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SCANNED SEP 1 7 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	e 2011 calendar year, or tax year beginning $APR + 1$, 2011 and e	nding 1	<u>IAR 31, 2012</u>				
Bc	heck if pplicabl	C Name of organization		D Employer identifi	cation number			
	Addre chang	ALBION ECONOMIC DEVELOPMENT CORPORATION	N]				
	Name chang	Doing Business As		32-0	108328			
]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	Termir	P.O. BOX 471		402-395-6004				
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$ 286,387.				
	Application	ADDION, NE 00020		H(a) Is this a group re				
	pendii	F Name and address of principal officer DOUG YOUNG		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No			
		empt status 501(c)(3)X_ 501(c) (6) ◀ (Insert no.) 4947(a)(1) or	f 527	If "No," attach a	list. (see instructions)			
		te: N/A		H(c) Group exemption				
	_	organization: X Corporation Trust Association Other	L Year	of formation: 2003 N	A State of legal domicile; NE			
Pa	rt I	Summary	7 7 3 70 7	CON L C. DUDDOC	E TO BO			
e	1	Briefly describe the organization's mission or most significant activities. ORGAN	TZAT	LUN'S PURPUS	INDC OR			
Governance		PROMOTE DEVELOPMENT IN THE ALBION TRADE A						
/er		Check this box I if the organization discontinued its operations or dispose	ed of mor		ssets.			
છું		Number of voting members of the governing body (Part VI, line 1a)		3	8			
		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	1			
ties		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	25			
Activities &		Total number of volunteers (estimate if necessary)		7a	0.			
¥		Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u> 7b	0.			
_	-	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		10,500.	239,367.			
nge	1	Program service revenue (Part VIII, line 2g)		52,593.	6,550.			
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,524.	-23,634.			
ř	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,074.	1,884.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,691.	224,167.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	37,307.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,341.	21,455.			
ınse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85,001.	10,667.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		86,342.	69,429.			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,651.	154,738.			
Net Assets or Fund Balances		TRECEIVED		eginning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)	180	265,712.	430,841.			
age Index	21	Total liabilities (Part X, line 26) AUG 2 7 2012		1,127.	11,518.			
	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block AUG 2 7 2012	101	264,585.	419,323.			
	art II	alties of perjury, I declare that I have examined this return, including accompanying schedules		ments and to the heat of m	vy knowledge and helief it is			
		ances of perjury, I declare that I have examined this return, including accompanying scriedings ct, and/complete. Declaration of preparer (other than officer) is based on all information of whi			iy kilowicuye allu belici, it is			
uue	, corre	15, any complete. Declaration of preparer (other than officer) is based on all information of while	icii pi chai c	i lias ally kilowicuge.				
C	_	Signature of officer	$\overline{\Delta}$	Date	7 0 1 1			
Sıg Hei		DOUG YOUNG, PRESIDENT	N	172	1-11-12			
nei	•	Type or print name and title	//-					
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN			
Pai	d	RICHARD D. MARTINSEN & Fulan Martin	CPA	8-21/2 self-emplo	yed P00116311			
Pre	parer	Firm's name RICHARD MARTINSEN, PC		Firm's EIN	47-0646126			
Use	Only	Firm's address 1212 WEST STATE						
		ALBION, NE 68620		Phone no. 4	02-395-6004			
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
1320	01 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2011)			

	rt III Statement of Program Service Accomplishments	Page 2
r a	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission ORGANIZATION'S MISSION IS TO PROMOTE DEVELOPMENT IN THE ALBION TRADE AREA BY LOANING FUNDS OR FURNISHING SITES AND BUILDINGS FOR INDUSTRI	
	INTERESTED IN LOCATING IN ALBION AND ITS TRADE TERRITORY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$)
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	
-16	Total program service expenses	

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		
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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	-	-	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			٥
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	444		X
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		21
ıza	Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	יייי		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	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? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
<u> D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	വ	0044)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? 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	27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1 &	
20	instructions for applicable filing thresholds, conditions, and exceptions).	4	, ,	· 3 ' ' '
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	- > 3+	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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	29		Х
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			х
	Schedule N, Part II	32	_	_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33_		<u> </u>
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

