obligations.

Foreign filing obligations

You are responsible for complying with tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

Ultimate responsibility

You have final responsibility for your income tax returns. We will provide you with a copy of your electronic income tax returns and accompanying schedules and statements for review prior to filing with the IRS and state taxing authorities (as applicable). You agree to review and examine them carefully for accuracy and completeness before you sign them.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state equivalent authorization form before your returns can be filed electronically.

CPA Firm Responsibilities

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services ("SSTS") issued by the American Institute of Certified Public Accountants ("AICPA").

Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the income tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. Additional charges may apply for such services.

Errors, fraud, or theft

Our engagement does not include any procedures designed to discover errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

Estimated Tax Payments

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2016 tax year based upon the information you provide to prepare your 2015 tax returns and have no obligation to update recommended payments after the engagement is completed.

Government inquiries

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request we assist you in responding to such inquiry.

Tax Advice

Our advice is based upon facts, assumptions, and representations as stated and tax authorities that are subject to change. Tax authorities include but are not limited to the Internal Revenue Code, regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings and court cases. We will not update our advice after the conclusion of the engagement for subsequent legislative or administrative changes or future judicial interpretations. To the extent we provide written advice concerning federal tax matters, we will follow the guidance contained in U.S. Treasury Department Circular 230 ("Circular 230"), §10.37, Requirements for Written Advice.

Arguable Positions

We will use our judgment to resolve questions in your favor where a tax law is unclear, assuming there is reasonable justification for doing so. If there are conflicting interpretations of the law, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of the applicable tax code, laws, regulations, and their interpretations. If the IRS or state tax authorities later contest the position taken, there may be an assessment of additional tax, interest, and penalties. We assume no liability, and you hereby release us from any liability for such additional tax, interest, and penalties or other fees and assessments.

Listed Transactions and Transactions of Interest

You acknowledge your responsibility to inform us of any listed transactions or transactions of interest as designated by the IRS. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed on you by taxing authorities resulting from your failure to timely notify us, in writing, of all such transactions in order to facilitate the timely preparation and filing of your tax returns.

Extensions of Time to File Tax Returns

It may become necessary to apply for an extension of the filing deadline if there are unresolved tax issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. All taxes owed are due by the original filing due date. In addition, extensions may affect your liability for penalties and interest or compliance with government or other deadlines.

Penalties and Interest Charges

Federal, state, and local taxing authorities impose various penalties and interest charges for noncompliance with tax law, including, for example, failure to file or late filing of tax returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all taxes, penalties, and interest charges imposed by taxing authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose, or inadequate disclosure of income or tax positions, may result in the imposition of penalties and interest charges.

Any controversy or claim arising out of or relating to this contract or engagement, or breach thereof, except actions by us to enforce payment of our professional invoices, shall be settled by arbitration administered by the American Arbitration Association under its Arbitration rules for Professional Accounting and Related Services Disputes, and must be filed within three years from the filing of the returns, notwithstanding any statutory provision to the contrary. In the event of arbitration or other claim brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter. In no event will we be responsible for any additional tax that may be assessed against you or any interest or penalty that may be assessed against you with respect to such additional tax.

Our professional fee for the services outlined above is based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested to our staff to complete this engagement on a timely basis.

We appreciate the opportunity to be of service to West Central Industries, Inc. Please date and execute the enclosed copy of this Agreement and return it to us to acknowledge your agreement with its terms. We will not initiate services until we receive the executed Agreement.

Very truly yours,

Weating tinho PULP

Accepted By:

Date:

Westberg-Eischens, PLLP PO Box 362 Willmar, MN 56201-0362 320-235-3727

January 23, 2018

CONFIDENTIAL

West Central Industries, Inc 1300 SW 22nd ST / PO Box 813 Willmar, MN 56201

Dear Renee:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990) Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/17 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Westberg-Eischens, PLLP PO Box 362 Willmar, MN 56201-0362

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Minnesota Charitable Organization Filing Instructions

The filing fee for the tax year ended 6/30/17 is \$25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 41-0872939, for the year ended 6/30/17" on the check. Mail the return AS SOON AS POSSIBLE to:

> Office of the Attorney General 1200 Bremer Tower 445 Minnesota Street St. Paul, MN 55101-2130

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Michael A Gramm, CPA

7240				
Form 8879-EO	IRS <i>e-file</i> Signature Auth for an Exempt Organiz			OMB No. 1545-1878
Department of the Treasury Internal Revenue Service	For calendar year 2016, or fiscal year beginning			2016
Name of exempt organization			Employer identificat	tion number
	st Central Industries, Inc		41-08729	39
	y Skolberg air			
Part I Type of Re	turn and Return Information (Whole Dollars Only)			
Check the box for the return for	r which you are using this Form 8879-EO and enter the applicable	amount, if any, from	the return. If you	
and the second sec	a, 4a, or 5a, below, and the amount on that line for the return beir	•		
	o, whichever is applicable, blank (do not enter -0-). But, if you enter	red -0- on the return,	then enter -0- on	
the second	<pre>iot complete more than 1 line in Part I.</pre>			1 201 110
1a Form 990 check here		line 12)		4,284,449
2a Form 990-EZ check here			2b	
3a Form 1120-POL check her 4a Form 990-PF check here	· · · · · · · · · · · · · · · · · · ·	lot VI line 5)	······································	
5a Form 8868 check here ►				
Part II Declaration	and Signature Authorization of Officer			
are true, correct, and complete, organization's electronic return. to send the organization's retur the transmission, (b) the reaso authorize the U.S. Treasury an financial institution account indi return, and the financial institut Agent at 1-888-353-4537 no la involved in the processing of the resolve issues related to the par	return and accompanying schedules and statements and to the be . I further declare that the amount in Part I above is the amount sh . I consent to allow my intermediate service provider, transmitter, m to the IRS and to receive from the IRS (a) an acknowledgement in for any delay in processing the return or refund, and (c) the data id its designated Financial Agent to initiate an electronic funds with iccated in the tax preparation software for payment of the organiza- ion to debit the entry to this account. To revoke a payment, I mus- ter than 2 business days prior to the payment (settlement) date. I he electronic payment of taxes to receive confidential information ayment. I have selected a personal identification number (PIN) as able, the organization's consent to electronic funds withdrawal.	nown on the copy of t or electronic return o t of receipt or reason e of any refund. If app ndrawal (direct debit) tion's federal taxes o t contact the U.S. Tre also authorize the fir necessary to answer	he originator (ERO) for rejection of plicable, I entry to the wed on this easury Financial nancial institutions inquiries and	
			E COOT]	
X I authorize	ERO firm name	_ to enter my PIN	Enter five numbers, t do not enter all zeros	77
being filed with a state ERO to enter my PIN	ax year 2016 electronically filed return. If I have indicated within the agency(ies) regulating charities as part of the IRS Fed/State pro- on the return's disclosure consent screen. ganization, I will enter my PIN as my signature on the organization	gram, I also authorize	e the aforementione	
If I have indicated with	in this return that a copy of the return is being filed with a state ag gram, I will enter my PIN on the return's disclosure consent scree	gency(ies) regulating		
Officer's signature		Date	01/23/18	
Part III Certificatio	on and Authentication			
ERO's EFIN/PIN. Enter your number (EFIN) followed by yo	six-digit electronic filing identification ur five-digit self-selected PIN.		1.1.1	1082753727 do not enter all zeros
indicated above. I confirm that	c entry is my PIN, which is my signature on the 2016 electronically t I am submitting this return in accordance with the requirements of S e-file Providers for Business Returns.	5. 0 10 10 10 0 0	nized e-File (MeF)	
ERO's signature		Date	01/23/18	
	ERO Must Retain This Form — See	Instructions		
	Do Not Submit This Form To the IRS Unless		Do So	
For Paperwork Reduction A	ct Notice, see back of form.	requested 10		Form 8879-EO (2016)

990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) the numbers on this form on it was be

2016 An Dublin

OMB No. 1545-0047

	mal Revenue Service				Inspection
A	For the 2016 c	calendar year, or tax year beginning 07/01/16 , and ending 06/30/17		_	
в	Check if applicable:	C Name of organization	D Em	ployer id	entification number
	Address change	West Central Industries, Inc			
۲	-	Doing business as	41	-08	72939
_	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Tel	lephone r	lumber
	Initial return	1300 SW 22nd ST / PO Box 813	32	20-2	35-5310
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
٦	Amended return	Willmar MN 56201	G Gro	oss receip	ts\$ 5,271,756
╡		F Name and address of principal officer:		m for cub	ordinates? Yes X No
	Application pending	Ray Skolberg	is a group retu		
			all subordinat	tes includ	ed? Yes No
		BIOWNCON PAR 55512	If "No," attach	n a list. (se	e instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: 🕨 🚺	www.wcimn.org H(e) Grou	up exemption	number	•
к	Form of organization	n: X Corporation Trust Association Other ► L Year of formatio	n: 1962	2 N	State of legal domicile: MIN
F	Part I Su	ummary			
		escribe the organization's mission or most significant activities;			*****
ě	Тор	provide employment opportunities for individuals with disab	oilitie	es	
Governance	thro	ough rehabilitation and training.			
ern					
Š	2 Check th	nis box ▶ 🧻 if the organization discontinued its operations or disposed of more than 25% of its net	t assets.		
~5		of voting members of the governing body (Part VI, line 1a)		3	11
		of independent voting members of the governing body (Part VI, line 1b)		4	11
viti	5 Total nui	mber of individuals employed in calendar year 2016 (Part V, line 2a)		5	370
Activities	6 Total nu	mber of volunteers (estimate if necessary)		6	80
٩	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	0
		elated business taxable income from Form 990-T, line 34		7b	0
		Pr	ior Year		Current Year
e	8 Contribu	tions and grants (Part VIII, line 1h)	177,6		161,049
Revenue	9 Program	n service revenue (Part VIII, line 2g)	,778,3		3,891,940
Sev.	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	46,0	022	231,460
ш.	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
_			,002,0	026	4,284,449
	13 Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
S	dE Onlasian	, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,290,7	790	3,036,362
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0
xpe	b Total fur	ndraising expenses (Part IX, column (D), line 25) ▶0			
ш		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	887,2		1,069,690
	18 Total ex		,178,0		4,106,052
_	19 Revenue		-176,0		178,397
Net Assets or	JCGS		of Current		End of Year
sset	20 Total as		,323,1		3,134,899
et As	21 Total lia	bilities (Part X, line 26)	830,2		494,134
			,492,9	954	2,640,765
-	1000 m - 1000 m - 1000 m	ignature Block			
		f perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno		my know	ledge and belief, it is
-		complete, becausion of preparer (other man onicer) is based on an information of which preparer has any kno	wieuge.		
~		Signature of officer		Deta	
	ign	Signature of officer		Date	
H	ere	Ray Skolberg Chair			
-		Type or print name and title) ata	r	
D-	and a local second)ate	Check	if PTIN
	roparer	A Gramm, CPA		self-emp	
	reparer Firm's r		Firm's	EIN 🕨	41-1792388
U	se Only	PO Box 362			

Willmar, MN

56201-0362

Firm's address

۶

320-235-3727

Phone no.

art III St		ndustries, Inc	41-0872939	Page
	atement of Program S	Service Accomplishments ains a response or note to any		
			The study Fait stranger	
	ibe the organization's mission	opportunities for	individuals with	disabilities
		and training.		
* * * * * * * * * * * * *				
prior Form 99	90 or 990-EZ?	cant program services during the year		Yes X No
an 1 ann - Anna 1	cribe these new services on S nization cease conducting, or	make significant changes in how it co	nducts, any program	
	cribe these changes on Scheo	dule O.		Yes X No
San a second contraction		ce accomplishments for each of its three	ee largest program services, as me	easured by
expenses. Se	ection 501(c)(3) and 501(c)(4)) organizations are required to report to or each program service reported.		
	chies, and revenue, in any, it	si caon program service reported.		
settings		r potential. Total		

b (Code:) (Expenses \$	939,354 including grants o	f\$)(ed_specialized_su	Revenue \$ 1,269,349
training	g for those who	939,354 including grants o abilitation" provid have the greatest	f\$)(ed specialized su need for continu	Revenue \$ 1,269,349 pervision and ed support. Total
training)(Expenses \$ aining and Reha g for those who served = 119.	939,354 including grants o abilitation" provid o have the greatest	f\$)(ed specialized su need for continu	Revenue \$ 1,269,349 pervision and ed support. Total
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training	g for those who	939,354 including grants o abilitation" provid b have the greatest	f\$)((ed specialized su need for continu	Revenue \$ 1,269,349 pervision and ed support. Total
persons	g for those who served = 119.	o have the greatest	need IOT CONTINU	led Support. Total
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	g for those who served = 119.	D have the greatest	need IOT CONTINU	ed support. Total
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training persons 4c (Code:	g for those who served = 119.) (Expenses \$) (Expenses \$ am services (Describe in Sch	nave the greatest	need IOF CONTINU	Revenue \$

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Form	990 (2016) West Central Industries, Inc 41-0872939		P	age 3
Pa	rt 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		X
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		X
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			v
-	"Yes," complete Schedule D, Part I	6		X
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	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8	-	
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	9		x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	
10	opdowmonte, permanent endewmonte, er quesi endewmonte? If "Yee," complete Schedule D. Bet V.	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	-
••	VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
u	complete Schedule D. Part VI	11a	x	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			<u> </u>
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	x	1
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	0000		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	12(1)(1)(1)		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		-	X
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	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	J		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
-	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2016)

Form	990 (2016) West Central Industries, Inc 41-0872939		Р	age 4
Pa	art IV Checklist of Required Schedules (continued)			
		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23		X
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III			X
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):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I		-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32	-	X
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? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a		35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		d	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
2	related organization? If "Yes," complete Schedule R, Part V, line 2		-	X
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? If "Yes," complete Schedule R,			
12 1811	Part VI		-	X
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	X	

Form	990 (2016) West Central Industries, Inc 41-0872939		Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		77	
	reportable gaming (gambling) winnings to prize winners?	1c	X	-
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 370			
		-	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		x
3a 5	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		-
b 1a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	-
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		12		x
h	account)? If "Yes," enter the name of the foreign country: ►	<u>4a</u>		-
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
0u	completion policit any contributions that were not tay deductible on charteble contributions?	6a	1	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	diffe wore not tay 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 any income any ideal to the any of	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		l
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)	_		1
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	14a		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	144		1-1

Form 990 (2016) West Central Industries, Inc

Pa	T VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S		• • • • • • • • • • • • • • • • • • • •			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ion A. Governing Body and Management			-	Vee	Na
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No
Iu	If there are material differences in voting rights among members of the governing body, or	14		-		
	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	1b	11	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10				
-	any other officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct		00122302321	-		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	*****		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	***		5	-	X
6	Did the experimentian have members as stackholders?			6		X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint	s. s.		0		
14	and or more members of the deversing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	88. M		14		
D	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	o following:			
	The governing heads?			8a	x	
a b	Fach complites with out-to at a baby of the generation baby?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			00	-	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	1	x
Soc	tion B. Policies (This Section B requests information about policies not required by the Intern					
000	ten b. Tonoles (This occard) b requests information about policies not required by the intern	iur i	covortao c	/000./	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	••••		104		
D	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			-		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		flicte?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		11110131	120		-
C	describe in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?	() • • • •		13	X	
	Did the organization have a written desument retention and destruction policy?			14	X	
14	Did the process for determining compensation of the following persons include a review and approval by	****	*******	14	A	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
				150	x	
a	The organization's CEO, Executive Director, or top management official			A CL	1	x
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· · · ·		. 15b		
40-				12.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40-	1	x
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.11		. <u>16a</u>	-	
b						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			404		
500	organization's exempt status with respect to such arrangements?			_ 16b		
-						
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3	is only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X 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	st poli	cy, and			
00	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	is: 🕨				
	enee Nolting 1300 SW 22nd Street illmar MN 562(11	24	20-23	25_5	210
-	illmar MN 5620		3.			
DAA				F	orm 95	0 (2016

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Form 990 (2016) West Cent	ral Indu	st	rie	es,	I	nc		41-0872	2939	Page 7
The Market Market and the second second second second	· · · · · · · · · · · · · · · · · · ·	Dire	cto	rs, ˈ	Tru	stee	es,	Key Employees, Hig	hest Compensated	Employees, and
Independent Co			Sen	2000		not	o to	any line in this Part	./II	
······································						2.11		Compensated Employee		
1a Complete this table for all persons organization's tax year.			-							
• List all of the organization's cui compensation. Enter -0- in columns (I					•				, regardless of amount of	
 List all of the organization's cur 				-						
 List the organization's five curr who received reportable compensation organization and any related organization 	n (Box 5 of Form	•				•				
 List all of the organization's for \$100,000 of reportable compensation 	1000	· · · · · · · · · · · · · · · · · · ·				•			no received more than	
 List all of the organization's for organization, more than \$10,000 of re 										
List persons in the following order: in	dividual trustees									
compensated employees; and former	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	rolo	tod		Inclu		0000	aposted any current officer	director, or trustee	
		reia	lea			on c	omp			(E)
(A) Name and Title	(B) Average			(C Posi	tion			(D) Reportable	(E) Reportable	(F) Eslimated
	hou <i>r</i> s per week					than o s bolh		compensation from	compensation from related	amount of other
	(list any hours for				_	r/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Individual or director	Institutional	Officer	Көу е	Highest o employee	Former	(W-2/1099-MISC)	Class my parametric presidence.	organization and related
	below dotted	lividual t director	tional	-	employee	yee yee	4			organizations
	line)	trustee	truslee		yee	compensated e				
(1) Ray Skolberg	-					<u>a</u>				
	1.00									
Chair Holyonda	0.00	X		X	_		-	0	0	0
(2) Teresa Holwerda	1.00									
Vice Chair	0.00	x		x		10		0	0	0
(3) Jonathan Dahl						1				
	1.00									
Secretary/Treasurer	0.00	X		X	-	-		0	0	0
(4)Joel Gratz	1.00									
Director	0.00	x					10	0	0	0
(5) David Lieser										
	1.00									
Director	0.00	X				-	-	0	C	00
(6) Kimberly Saterba	1.00									
Director	0.00	x						0	c c	0
(7) Tammy Rudningen										
-	1.00									
Director	0.00	X			_		-	0	0	0 0
(8) Jim Butterfield	1.00									
Director	0.00	x						C		o
(9) Kimberly Holm	0.00						1			
_	1.00									
Director	0.00	X					-	0	0 0	0 0
(10) Dave Baker	1.00									
Director	0.00	x								
(11) Kristal Dahlage:		-	-	1	1	-	+	1		
	1.00									
Director	0.00	X						() C