Par				
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
	Effect the realitiest reported in Box of the first applicable		.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
28	filed for the calendar year ending with or within the year covered by this return 2a 1	.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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? If "Yes." Indicate the number of Forms 8282 filed during the year	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	,	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2011)

Form 990 (2011) ALBION ECONOMIC DEVELOPMENT CORPORATION 32-0108328 Page

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	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 8							
	If there are material differences in voting rights among members of the governing body, or if the governing	l i	,					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		ś	ı				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			,				
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		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v				
	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		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		х				
_	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a						
D		7b		х				
٥	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	"						
8 a	The governing body?	8a Î	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	,						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	.						
	ın Schedule O how this was done	12c		X				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14	_	<u>~</u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		х				
	Other officers or key employees of the organization	15b		$\frac{\pi}{X}$				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
_	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filled ► NONE							
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)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finar	ncıal					
	statements available to the public during the tax year.		-					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition:	_					
	RICHARD D MARTINSEN PC - 402-395-6004 1212 WEST STATE STREET, ALBION, NE 68620							
T3200		F	000	(2011)				

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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

(A)	(B)	organization compensat						(D)	(E)	(F)	
Name and Title	Average	,,,	Position (do not check mo) than		Reportable	Reportable	Estimated	
	hours per	box	box, unless per		person is both an		h an	compensation	compensation	amount of	
	week		officer and a director/trustee)			or/trus	tee)	from	from related	other	
	(describe	rector						the	organizations	compensation	
	hours for	or di	8			sated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	trust		8	Suadu		(W-2/1099-MISC)		organization and related	
	in Schedule	E T	tiona		e e	st cor	_			organizations	
	0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē				
(1) DOUG YOUNG											
PRESIDENT	1.00	X		X				0.	0.	0.	
(2) TIM KAYTON											
VICE PRESIDENT	1.00	X		Х		<u> </u>	_	0.	0.	0.	
(3) ANDY DEVINE									_	_	
TREASURER	1.00	X		Х	_	<u> </u>		0.	0.	0.	
(4) JILL ANDING	1 24 00	,,		.		ľ		10 457	_	0	
SECRETARY/DIRECTOR	24.00	X	_	Х	<u> </u>		H	19,457.	0.	0.	
(5) SCOT DANIELS	1.00	v						0.	0.	0.	
DIRECTOR (6) JIM DICKERSON	1.00	₽	-	\vdash		┝╌	├		0.	· ·	
DIRECTOR	1.00	v						0.	0.	0.	
(7) KARRY DAVIDSON	1.00	1	-	\vdash		-	╁	 	•	•	
DIRECTOR	1.00	x	1					0.	0.	0.	
(8) BOB RACEK			 	\vdash		\vdash					
DIRECTOR	1.00	X			1			0.	0.	0.	
				_	╙		_				
	l'										
		╙	_	<u> </u>	<u> </u>	_	_		· · · · · · · · · · · · · · · · · · ·		
		 		<u> </u>	┞	-	L				
		├		⊢	┢	╀	┢	 			
		╁╌	\vdash	\vdash	\vdash	+-	\vdash	 			
-		1		T	T	\vdash	Т		:	-	
		Π									
		1	l			1	ł				

ran	VII Section A. Officers, Directors, Tru	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
•	(A)	(B)	_		(0	•			(D)	(E)	(F)			
	Name and title	Average	 (da		Pos			000	Reportable	Reportable	able		imate	d
			box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	١	am	ount o	of
		week	offi	cerar	id a d	irecto	or/trus	tee)	from	from related		(other	
		(describe	ector						the	organizations		comp	pensa	tion
		hours for	E				語	l	organization	(W-2/1099-MIS	C)	fro	om the	•
		related	stee	rast			bens	İ	(W-2/1099-MISC)			-	ınızatı	
		organizations in Schedule	al tr	onalt		loyer	8 S						relate	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatı	ons
			<u>=</u>	Ē	ō	\$	포 등	ਲ			-+			
							╁	-			\dashv			
			-					_	 		_			
	· -													
			\vdash	T			\vdash	\vdash			\dashv			
			┝	├	<u> </u>	\vdash	├-	-						
						_	$ldsymbol{f eta}$							
			<u> </u>				T	Г			\neg			
1h (Sub-total	<u> </u>							19,457.		0.			0.
	rotal from continuation sheets to Part V	II Coation A							0.		0.1			0.
		n, Section A							19,457.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	2056	lista	ed a	hov	e) w	no r						
	compensation from the organization	iot iir iitod to ti	.000		.		o,			,,ooo o, roportabil	-			0
													Yes	No
3 [Old the organization list any former officer	, director, or tn	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				~ ~~
l	ne 1a? If "Yes," complete Schedule J for s	such individual									L	3		X
	For any individual listed on line 1a, is the s	•								the organization				2.
á	and related organizations greater than \$15	0,000? If "Yes,	, " cc	mpl	ete S	Sch	edul	e <i>J 1</i>	for such individual		L	4		X
	Old any person listed on line 1a receive or							elat	ted organization or indiv	idual for services	-	_		
	endered to the organization? If "Yes," con	nplete Schedu	le J 1	for s	uch_	per	son					5		X
	on B. Independent Contractors Complete this table for your five highest co	mnonostod in	don	on de	nt c	· ont	root	250 1	that recoved more than	\$100,000 of com	nanaa	tion f		
	he organization. Report compensation for										репза		OIII	
-	(A)								(B)			(C		_
	Name and business	adoress	N	ON!	<u> </u>			\dashv	Description of s	services		mper	nsatio	<u> </u>
	<u> </u>							_		-				
					_		_					_		_
2	Fotal number of independent contractors (including but r	not li	ımıte	d to	thc	se li	stec	d above) who received n	nore than				
	100,000 of compensation from the organ	ization 🕨					0						200	2044
											F	orm :	9 90 (2	2011)

<u>ra</u>	rt VII	Statement of Revenue	ģ	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1c 1d 1d 1e	825. 238,542.	-			
a de la	_	Noncash contributions included in lines 1a-1f \$		239,367.	•	, , ,	,
۳	<u>n</u>	Total. Add lines 1a-1f	Business Code	233,307.			
ا يو	2 a	ALBION MANOR MANAGEMEN	900099	3,850.	3,850.	un dereg sie die der unseh	Ser process of the territory
ا ج	b	DESIGN	531120	2,700.	2,700.		
Program Service Revenue	С						
E all	d						
<u>6</u>	e						
<u>-</u>	f	All other program service revenue		6 550			
\dashv	g	Total. Add lines 2a-2f		6,550.			
	3	Investment income (including dividends, inter- other similar amounts)	est, and	3,586.			3,586.
]	4	Income from investment of tax-exempt bond	oroceeds -				
	5	Royalties	<u> </u>				
	_	(i) Real	(II) Personal	:			`
	6 a					*	
	b					*	1.5
	۲ د	Net rental income or (loss)					
ļ		Gross amount from sales of (i) Securities	(II) Other				,
- 1		assets other than inventory	35,000.				*
	b	Less. cost or other basis		*		*	
		and sales expenses	62,220.				
	С	Gain or (loss)	-27,220.				
	d	Net gain or (loss)		-27,220.	-27,220.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
를	b	Less: direct expenses b		2 200			
٥		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See	1				
ļ		Part IV, line 19	·				
		Less. direct expenses b	·				
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances a			:		
		Less: cost of goods sold b	` <u> </u>				
ł	с	Net income or (loss) from sales of inventory	Business Code				
	11 ^	Miscellaneous Revenue REIMBURSED EXPENSES	Business Code 900099	1,209.	1,209.		
	ii a	MICORI I MICORIO TMONTO	900099	675.	675.	-	
-	c					-	
	d						
	_	Total. Add lines 11a-11d	•	1,884.			
1320	12	Total revenue. See instructions.	>	224,167.	-18,786.	0.	3,586.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in the	s Part IX	· · · · · · · · · · · · · · · · · · ·	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	37,307.			
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the			<i>'</i> ,	·* { *
	United States See Part IV, lines 15 and 16				, * *
4	Benefits paid to or for members			-	,
5	Compensation of current officers, directors,				
	trustees, and key employees	19,457.			
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	325.			
10	Payroll taxes	1,673.			
11	Fees for services (non-employees)				
а	Management	4.50			
b	Legal	150.			
С	Accounting	150.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			" \ <i>?</i>	
f	Investment management fees	CEO			
g	Other	650.			
12	Advertising and promotion	1 405			
13	Office expenses	1,425.			
14	Information technology				
15	Royalties			 	
16	Occupancy	1,733.			
17	Travel	1,733.			<u> </u>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	797.			
19	Conferences, conventions, and meetings	151.			
20	Interest Pourments to offiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	950.		 	
	Insurance	1,228.			<u> </u>
23 24	Other expenses. Itemize expenses not covered	2,220		 	
24	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 0.)				
а	LICENSES & TAXES	1,814.			
b	MISCELLANEOUS	1,770.			
c		-,			
d			-	1	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	69,429.			
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 nf following SOP 98-2 (ASC 958-720)	_	<u>-</u>		