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Form 990 (2016)

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rar	t VII Section A. Officers (A) Name and title	(A) (B) (C) (D) (E) Name and tille Average Position Reportable Reportable hours per week (do not check more than one box, unless person is both an (list any from related officer and a director/trustee) the organizations		co	(F) Estimated amount of other compensation from the									
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	54	a	rganizatio Ind relate ganization	d	
i antan														
, .														
• • • • •														
			_											
1b c 	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII,	Sect mite	ion d to	Α		9998 1994	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fo	ormer officer, dir	ector	, or	trust	ee, I	key e	empl	loyee, or highest compensa	ted	[Yes	
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	e 1a, is the sum nizations greater	of ret	eport 1 \$1	table 50,00	соп)0?	npens If "Ye	satic s,"	on and other compensation complete Schedule J for su	from the ch		3		x
5	individual Did any person listed on line for services rendered to the o	1a receive or acc	crue	com	pens	satio	n from	n a	ny unrelated organization or	individual		5		x
Sect	ion B. Independent Contract	ors						_				5		
1	Complete this table for your fi compensation from the organ	ization. Report co							dar year ending with or with	in the organization's tax yea	ir,		1.21	
	Name an	(A) d business address						+	Descri	(B) ption of services		Con	(C) npensat	lion
-														
-														
2	Total number of independent received more than \$100,000								ose listed above) who	0				

Form 990 (2016)	West	Central	Industries,	Inc	41-0872939
		-			

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a	45,600				
Gra	b	Membership dues	1b					
Am (С	Fundraising events	1c					
art	d	Related organizations	1d					
i.i.	е	Government grants (contributions)	1e	40,983				
S		All other contributions, gifts, grants,						
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	74,466				
1 off	g	Noncash contributions included in lines 1a	a-1f. S					
ano	h	Total. Add lines 1a-1f	••		161,049			
ne				Busn. Code				
Nen	2a			624310	3,891,940	3,891,940		
æ	b							
ice	С							
Ser	d							
E	е							
gra	f	All other program service reve						
Ĕ		Total. Add lines 2a-2f		MARING NO.	3,891,940			
	3	Investment income (including	a second write a second	and the second				
		and other similar amounts)			26,502			26,502
	4	Income from investment of tax	x-exempt b	ond proceeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
- 1	b	Less: rental exps.						· · · · · · · · · · · · · · · · · · ·
	С	Rental inc. or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	Contraction of the second second	(ii) Other				
		other than inventory 933	,301	258,964				
	b	Less: cost or other						
		basis & sales exps. 783	,644	203,663				
	С	Gain or (loss) 149	,657	55,301				
	d	Net gain or (loss)			204,958	204,958		
a		Gross income from fundraising eve						
Revenue		(not including \$	00000220					
eve		of contributions reported on line 10						
		See Part IV, line 18	a					
Other	b	Less: direct expenses						
Ó		Net income or (loss) from fun		ents				
		Gross income from gaming activiti	111125502550165					
		See Part IV, line 19				1. S.		
	b	Less: direct expenses	b					
		Net income or (loss) from gai		ies 🕨				
		Gross sales of inventory, less						
		returns and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sal		tory >				
		Miscellaneous Revenue		Busn. Code				
	11a							
- 8	b							
	с	· · · · · · · · · · · · · · · · · · ·						
	d	All other revenue						-
		Total. Add lines 11a-11d			·····			
	12	Total revenue. See instructi	ons.		4,284,449	4,096,898		0 26,502

Page 9

Form 990 (2016)

Part IX

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 or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 2,485,446 2,258,050 227,396 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 277,792 231,100 46,692 9 Other employee benefits Payroll taxes 273,124 250,713 22,411 10 Fees for services (non-employees): 11 a Management 27,450 27,450 b Legal 146,446 1,928 144,518 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f g Other. (If line 11g amount exceeds 10% of line 25, column 127,958 50,409 (A) amount, list line 11g expenses on Schedule O.) 77,549 6,281 12 Advertising and promotion 31,570 25,289 22,322 Office expenses 26,686 4,364 13 Information technology 14 Royalties 15 137,622 110,894 26,728 16 Occupancy 88,684 88,684 17 Travel 18 Payments of travel or entertainment expenses 18,820 17,613 1,207 for any federal, state, or local public officials Conferences, conventions, and meetings 19 24,581 1,806 26,387 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 150,738 125,113 25,625 Insurance 22,439 15,567 6,872 23 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.) 150,985 150,985 Food Costs 81,045 81,045 Operating Supplies b 10,310 17,032 6,722 Freight C 1,902 10,287 8,385 d Equipment Replacement e All other expenses 1,414 5,541 4,127 601,487 4,106,052 3,504,565 0 25 Total functional expenses, Add lines 1 through 24e 26 Joint costs. Complete this line only if the

41-0872939

West Central Industries, Inc

Statement of Functional Expenses

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

if

Form 990 (2016)

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing			52,225	1	18,448
	2	Savings and temporary cash investments	1221-11-120		133,767	2	66,051
	3	Pledges and grants receivable, net	998 · · · 881 · 87 83	201010-0010-0010-001-001-001-001-001-001	6,858	3	
	4	Accounts receivable, net	12 2350		418,877	4	385,910
	5	Loans and other receivables from current and former	officers, direct	tors,			
		trustees, key employees, and highest compensated e	mployees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe					
- 1		4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	uting employers and			
		sponsoring organizations of section 501(c)(9) voluntation					
ts		organizations (see instructions). Complete Part II of S				6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use			48,886	8	40,740
	9	Prepaid expenses and deferred charges			46,894	9	72,321
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	3,946,584			4 975 999
	b	Less: accumulated depreciation	10b	2,6/1,556	1,510,928	7	1,275,028
	11	Investments—publicly traded securities			1 050 000	11	1 050 500
	12	Investments-other securities. See Part IV, line 11			1,053,788	12	1,256,799
	13	Investments-program-related. See Part IV, line 11			10 000	13	
	14	Intangible assets			10,622	14	10 000
	15	Other assets. See Part IV, line 11		*******************	40,336		19,602
_	16	Total assets. Add lines 1 through 15 (must equal line			3,323,181	16	3,134,899
	17	Accounts payable and accrued expenses			411,553		447,348
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV		State in the second		21	
ies	22	Loans and other payables to current and former offic					
Liabilities		trustees, key employees, highest compensated employees	•			22	
Lia	22	disqualified persons. Complete Part II of Schedule L	bird portion		418,674	22 23	46,786
	23	Secured mortgages and notes payable to unrelated t Unsecured notes and loans payable to unrelated third			410,014	23	40,700
	25	Other liabilities (including federal income tax, payable				24	
	25	parties, and other liabilities not included on lines 17-2					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			830,227		494,134
	1-0	Organizations that follow SFAS 117 (ASC 958), c					
es	1	complete lines 27 through 29, and lines 33 and 3					
anc	27	Unrestricted net assets			2,492,954	27	2,613,508
Fund Balances	28	Temporarily restricted net assets				28	27,257
PC	29					29	1
		Organizations that do not follow SFAS 117 (ASC					
Ъ		complete lines 30 through 34.					
iets	30	-				30	
Assets or	31	Paid-in or capital surplus, or land, building, or equipn	nent fund	- STATE INTERIAL STREET, STREET,		31	
Net /	32	Retained earnings, endowment, accumulated income	, or other fun	ds		32	
4					0 400 054		0 640 765

Total liabilities and net assets/fund balances

Total net assets or fund balances

West Central Industries, Inc

2,640,765 3,134,899

33

34

33

34

2,492,954 3,323,181

41-0872939

2 Total expenses (must equal Part IX, column (A), line 25) 2 4,10 3 1 3 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,41 5 Net unrealized gains (losses) on investments 5 -1 6 6 6 7 - 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9	78,3 92,9 20,5 10,0 40,7	052 397 954 511 075 765
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 21 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 11 3 1 2 4, 11 4 Revenue less expenses. Subtract line 2 from line 1 3 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3 2, 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 2, 6 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3 1 2, 6 Prior period adjustments 9 10 2, 6 Prior period adjustments 10 2, 7 6 <	06,0 78,3 92,9 20,5 10,0 40,7	052 397 954 511 075 765
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 10 3 Revenue less expenses. Subtract line 2 from line 1 3 11 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 44 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2, 6 Part XII Financial statements compiled or reviewed by an independent accountant? 2a 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	06,0 78,3 92,9 20,5 10,0 40,7	052 397 954 511 075 765
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 1(3 Revenue less expenses. Subtract line 2 from line 1 3 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 4 5 Net unrealized gains (losses) on investments 5 -1 6 Donated services and use of facilities 6 7 newstment expenses 7 - 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	78,3 92,9 20,5 10,0 40,7	397 954 511 075 765
3 Revenue less expenses. Subtract line 2 from line 1 3 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,4 5 Net unrealized gains (losses) on investments 5 - 6 Donated services and use of facilities 6 7 Investment expenses 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2, 6 9 Other changes in net assets or fund balances (explain in Schedule O) 10 2, 6 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2, 6 9 Other changes in net assets and Reporting 10 2, 6 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	92,9 20,5 10,0 40,7	954 511 075 765
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,4 5 Net unrealized gains (losses) on investments 5 6 5 7 Investment expenses 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2, 6 9 Other changes in net assets and Reporting 10 2, 6 33, column (B)) 10 2, 6 Y Alter assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	20,5 10,(40,7	511 075 765
5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 2, 6 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2, 6 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2, 6 9 Tenchard Statements and Reporting 10 2, 6 9 Check if Schedule O contains a response or note to any line in this Part XII 10 2, 6 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	10,(765
6 Donated services and use of facilities 6 7 Investment expenses 7 - 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2, 6 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a 16 "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	40,7	765
7 Investment expenses 7 - 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 33, column (B)) 10 2,6 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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	40,7	765
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 6. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2,6 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 1 f "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		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Other 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis 3a	-	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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? 2a 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: Both consolidated and separate basis 2a	-	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis	Yes	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis		No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis		
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: Image: Separate basis is a separate ba		
reviewed on a separate basis, consolidated basis, or both:		X
Separate basis Consolidated basis Both consolidated and separate basis		
		S
b Were the organization's financial statements audited by an independent accountant? 2b		
	X	
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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in		
Schedule O.		
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?	1	X
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		

SCHEDULE A Public Charity Status and Public Support OME					OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the org	anization is a section 501(c)(3) organiza	tion or a section 4947(a)(1) nonexempt charitable trust.	2016
Department of the Treasury		Attach to Form 99	0 or Form 990-EZ		Open to Public
Internal Revenue Service	Information about	t Schedule A (Form 990 or 990-E	Z) and its instruction	ns is at www.irs.gov/form990.	Inspection
Name of the organization		Industries, Inc		Employer identific 41-0872	
Part I Reason		Status (All organizations i	nust complete		
A REAL PROPERTY OF THE REAL PROPERTY OF	the second se	it is: (For lines 1 through 12, che		and party ever monader	
<u> </u>		ciation of churches described in		(A)(i).	
)(ii). (Attach Schedule E (Form	,		
3 A hospital or a	cooperative hospital service	e organization described in sect	ion 170(b)(1)(A)(i	i).	
4 A medical resea	arch organization operated	in conjunction with a hospital de	scribed in section	170(b)(1)(A)(iii). Enter the hos	pital's name,
city, and state:	*****	******			
5 An organization	operated for the benefit of	a college or university owned o	r operated by a go	vernmental unit described in	
	(1)(A)(iv). (Complete Part I				
		vernmental unit described in se		2 12. 201	
	ction 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	n a governmentar t	init or from the general public	
		70(b)(1)(A)(vi). (Complete Part I	l.)		
9 🗌 An agricultural i	research organization desc	ribed in section 170(b)(1)(A)(ix agriculture (see instructions). E) operated in conju	0 0	
	and comments and the second	more than 33 1/3% of its support		trans Stone accounting on the	
support from gr	oss investment income and	ot functions—subject to certain e d unrelated business taxable inc , 1975. See section 509(a)(2) .	ome (less section	511 tax) from businesses	
		xclusively to test for public safet			
12 An organization	organized and operated ex	clusively for the benefit of, to p	erform the function	s of, or to carry out the purpose	S
		ations described in section 509			
		at describes the type of supporti			2g.
the support	ed organization(s) the powe	rated, supervised, or controlled er to regularly appoint or elect a complete Part IV, Sections A ar	majority of the dire		
	-	pervised or controlled in connect		ted organization(s), by having	
		ing organization vested in the sa			
		Part IV, Sections A and C.			
		upporting organization operated tructions). You must complete			٦,
that is not	functionally integrated. The	A supporting organization ope organization generally must sat	isfy a distribution r	equirement and an attentiveness	
		ust complete Part IV, Section ived a written determination from	er ende internet of A		
	and the second	n-functionally integrated supporti		а туре ї, туре її, туре її	
f Enter the numb	per of supported organization	ons			
g Provide the foll	owing information about th	e supported organization(s).			10000000
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1–10 above (see instructions))	listed in your governing document?	support (see instructions)	other support (see instructions)
			Yes No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total					
For Demonstral, Deduction	Act Notice coo the Instructi	f F 000 000 F7		Cabadula	(Form 000 or 000 E7) 2016

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

Sched	dule A (Form 990 or 990-EZ) 2016		t Central				-0872939	Page 2
Pa	rt II Support Schedule							
	(Complete only if you							under
	Part III. If the organi	zation	fails to qualify	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	:						
	include any "unusual grants.")		152,822	169,402	109,796	177,686	161,049	770,755
2	Tax revenues levied for the organization's benefit and either parts to or expended on its behalf	aid						15
3	The value of services or facilities furnished by a governmental unit to organization without charge							
4	Total. Add lines 1 through 3		152,822	169,402	109,796	177,686	161,049	770,755
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included o line 1 that exceeds 2% of the amou shown on line 11, column (f)	n Jnt						
6	Public support. Subtract line 5 from lin							770,755
Sec	tion B. Total Support							
Calen	ndar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		152,822	169,402	109,796	177,686	161,049	770,755
8	Gross income from interest, divided payments received on securities lo rents, royalties and income from si sources	ans, milar	32,627	27,136	24,971	26,281	26,502	137,517
9	Net income from unrelated busines activities, whether or not the busine is regularly carried on	ess						
10	Other income. Do not include gain loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through							908,272
12	Gross receipts from related activitie	es, etc.	(see instructions)				12	3,891,940
13	First five years. If the Form 990 is	s for the	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501(c)(3)	. –
-	organization, check this box and s							
	tion C. Computation of Pu							av street
14	Public support percentage for 2016	6 (line 6	, column (f) divided	by line 11, column	ו (f))		14	84.86%
15	Public support percentage from 20	15 Sche	edule A, Part II, line	14			15	82.49%
16a	33 1/3% support test-2016. If the							N 17
L	box and stop here . The organizat							••••••
b	33 1/3% support test-2015. If the							
17a	this box and stop here. The organ 10%-facts-and-circumstances to							
1/ d	10% or more, and if the organizati							
	Part VI how the organization meet					- New York Contraction of the second		
					2			
b	organization 10%-facts-and-circumstances to							
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organiz						blicly	
	supported organization							▶ [
18	Private foundation. If the organiz instructions	ation di	d not check a box o	on line 13, 16a, 16	o, 17a, or 17b, che	ck this box and se	e	· ·
							Schedule A (Form	
							and the second second	

Part III

Schedule A (Form 990 or 990-EZ) 2016

	(Complete only if you check If the organization fails to qu						^o art II.
Sec	ion A. Public Support					/	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 fax-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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(0) 2013	(0) 2014	(u) 2013	(e) 2010	(1) 10(a)
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the						. Г
-	organization, check this box and stop here				******		inana kata 🕨 🔔
1	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8,	column (f) divide	d by line 13, colum	n (f))	***************	15	%
16 Sec	Public support percentage from 2015 Sched tion D. Computation of Investmen					16	%
						17	0/
17 18	Investment income percentage for 2016 (lin Investment income percentage from 2015 S	ie ruc, column (1 Schedule A. Port) uiviueu by line 13 III. line 17	, column (f))	*****	17	%
19a	33 1/3% support tests—2016. If the organ	vization did not et	n, line 17 neck the box on lin	e 14, and line 15 is	more than 33 1/2	% and line	70
	17 is not more than 33 1/3%, check this boy						
b	33 1/3% support tests—2015. If the organ	-			C 2.5 (2)		
	line 18 is not more than 33 1/3%, check this						

West Central Industries, Inc

Support Schedule for Organizations Described in Section 509(a)(2)

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Page 3

41-0872939 West Central Industries, Inc Schedule A (Form 990 or 990-EZ) 2016 Page 4 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 3a (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

-	le A (Form 990 or 990-EZ) 2016 West Central Industries, Inc 41-0872	939		Page 5
Раг	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			<u>.</u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Section	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations		N	
4	Did the arganization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
L	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-	-	
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2016

nedule A (Form 990 or 990-EZ) 2016 West Central Industries,	Inc	41-0872	939 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 197	0 (explain in Part VI).See	9
instructions. All other Type III non-functionally integrated supporting organizations	must complete	e Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		31
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ated Type III	supporting organization (588

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Part		3) Supporting Organization	tions (continuea)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpor	ses of supported		
2	organizations, in excess of income from activity	ton paired and provide the first		
	Administrative expenses paid to accomplish exempt purposes of su	apported organizations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations			
0	(provide details in Part VI). See instructions.	nization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
9 10	Line 8 amount divided by Line 9 amount			
10		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	oconon E - Distribution Anocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		F16-2010	Amount for 2010
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)	A		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			1
a. 11	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
1.5	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (For	m 990 or 990-EZ) 2016	West Cer	ntral In	dustries,	Inc	41-0872939	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F	formation. Prov , Section A, line Part IV, Section line 1; Part V,	vide the expla s 1, 2, 3b, 3d C, line 1; Par Section B, lin	anations requir c, 4b, 4c, 5a, 6 t IV, Section D ie 1e; Part V, 5	ed by Part II, lin , 9a, 9b, 9c, 11a), lines 2 and 3; Section D, lines	e 10; Part II, line 17a o a, 11b, and 11c; Part IV Part IV, Section E, line 5, 6, and 8; and Part V a instructions.)	r 17b; Part /, Section s 1c, 2a, 2b,
* ***********				*****	*****		
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		n an		******			
1							