	t X	Balance Sheet	·· -	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		8,714.	1	12,790.
	2	Savings and temporary cash investments		138,750.	2	219,781.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	-
	5	Receivables from current and former officers, direct	tors, trustees, key			
		employees, and highest compensated employees.	Complete Part II		_	*
		of Schedule L			5	
	6	Receivables from other disqualified persons (as def	fined under section			~
		4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary	,*,		,//
		employees' beneficiary organizations (see instruction	ons)		6	
Assets	7	Notes and loans receivable, net		1,172.	7	17,190.
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	0a	~ ^ ^		
	b	Less: accumulated depreciation	0b	62,284.	10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		- 4 "	14	4.04.00
	15	Other assets See Part IV, line 11		54,792.	15	181,080.
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	265,712.	16	430,841.
	17	Accounts payable and accrued expenses		1,127.	17	1,518.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	·- <u>-</u> -
es	21	Escrow or custodial account liability Complete Par			21	
Liabilities	22	Payables to current and former officers, directors, t				
jap		highest compensated employees, and disqualified	persons. Complete Part II			2202
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	·		23	
	24	Unsecured notes and loans payable to unrelated the	•		24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17	(-24). Complete Part X of	0.		10,000.
		Schedule D		1,127.	25 26	11,518.
	26_	Total liabilities. Add lines 17 through 25	No. of the second state	1,147.	26	11,510.
		Organizations that follow SFAS 117, check here	and complete			
ces	~~	lines 27 through 29, and lines 33 and 34.			27	THE COLD SECTION
lan	27	Unrestricted net assets			28	
Ba	28	Temporarily restricted net assets			29	
PL	29	Permanently restricted net assets	ck here X and		29	
Ē		Organizations that do not follow SFAS 117, chec	Killere 🚩 🕰 and			
S	20	complete lines 30 through 34.		16,480.	30	16 480
sel	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equip	oment fund	1,984.	31	16,480. 1,984.
	31			246,121.	32	400,859.
t As	20	Poteined earnings andowment accumulated inco-	ma orotharfunde	Z40.17.L	1 .42	400.007.
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated incollection Total net assets or fund balances	me, or other funds	264,585.	33	419,323.