	EDULE D n 990)	Complete if the organiz	Financial Statements ation answered "Yes" on Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	ent of the Treasury	► Atta	ch to Form 990.	<i></i>	Open to Public
	Revenue Service	Information about Schedule D (Form 9	90) and its instructions is at www.irs.g		Inspection
Name o	f the organization			Employer iden	tification number
We	st Central	Industries, Inc		41-087	2939
Par		tions Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
	Complete	if the organization answered "Yes" on F	Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Fu	unds and other accounts
	Total number at end o				
2	Aggregate value of co	ontributions to (during year)			
3	Aggregate value of gra	ants from (during year)			
4	Aggregate value at en	nd of year			
5	Did the organization in	nform all donors and donor advisors in writing that	the assets held in donor advised		
		ation's property, subject to the organization's exclu			Yes No
6	Did the organization in	nform all grantees, donors, and donor advisors in	writing that grant funds can be used		
		poses and not for the benefit of the donor or dono	and the second		
		ble private benefit?		5115 .321. 521 <u>5 .</u> 3	Yes No
Pai		ation Easements. e if the organization answered "Yes" on I	Form 990 Part IV line 7		
-		-			
1		vation easements held by the organization (check			
		nd for public use (e.g., recreation or education)	Preservation of a historically impo		ea
	Protection of natu		Preservation of a certified historic	; structure	
2	Preservation of op	and the second	aution contribution in the form of a connect	nation	
2	easement on the last of	ough 2d if the organization held a qualified conse day of the tax year	rvation contribution in the form of a conser	F 1	eld at the End of the Tax Year
•	Total number of conse				eid at the chu of the Tax Year
b	Number of conservation	ed by conservation easements on easements on a certified historic structure inclu	uded in (a)	20 2c	
		on easements included in (c) acquired after 8/17/0		20	
u		d in the National Register		2d	
3		ion easements modified, transferred, released, ext	linguished or terminated by the organizati		
5	tax year ►	on easements mouned, transiened, released, ex	inguished, or terminated by the organization	on during the	
4		ere property subject to conservation easement is I			
5		have a written policy regarding the periodic mon	545 1.0 (0.0 (0.0 (0.0 (0.0 (0.0 (0.0 (0.0		
·	-	ement of the conservation easements it holds?	• • • •		Yes No
6		ours devoted to monitoring, inspecting, handling o			17 (F (S) F (F) (F) (F) (F) (F) (F) (F) (F) (F)
·					ing the year
7	Amount of expenses	incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	ents durina t	he vear
	▶\$	the set of the set and the set of		onio conig i	
8		tion easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	í.	
)(B)(ii)?			Yes No
9		how the organization reports conservation easem			
	balance sheet, and in	nclude, if applicable, the text of the footnote to the	organization's financial statements that de	escribes the	
-	organization's accoun	nting for conservation easements.			
Pa		ations Maintaining Collections of Art, e if the organization answered "Yes" on		Similar A	ssets.
1a		ected, as permitted under SFAS 116 (ASC 958), n		alance sheet	t
		al treasures, or other similar assets held for public			-
		e, in Part XIII, the text of the footnote to its financ			
b		ected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
	-	al treasures, or other similar assets held for public	e prestante a pres and press or one over the construction in an and the construction		
		le the following amounts relating to these items:			
		d on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in	in Form 990, Part X		·····	\$
2	If the organization rec	ceived or held works of art, historical treasures, or	r other similar assets for financial gain, pro	vide the	
		quired to be reported under SFAS 116 (ASC 958)			2
а	the cost of contract density for the cost	Form 990, Part VIII, line 1	A 20 TERMONETER AND A DATA AND A	•	\$
b	Assets included in Fo	orm 990, Part X			\$
For I	Paperwork Reduction	n Act Notice, see the Instructions for Form 99	0.		Schedule D (Form 990) 2016

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D	AA

ched	ule D (Form 990) 2016 West Cen	tral Indust	ries, Inc	41-	-0872939	Page 2
Par	t III Organizations Maintaining	g Collections of	Art, Historical T	reasures, or Ot	her Similar Assets	(continued)
	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records,	check any of the follo	owing that are a sigr	ificant use of its	
а	Public exhibition	d 🗌 🕯	Loan or exchange pro	ograms		
b	Scholarly research	e 🔄	Other			
C	Preservation for future generations					
	Provide a description of the organization's of XIII.	ollections and explain	how they further the	organization's exemp	ot purpose in Part	
	During the year, did the organization solicit	or receive donations o	f art, historical treasu	es, or other similar		
-	assets to be sold to raise funds rather than					Yes No
Pa	t IV Escrow and Custodial A					
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, Pa	art IV, line 9, or	reported an amount	on Form
1a	Is the organization an agent, trustee, custoo	lian or other intermedia	ary for contributions o	r other assets not		
						Yes No
	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year					
е	Distributions during the year				1e	
	Ending balance					
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	todial account liabilit	y?	Yes No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been p	rovided on Part XIII		narrananan i
Pa	rt V Endowment Funds.			6 1000 B 100 B 100		
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
e	Other expenditures for facilities and	ů –				
	programs					
Ť	Administrative expenses	7		-		
g	End of year balance		1			1
2	Provide the estimated percentage of the cu		e (line 1g, column (a))	held as:		
	Board designated or quasi-endowment	%				
	AGAINST STREET, STREET	0/				
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c si	hould oqual 100%				
30	Are there endowment funds not in the post		tion that are hold and	administered for th	9	
29	organization by:	session of the organiza	auon mat are nelu and		6	Yes No
	(i) unrelated organizations			*****	****	3a(ii)
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organ	izations listed as requi	red on Schedule R?		**********************	3b
4	Describe in Part XIII the intended uses of					an t <u>en t</u>
Pa	rt VI Land, Buildings, and Ec					
	Complete if the organization		" on Form 990, P	art IV, line 11a.	See Form 990, Part	X, line 10.
	Description of property	(a) Cost or other	/ //	or other basis	(c) Accumulated	(d) Book value
		(investment) (0	other)	depreciation	
1a	Land			98,100		98,10
b	Buildings		2,	956,633	1,903,868	1,052,76
С	Leasehold improvements			65,088	33,955	31,13
	Equipment			826,763	733,733	93,03
	Other			17.	/	
			t X, column (B), line 1	0		1,275,02

Schedule D (Form 990) 2016

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part 2	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	(including name of security)		Cost or end-of-year man	
Clocoly boly	lerivatives			
Other T	d equity interests IVESTMENT ACCOUNT - EQUITIES	1,256,799	Market	
		_//		
(B)				
(C)	e por a series de estanda das las electronas con a recentrada de la constructione de la construcción de la cons Los estandosectos, las constructivas de las electronomicas constructivas constructivas de la construcción de la			
(D)				
(E)				
. (F)				
(G)				
(H)		1 050 800		
	(b) must equal Form 990, Part X, col. (B) line 12.) ►	1,256,799		
Part VIII	Investments-Program Related.	Form 000 Dart IV line	11a Saa Form 000 Dart	V line 12
	Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year mar	
1)		-		
2)				
3)				
4)		· · · · · · · · · · · · · · · · · · ·		
5)				
6)	17			
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.	Forme 000 Dout IV/ line	11d See Form 000 Dert	V line 15
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		A, IIITE TO.
(4)	(a) Descipitor			(b) book value
(<u>1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		ninerine 🕨	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	h Form 990, Part IV, lin	e 11e or 11f. See Form 99	0, Part X,
	line 25.			
(i) Fadaaal	(a) Description of liability	(b) Book value		
	income taxes		-	
(2)				
(3)				
(4) (5)				
(6)				
2011.0				
(7)				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

DAA

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

7240

Schedule D (Form 990) 2016 West Central Industries, Inc		41-0872939)	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement			urn.	
Complete if the organization answered "Yes" on Form 990, Pa				
1 Total revenue, gains, and other support per audited financial statements			1	4,253,863
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	î. î	00 511		
a Net unrealized gains (losses) on investments	2a	-20,511		
b Donated services and use of facilities	2b		1	
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d			00 511
e Add lines 2a through 2d			2e	-20,511
3 Subtract line 2e from line 1			3	4,274,374
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		10 075		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,075		
b Other (Describe in Part XIII.)	4b			10 075
c Add lines 4a and 4b			4c	10,075
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,284,449
Part XII Reconciliation of Expenses per Audited Financial Statem			Return	l.
Complete if the organization answered "Yes" on Form 990, Pa				4 100 000
1 Total expenses and losses per audited financial statements	****		1	4,106,052
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	1 100 000
3 Subtract line 2e from line 1			3	4,106,052
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			
	4b		\sim	
b Other (Describe in Part XIII.)	40		1 1	
c Add lines 4a and 4b			4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	4,106,052
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information.			5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information.	lines 1b and	2b; Part V, line 4; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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; Par	5	

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Part XIII	Supplement	West Cent: al Information	(continued)			41-0872		Page 5
Fall Am	Supplement	a momaton	(continueu)					
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	irs.gov/form990.	OMB No. 1545-0047 2016 Open to Public Inspection	
Name of the organization	West Central Industries, Inc	Employer identifica 41-087293	
Assessment planning fo	Part III, Line 4d - All Other Accomplishment and Training focused on school to work transit or career development, and employee development rk adaptation. Total persons served = 47		Contraction of the second seco
A COPY OF	Part VI, Line 11b - Organization's Process to F THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF TH FOR THEIR REVIEW PRIOR TO FILING.		
THE CONFLI	Part VI, Line 12c - Enforcement of Conflicts Po CT OF INTEREST POLICY IS MONITORED ANNUALLY AND F MEMBER AND THE BOARD OF DIRECTORS		FF BY
THE PROCES	Part VI, Line 15a - Compensation Process for To S FOR DETERMINING COMPENSATION FOR TOP MANAGMEN REVIEW AND APPROVAL BY INDEPENDENT PERSONS, CO PORANEOUS SUBSTANTIATION OF THE DELIBERATION AN	NT OFFICI <i>I</i> MPARABILII	ALS Y DATE,
THE ORGANI	Part VI, Line 19 - Governing Documents Disclos ZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST.		

7240 West Central Industries, Inc 41-0872939 FYE: 6/30/2017

Federal Statements

Indirect Depreciation

Statement 1 - Form 4562 - Election Made Under Section 1.168(i)-6(i)

Property Given Up

2001 Chrysler Van

Property Received

	62		preciation and A		See	Stmt	1	OMB No. 1545-0172
Department of the		(inclu	ding Information on Attach to your tax		roperty)			2016
Department of the Internal Revenue	and the second s	ormation about Forn	n 4562 and its separate in		is at <i>www.irs.go</i>	ov/form45	62.	Attachment Sequence No. 179
Name(s) shown o		ontrol Indu	stries, Inc				ng numbe 0872	
		entral Indu	stries, inc	_		41-0	0872	333
	ty to which this form relates	ion						
Part I			erty Under Section 1	79				
	A TOTAL AND A TOTA		, complete Part V befo		mplete Part I			
1 Maximu	im amount (see instruction						1	500,000
2 Total co	ost of section 179 property	placed in service (see	instructions)				2	
3 Thresho	old cost of section 179 pro	perty before reduction	in limitation (see instruction	is)			3	2,010,000
4 Reducti	ion in limitation. Subtract lin	ne 3 from line 2. If zero	o or less, enter -0-				4	
5 Dollar lin	nitation for tax year. Subtract lin	e 4 from line 1. If zero or	less, enter -0 If married filing s	eparately, see	instructions		5	
6	(a) Description	n of property	(b) Cost	(business use o	nly) (c) E	lected cost		
						_		
	property. Enter the amount			postante d	7			
	lected cost of section 179 p ve deduction. Enter the sm		in column (c), lines 6 and 7				8	
			015 Earm 4562			Sources and the	10	
	ver of disallowed deduction		s income (not less than zer		(see instructions)		10	
			t don't enter more than line				12	
			and 10, less line 12		13			
	use Part II or Part III below				1.00		Ċ.	
Part II	Special Depreciat	ion Allowance a	nd Other Depreciation	on (Don't	include listed	propert	y.) (Se	ee instructions.)
14 Special			her than listed property) pla					
	the tax year (see instruction						14	9,050
15 Propert	ty subject to section 168(f)	(1) election	*****		****	*******	15	
16 Other	depreciation (including ACF	RS)					16	145,601
Part III	MACRS Deprecia	tion (Don't includ	le listed property.) (Se	e instruct	ions.)			
-			Section A					
			ears beginning before 2016			····	17	0
18 If you are			ear into one or more general asset a rvice During 2016 Tax Yea			P	Vetom	
	Section D-4	(b) Month and year	(c) Basis for depreciation		e General Depre		ystem	
(a) (Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a 3-yea	r property	Service	only-see instructions)			1		
	r property	-						
	r property	-			••			
anna an	r property							
CONTRACTOR OF THE	r property		9,050	15.0	HY	150	DB	453
f 20-yea	r property							
	r property			25 yrs.		S/L	-	
g 25-yea	ential rental			27.5 yrs.	MM	S/L	-	
				27.5 yrs.	MM	S/L		
	ty					S/L		
h Reside proper i Nonres	sidential real			39 yrs.	MM			
h Reside proper	sidential real ty				MM	S/L		
h Reside proper i Nonres proper	sidential real ty Section CA	ssets Placed in Serv	vice During 2016 Tax Yea		MM	S/L preciation	Syster	m
h Reside proper i Nonres proper 20a Class	sidential real ty Section C—A	ssets Placed in Serv	rice During 2016 Tax Year	Using the	MM	S/L preciation S/I	Syster	m
h Reside proper i Nonres proper 20a Class b 12-yea	sidential real ty Section CA life	ssets Placed in Serv	rice During 2016 Tax Year	Using the	MM Alternative Dep	S/L preciation S/l S/l	Syster	m
h Reside proper i Nonres proper 20a Class b 12-yea c 40-yea	sidential real ty Section CA life ar		/ice During 2016 Tax Year	Using the	MM	S/L preciation S/I	Syster	m
h Reside proper i Nonres proper 20a Class b 12-yea c 40-yea Part IV	sidential real ty Section CA life ar ar Summary (See ir	nstructions.)		Using the 12 yrs. 40 yrs.	MM Alternative Dep MM	S/L preciation S/I S/I S/I	Syster	
h Reside proper i Nonres proper 20a Class b 12-yea c 40-yea Part IV 21 Listed	sidential real ty Section C—A life ar ar Summary (See ir property. Enter amount fro	nstructions.) m line 28		Using the 12 yrs. 40 yrs.	MM Alternative Dep MM	S/L preciation S/I S/I S/I	Syster	
h Reside proper i Nonres proper 20a Class b 12-yea c 40-yea Part IV 21 Listed 22 Total.	sidential real ty Section C—A life ar ar Summary (See in property. Enter amount fro Add amounts from line 12,	nstructions.) m line 28 , lines 14 through 17, l	lines 19 and 20 in column (Using the 12 yrs. 40 yrs.	MM Alternative Dep MM 21. Enter	S/L preciation S/I S/I S/I	Syster 21	7,120
h Reside proper i Nonres proper 20a Class b 12-yea c 40-yea Part IV 21 Listed 22 Total. here a	sidential real ty Section C—A life ar ar Summary (See in property. Enter amount fro Add amounts from line 12,	nstructions.) om line 28 , lines 14 through 17, l s of your return. Partn	lines 19 and 20 in column (erships and S corporations-	Using the 12 yrs. 40 yrs.	MM Alternative Dep MM 21. Enter	S/L preciation S/I S/I S/I	Syster	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

		entral I	ndustries	, Inc			41-08	37293	39							0
	1562 (2016) Irt V	used for ent Note: For any	berty (Include a tertainment, rec vehicle for which y	creation, o	or amus	ement dard mi	t.) ileage ra	te or de	ducting le						propert	Page 2 y
			a) through (c) of Se A—Depreciation a							s for lim	its for n	assence	autom	ohiles)		
24a	Do you ba	- NG - 17	t the business/investment	11.7.2 A.M.	mormativ	A STATE OF A STATE OF A STATE	Yes	No				vidence w			X Yes	No
6-14	(a)	(b)	(c)			1 67		110	(f)		(g)		(h)		(i)	
	of property ehicles first)	Date placed in service	Business/ investment use percentage	(d) Cost or oth			(e) s for depre iness/invest use only)	tment	Recovery period	Me	ter athod/ vention	C)epreciation deduction		Elected se co	ction 179
25		-	vance for qualified ore than 50% in a c								25			Ĩ		
26		A	50% in a qualified	10		1000 1	130 0000	13/			. 20					
			nd Carava							1		1				,
			6 100.00%		8,763		18	,763	5.0	200	DBH	z	3	,560		
2	016 E	odge Gra	nd Carava 6 100.00 %		8,763			,763	5.0		DDBH	z		,560		
27	Property	• • • • •	ss in a qualified bus		li.								COLOR			
			%						-	S/L-	•					
			%		1		~ /			S/L-			-7	100	4	
28			h), lines 25 through									_		,120		
29	Add am	ounts in column (i), line 26. Enter he		11077-027									29		
Com	nloto thic	saction for vahiel	es used by a sole		tion B—Ir						norcon	If you pr	ovidod	vohioloo		
	-		the questions in S	Contraction of the second second second												
10 10	ur ompio				(a)		(t				(c		and the second sec	e)	(r)
30	Total bu	ısiness/investmer	nt miles driven duri	na	Vehicl	e 1	Vehi	cle 2	Vehic	le 3	Vehi	cle 4	Veh	icle 5	Vehi	cle 6
			commuting miles)	Ų												
31	Total co	mmuting miles d	riven during the year	ar												
32		her personal (no		4.8.4.4.4.4												
	miles di	riven														
33	Total m	iles driven during														
	lines 30	through 32		*****												
34	Was the	e vehicle availabl	e for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ing off-duty hours		*****												
35			imarily by a more							8						
12/2/		owner or related		*******												
36	is anoth	ier vehicle availa	ble for personal us		11											
		-	Section C—Que ermine if you meet	an exceptio												
			ed persons (see ins						1.12							
37			n policy statement						Ū						Yes X	No
38		nployees?	n policy statement	that prohibit	te poreops	ense. H Luco c	f vobiclo			ting by				******		
00			tructions for vehicle		-						-					x
39	Do vou	treat all use of v	ehicles by employe	es as perso	onal use?	0110013		5, 01 17	of more	, owners	******					X
40	Do you	provide more that	an five vehicles to y	vour employ	vees, obtai	n inforr	nation fr	om vour	emplove	es abou	t the					
			retain the informat												x	
41	Do you	meet the require	ements concerning	qualified au	utomobile	demon	stration u	use? (Se	e instruc	tions.)					X	
-			37, 38, 39, 40, or 4													
P	art VI	Amortizatio														
					b)			(c)		(d)		(e)			(1)	
		(a)	- 6	Date am	b) nortization		Amortiz	able amou	int	Code s		Amortiza period		Arnorli	zation for th	is year
-		Description of co	600	beg	gins					1		percenta	ige			
42	Amortiz	ation of costs that	at begins during yo	ur 2016 tax	year (see	instruc	tions):									
	à			0010						u	1					
43			at began before you									1997.000	43			
44	i otal.	Hud amounts in (column (f). See the	instructions	for where	to rep	οπ						44			