	_	_			•	•						
Form	990 (2011)	ALBION	ECONOMIC	DEVELOPMEN	T CORPORATION	32-	0108328	Pag	ge 12			
Pai	t XI Reco	nciliation of Net As	sets			-						
	Check	f Schedule O contains a	response to any qu	uestion in this Part XI								
1	Total revenue	(must equal Part VIII, co	lumn (A), line 12)			1			<u>67.</u>			
2	Total expense	es (must equal Part IX, co	olumn (A), line 25)			2			29.			
3	Revenue less	expenses. Subtract line	2 from line 1			3			38.			
4	Net assets or	fund balances at beginn	ing of year (must e	equal Part X, line 33, co	olumn (A))	4	264	<u>4,5</u>	85.			
5	Other change	es in net assets or fund b	alances (explain in	Schedule O)		5		(
6	Net assets or	fund balances at end of	year Combine line	es 3, 4, and 5 (must eq	ual Part X, line 33, column (B))	6	41	9,3	23.			
Pai	t XII Finan	cial Statements an	d Reporting									
	Check	f Schedule O contains a	response to any qu	uestion in this Part XII					<u> </u>			
			r 					Yes	No			
1	Accounting n	nethod used to prepare t	he Form 990. 🛚 🛣	Cash L Accrua	al U Other							
	If the organization	ation changed its method	d of accounting froi	m a prior year or check	ked "Other," explain in Schedul	e O						
2a	Were the orga	anızatıon's fınancıal state	ments compiled or	r reviewed by an indep	endent accountant?		2a		X			
b	Were the orga	anızatıon's fınancıal state	ments audited by	an independent accou	ntant?		_2b		X			
C	If "Yes" to line	e 2a or 2b, does the orga	ınızatıon have a co	mmittee that assumes	responsibility for oversight of t	ne audıt,						
	review, or cor	npilation of its financial s	tatements and sele	ection of an independe	nt accountant?		2c					
	If the organization	ation changed either its o	oversight process o	or selection process du	iring the tax year, explain in Scl	nedule O						
d	If "Yes" to line	e 2a or 2b, check a box b	elow to indicate w	hether the financial sta	tements for the year were issu	ed on a		^				
	separate basi	s, consolidated basis, or	both.	-				7 7				
	Separa	te basis LLL Consoli	dated basis	∃ Both consolidated are	nd separate basis							
За	As a result of	a federal award, was the	organization requi	ired to undergo an aud	it or audits as set forth in the S	ıngle Auc	irt					
	Act and OMB	Circular A-133?					3a		X			
b	If "Yes," did t	he organization undergo	the required audit	or audits? If the organ	zation did not undergo the req	uired aud	lit					
	or oudito ove	lain why in Sahadula O a	and describe any st	tone taken to undergo	ough guidita		اعدا		1			

Form **990** (2011)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization ALBION ECONOMIC DEVELOPMENT CORPORATION **Employer identification number** 32-0108328

Dut the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	Pai	ort I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization in sproperty, subject to the organizations axiliary are the organization in sproperty, subject to the organizations axiliary are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring majority or charitable purposes benefit? Part II Consorvation Easements. Complete if the organization check all that apply Preservation or land for public use (e.g., recreation or education) Preservation of an instorically important land area Protection of natural habitat Preservation or land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a conservation easement on the last day of the tax year. a Total number of conservation easements Preservation		organization answered "Yes" to Form 990, Part IV, line	organization answered "Yes" to Form 990, Part IV, line 6									
2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all drainess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Essements. Complete if the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of fand for public use (e.g., recreation or education) Preservation of a nethod shot or structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2			(a) Donor advised funds	(b) Funds and other accounts								
4 Aggregate value at end of year 5 Ded the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an instruction property in preservation of an instructure preservation of preservation of poen space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. a Total number of conservation easements Description of conservation easements East of the preservation easements East of the National Register	1	Total number at end of year										
4 Aggregate value at end of year 5 Ded the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an instruction property in preservation of an instructure preservation of preservation of poen space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. a Total number of conservation easements Description of conservation easements East of the preservation easements East of the National Register	2	Aggregate contributions to (during year)										
5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an histonically important land area Preservation of inatural habitat Preservation of a conservation easements Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Held at the End of the Tax Ye 2a 2b 2c 2b 2c 2d 2d 2d 2d 2d 2d 2d	3			•								
5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an histonically important land area Preservation of inatural habitat Preservation of a conservation easements Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Held at the End of the Tax Ye 2a 2b 2c 2b 2c 2d 2d 2d 2d 2d 2d 2d	4	Aggregate value at end of year										
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violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? I part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items. (i) Revenues included in Form 990, Part XIII, line 1 (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 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	4	Number of states where property subject to conservation eas	sement is located >									
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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 S If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1 		violations, and enforcement of the conservation easements it	holds?	└─ Yes └─ No								
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		·	16 (ASC 958) relating to these items.									
				• • \$ • • •								
b Assets included in Form 990, Part X	b	Assets included in Form 990, Part X		> \$								