Form 8824	Like-Kind Excha (and section 1043 conflict-of-			OMB No. 1545-1190
		2016		
Department of the Treasury Internal Revenue Service	 Attach to your tax re Information about Form 8824 and its separate instr 		//form8824.	Attachment Sequence No. 109
lame(s) shown on tax return			Identifying number	
West Central	Industries, Inc		41-08729	39
Part I Informat	ion on the Like-Kind Exchange			
Note: If the property	described on line 1 or line 2 is real or personal property located o	outside the United States in	diasta tha aquat	2/
1 Description of like-kin 2001 Chrys	d property given up:			
2 Description of like-kin 2016 Dodge	d property received: e Grand Caravan			
3 Date like-kind propert	y given up was originally acquired (month, day, year)			09/26/0
4 Date you actually tran	sferred your property to other party (month, day, year)		4	11/14/1
5 Date like-kind propert	y you received was identified by written notice to another party (r	nonth,		
day, year). See instru	ctions for 45-day written identification requirement		5	11/14/1
6 Date you actually rec	eived the like-kind property from other party (month, day, year). S	See instructions	6	11/14/1
property became you disposition of the pro, Part II.	form if a related party sold property into the exchange, directly o r replacement property; and none of the exceptions in line 11 app perty as if the exchange had been a sale. If one of the exceptions Party Exchange Information	plies to the exchange. Inste	ead, report the	
8 Name of related party		Relationship to you	Related	party's identifying number
Address (no., street, and ap	t, room, or suite no., city or town, state, and ZIP code)			
the exchange), did th	and before the date that is 2 years after the last transfer of prope ie related party sell or dispose of any part of the like-kind property	y received from you		
(or an intermediary) i	in the exchange?		*************	Yes I N
	and before the date that is 2 years after the last transfer of prope ou sell or dispose of any part of the like-kind property you receive			YesN
If both lines 9 and 10 the year of the excha) are "No" and this is the year of the exchange, go to Part III. If bo ange, stop here. If either line 9 or line 10 is "Yes," complete Part I s) from line 24 unless one of the exceptions on line 11 applies.	oth lines 9 and 10 are "No"	and this is not	
11 If one of the exception	ons below applies to the disposition, check the applicable box.			
a The disposition v	vas after the death of either of the related parties.			
b The disposition	was an involuntary conversion, and the threat of conversion occu	rred after the exchange.		
	h to the satisfaction of the IRS that neither the exchange nor the oses. If this box is checked, attach an explanation. See instruction		nce as one of	

7240

E.

Form 8824 (2016)

W	s) shown on tax return, Do not enter name and social security number if shown on other side.	Your social security numbe	r
	est Central Industries, Inc	41-0872939	
-	art III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property R		
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not I	ike-kind) property,	
	see Reporting of multi-asset exchanges in the instructions.		
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.	(a	
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the		
	gain or (loss) in the same manner as if the exchange had been a sale	14	
	Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party,		
	reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	
16			18,625
17	FMV of like-kind property you received	17	18,625
	Add lines 15 and 16		10,025
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any	40	18,263
40	exchange expenses not used on line 15. See instructions	18	362
19	Realized gain or (loss). Subtract line 18 from line 17	19	0
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on		0
	Schedule D or Form 4797, unless the installment method applies. See instructions		0
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	0.6.6.6.6	362
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	18,263
_ <u>P</u>	art IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales		
26	conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the	e basis of	
	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a		1.2
27	the divested property.		
27	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ► Description of divested property ►		
27 28	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ►		
	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ► Description of divested property ► Description of replacement property ►		
	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ►		
	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ► Description of divested property ► Description of replacement property ►		
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28 29	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ► Description of divested property ► Description of replacement property ► Date divested property was sold (month, day, year)		
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28 29 30	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property Description of replacement property Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property	29	
28 29 30 31	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions	29	
28 29 30 31 32	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date	29	
28 29 30 31 32	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ► Description of replacement property ► Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date	29	
28 29 30 31 32	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale	29	
28 29 30 31 32 33	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date	29	
28 29 30 31 32 33 34	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions 30 Basis of divested property 31 Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale 33 Subtract line 33 from line 30. If zero or less, enter -0-	29 32 34	
28 29 30 31 32 33 34 35	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions 30 Basis of divested property 31 Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale 33 Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	29 32 34	
28 29 30 31 32 33 34	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on	29 32 34 35	
28 29 30 31 32 33 34 35	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions 30 Basis of divested property 31 Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale 33 Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	29 32 34 35	0
28 29 30 31 32 33 34 35 36	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ► Description of replacement property ► Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	29 32 34 35 36	0
28 29 30 31 32 33 34 35	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) ▶ Description of divested property ▶ Description of replacement property ▶ Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on	29 32 34 35 36	0
28 29 30 31 32 33 34 35 36	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) Description of divested property ► Description of replacement property ► Date divested property was sold (month, day, year) Sales price of divested property. See instructions Basis of divested property Realized gain. Subtract line 31 from line 30 Cost of replacement property purchased within 60 days after date of sale Subtract line 33 from line 30. If zero or less, enter -0- Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	29 32 34 34 35 36 37	0

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7240							
	torm 8824 Like-Kind Exchanges (and section 1043 conflict-of-interest sales) ► Attach to your tax return. ► Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.						
	s) shown on tax return			Identifying number	Sequence No. 109		
We	est Central	Industries, Inc		41-08729	39		
Pa	rt I Informati	on on the Like-Kind Exchange					
1	Description of like-kind	lescribed on line 1 or line 2 is real or personal property located property given up: coss - 2005					
2	Description of like-kind	property received: Grand Caravan					
3	Date like-kind property	given up was originally acquired (month, day, year)		3	12/12/08		
4	Date you actually trans	sferred your property to other party (month, day, year)		4	04/10/17		
5		you received was identified by written notice to another party		RESERVED A			
•		ntione for AE dour unities identification requirement					
6	Date you actually rece	ived the like-kind property from other party (month, day, year).	See instructions	6			
7	÷	the property given up or received made with a related party, ei termediary)? See instructions. If "Yes," complete Part II. If "No,	AND THE DEFENSE OF THE PARTY OF	*********	Yes X No		
	property became your	form if a related party sold property into the exchange, directly replacement property; and none of the exceptions in line 11 a erty as if the exchange had been a sale. If one of the exceptio	pplies to the exchange. Inst	ead, report the			
Pa	art II Related	Party Exchange Information					
8	Name of related party		Relationship to you	Related	party's identifying number		
	Address (no., street, and apt	, room, or suite no., city or town, state, and ZIP code)					
9		and before the date that is 2 years after the last transfer of prop e related party sell or dispose of any part of the like-kind prope a the exchange?	rty received from you		Yes No		
10		and before the date that is 2 years after the last transfer of prop u sell or dispose of any part of the like-kind property you receiv			Yes No		
	the year of the excha	are "No" and this is the year of the exchange, go to Part III. If <i>b</i> nge, stop here. If either line 9 or line 10 is "Yes," complete Part) from line 24 unless one of the exceptions on line 11 applies.					
11	If one of the exceptio	ns below applies to the disposition, check the applicable box.					
a	The disposition w	as after the death of either of the related parties.					
b	The disposition w	ras an involuntary conversion, and the threat of conversion occ	curred after the exchange.				
с	2	n to the satisfaction of the IRS that neither the exchange nor th pses. If this box is checked, attach an explanation. See instruct		nce as one of			

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Form 8824 (2016)

Name(s) shown on tax return. Do not enter name and social security number if shown on other side,

We	est Central Industries, Inc	41-0872939)
Pa	rt III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property R	eceived	
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not i	like-kind) property,	
	see Reporting of multi-asset exchanges in the instructions.		
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.		
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the		
	gain or (loss) in the same manner as if the exchange had been a sale	14	
	Caution: If the property given up was used previously or partly as a home, see Property used as		
	home in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party,		
	reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	
16	FMV of like-kind property you received		18,500
17	Add lines 15 and 16		18,500
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any		
	exchange expenses not used on line 15. See instructions	18	15,875
19	Realized gain or (loss). Subtract line 18 from line 17	19	2,625
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on		
	Schedule D or Form 4797, unless the installment method applies. See instructions	22	0
23	Recognized gain. Add lines 21 and 22	23	a)
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	2,625
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	15,875
Pa	Int IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales		
26	the divested property. Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property		
28	Description of replacement property		
		T T	
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property. See instructions 30		
31	Basis of divested property 31		
		and a second	
32	Realized gain. Subtract line 31 from line 30		
33	Cost of replacement property purchased within 60 days after date		
	of sale		
~ 1			0
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on		0
	Schedule D or Form 4797. See instructions	36	0
27	Deferred rate. Subtrast the sum of lines 25 and 20 from line 20		
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	
50	Duois of replacement property, outpractime of mominie of	30	

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Your social security number

WESTBERG EISCHENS

advisors and accountants, diolit from our experience.

West Central Industries, Inc 1300 SW 22nd ST / PO Box 813 Willmar, MN 56201

Dear West Central Industries, Inc:

Westberg Eischens, PLLP is pleased to provide West Central Industries, Inc ("you" or "your") with the professional services described below. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. This engagement between you and our firm will be governed by the terms of this Agreement.

Scope of Engagement

We will prepare the federal Form 990 and requested state returns for the year ended 2016:

We will prepare your tax returns based upon information and representations that you provide to us. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information. We will prepare the above referenced tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities as identified above. Our work is not intended to benefit or influence any third party, either to obtain debt or equity financing or for any other purpose.

You agree to indemnify and hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns (collectively, "firm," "we," "us," or "our") harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

You agree that you are not and will not be entitled to rely on any advice given to you by us unless your request for advice and our response are provided in writing.

Client Responsibilities

You will provide us with a trial balance and other supporting data needed to prepare your tax returns. You must provide us with accurate and complete information, including all income from all sources including those outside of the U.S.

Non-Profit

If your organization produces revenue from a trade or business activity not directly related to its tax-exempt purpose, it may have unrelated business taxable income that must be reported separately from other income. You are responsible for informing us of any potential unrelated business taxable income.

Documentation

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under tax law. You are responsible for the adequacy of all such documents. You represent that you have such documentation and can produce it if needed to respond to any audit or inquiry by taxing authorities. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed upon you by taxing authorities resulting from the disallowance of tax deductions due to inadequate documentation.

Personal expenses

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and expenses such as meals, travel, entertainment, vehicle use, gifts, and related expenses, and are supported by necessary records required by the IRS and other taxing authorities.

State and local filing obligations

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to, income, franchise, sales, use, property or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided us and other information that comes to our attention, we believe you may have an obligation to file additional tax returns, we will notify you of this responsibility and ask you to contact us.

U.S. filing obligations related to foreign financial assets

As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that

exceed certain thresholds. You are responsible for informing us of all foreign investments, so we may properly advise you as to your filing obligations.

Foreign filing obligations

You are responsible for complying with tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

Ultimate responsibility

You have final responsibility for your income tax returns. We will provide you with a copy of your electronic income tax returns and accompanying schedules and statements for review prior to filing with the IRS and state taxing authorities (as applicable). You agree to review and examine them carefully for accuracy and completeness before you sign them.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state equivalent authorization form before your returns can be filed electronically.

CPA Firm Responsibilities

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services ("SSTS") issued by the American Institute of Certified Public Accountants ("AICPA").

Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the income tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. Additional charges may apply for such services.

Errors, fraud, or theft

Our engagement does not include any procedures designed to discover errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

Estimated Tax Payments

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2016 tax year based upon the information you provide to prepare your 2015 tax returns and have no obligation to update recommended payments after the engagement is completed.

Government inquiries

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request we assist you in responding to such inquiry.

Tax Advice

Our advice is based upon facts, assumptions, and representations as stated and tax authorities that are subject to change. Tax authorities include but are not limited to the Internal Revenue Code, regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings and court cases. We will not update our advice after the conclusion of the engagement for subsequent legislative or administrative changes or future judicial interpretations. To the extent we provide written advice concerning federal tax matters, we will follow the guidance contained in U.S. Treasury Department Circular 230 ("Circular 230"), §10.37, Requirements for Written Advice.

Arguable Positions

We will use our judgment to resolve questions in your favor where a tax law is unclear, assuming there is reasonable justification for doing so. If there are conflicting interpretations of the law, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of the applicable tax code, laws, regulations, and their interpretations. If the IRS or state tax authorities later contest the position taken, there may be an assessment of additional tax, interest, and penalties. We assume no liability, and you hereby release us from any liability for such additional tax, interest, and penalties or other fees and assessments.

Listed Transactions and Transactions of Interest

You acknowledge your responsibility to inform us of any listed transactions or transactions of interest as designated by the IRS. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed on you by taxing authorities resulting from your failure to timely notify us, in writing, of all such transactions in order to facilitate the timely preparation and filing of your tax returns.

Extensions of Time to File Tax Returns

It may become necessary to apply for an extension of the filing deadline if there are unresolved tax issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. All taxes owed are due by the original filing due date. In addition, extensions may affect your liability for penalties and interest or compliance with government or other deadlines.

Penalties and Interest Charges

Federal, state, and local taxing authorities impose various penalties and interest charges for noncompliance with tax law, including, for example, failure to file or late filing of tax returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all taxes, penalties, and interest charges imposed by taxing authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose, or inadequate disclosure of income or tax positions, may result in the imposition of penalties and interest charges.

Any controversy or claim arising out of or relating to this contract or engagement, or breach thereof, except actions by us to enforce payment of our professional invoices, shall be settled by arbitration administered by the American Arbitration Association under its Arbitration rules for Professional Accounting and Related Services Disputes, and must be filed within three years from the filing of the returns, notwithstanding any statutory provision to the contrary. In the event of arbitration or other claim brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter. In no event will we be responsible for any additional tax that may be assessed against you or any interest or penalty that may be assessed against you with respect to such additional tax.

Our professional fee for the services outlined above is based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested to our staff to complete this engagement on a timely basis.

We appreciate the opportunity to be of service to West Central Industries, Inc. Please date and execute the enclosed copy of this Agreement and return it to us to acknowledge your agreement with its terms. We will not initiate services until we receive the executed Agreement.

Very truly yours,

Westling Tinshy PLLD

Accepted By:

Date:

Steve Okins

From:	Janell Sommers
Sent:	Monday, June 24, 2019 8:15 AM
То:	Steve Okins; Marvin Calvin
Subject:	FW: 2020 City Budget Civic Requests

Please see message below. Janell

From: Renee Nolting <<u>Renee@wciservices.org</u>> Sent: Saturday, June 22, 2019 3:49 PM To: Janell Sommers <<u>jsommers@willmarmn.gov</u>> Subject: RE: 2020 City Budget Civic Requests

Hello Janell,

We appreciate the opportunity to apply for City of Willmar funding for Willmar Meals on Wheels. I will be submitting and application prior to the deadline.

Renee Nolting

WCI Executive Director Phone: 320-235-5310 ext. 203 Cell: 320-894-7401

WCI (West Central Industries) provides jobs skills training, employment and non-vocational opportunities for persons with physical and mental disabilities residing in West Central Minnesota.

From: Janell Sommers [mailto:jsommers@willmarmn.gov]

Sent: Wednesday, June 12, 2019 11:50 AM

To: Renee Nolting <<u>Renee@wciservices.org</u>>; 'cindyc@wciservices.org' <<u>cindyc@wciservices.org</u>>; Janes Miller personal <<u>miller603@icloud.com</u>>; 'bfischer@willmarlakesarea.com' <<u>bfischer@willmarlakesarea.com</u>>;

'alana@kandiyohicountyfoodshelf.com' <a href="mailto:signalign:signalis

<<u>kwarner@willmarareachamber.com</u>>; Community Integration Center (<u>communityintergrationcentre@gmail.com</u>) <<u>communityintergrationcentre@gmail.com</u>>; Kandiyohi County Fair (<u>kandifair@hotmail.com</u>) <<u>kandifair@hotmail.com</u>>; business@thebarntheatre.com; gojack86@hotmail.com

Cc: Steve Okins <<u>sokins@willmarmn.gov</u>>; Marvin Calvin <<u>mcalvin@willmarmn.gov</u>>; Ike Holland <<u>IHolland@willmarmn.gov</u>>; bgramentz@willmarm.gov

Subject: 2020 City Budget Civic Requests

Good morning,

Attached please find a scanned informational memo and the application for funding form (also attached in excel format) for funding for your organization in the coming year. The deadline to return this information to Finance Director Steve Okins (sokins@willmnarmn.gov) or P.O. Box 755, Willmar, MN 56201 is July 10, 2019. A paper copy will also be mailed for your convenience.