<u>Sch</u> e	dule D (Form 990) 2011 ALBION	ECONOMIC I	EVELC	PMENT	CORPORATI	ON	32-01	08328	Page 2		
Pai	rt III Organizations Maintaining C	Collections of A	rt, Histo	orical Tre	easures, or Oth	er Sim	ilar Asse	ts (contil	nued)		
3	'Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following that are a	significan	t use of its	collection	n items		
	(check all that apply).										
а	Public exhibition	•	ս 🖳 և	oan or excl	nange programs						
b	Scholarly research	•	• 🗀 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how the	y further th	ne organization's ex	empt pur	oose in Par	t XIV.			
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical treas	sures, or other similar	ar assets					
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	zation's co	llection?			Yes	No.		
Pai	nt IV Escrow and Custodial Arran	gements. Comp	lete if the o	organizatio	n answered "Yes" to	o Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for c	ontribution	s or other assets no	t include	d	_			
	on Form 990, Part X?							Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fe	ollowing ta	ble [.]							
	·						Amount				
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e	1				
f	Ending balance					1f					
2a	Did the organization include an amount on F	orm 990. Part X. line	21?			<u> </u>		Yes	☐ No		
	b If "Yes," explain the arrangement in Part XIV										
Pai	·····-·· - · · · · · · · · · · · · · ·		nswered "	Yes" to For	m 990, Part IV, line	10					
		(a) Current year	(b) Pri	or year	(c) Two years back	(d) Three	years back	(e) Four	years back		
1a	Beginning of year balance			•							
b	Contributions										
С	Net investment earnings, gains, and losses		Ì								
d	Grants or scholarships							ĺ			
e	Other expenditures for facilities										
•	and programs										
f	Administrative expenses	**	†								
·	End of year balance							<u> </u>			
2	Provide the estimated percentage of the cur	rent vear end halan	ce (line 1a	column (a	I)) held as	1		ı			
-	Board designated or quasi-endowment	rent year end balan	%	, 001411111 (4	yy ricia as.						
a	Permanent endowment	<u> </u>	— ″								
٥	Temporarily restricted endowment	—— [/] "									
C	The percentages in lines 2a, 2b, and 2c shou										
20	Are there endowment funds not in the posse	·	zation that	are held a	nd administered for	the organ	nization				
Sa		ession of the organiz	Lation that	are neiu ai	nd administered for	tile organ	iization	Г	Yes No		
	by: (i) unrelated organizations							3a(i)	165 140		
	(ii) related organizations							3a(ii)			
h	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Schadi	رام ال				3b			
10	Describe in Part XIV the intended uses of the							30			
Pai	rt VI Land, Buildings, and Equipm				-						
	Description of property	(a) Cost or		(b) Cost	or other (c)	Accumula	ted	(d) Book	value		
	besorption of property	basis (invest		basis (epreciatio		(d) Book	Value		
12	Land	===== (1					
	Buildings										
	-						+				
	Leasehold improvements		-						· · · · · · · · · · · · · · · · · · ·		
	Equipment		-+	-	+						
	Other		t V action	n /D\ !== 1	0(a))		_		0.		
ıota	I. Add lines 1a through 1e (Column (d) must e	equai romi 990, Par	A, COIUMI	ı (□), iine 1	U(C))		<u> </u>	D /=:			
							Schedule	ר (Form	990) 2011		

ALBION ECONOMIC DEVELOPMENT CORPORATION

32-0108328 Page 3

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 ALBION ECONOMIC DEVELOPMENT					Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			-
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per R	eturn) 	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a][
b	Donated services and use of facilities	2b]		
С	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIV.)	2d]]		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		1		
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per	Retu	rn	
1	Total expenses and losses per audited financial statements	-		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c		1 1		
d	Other (Describe in Part XIV.)	2d		1 1		
	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					•
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b		1		
	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Pai	t XIV Supplemental Information			•		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					l, Part
			<u> </u>			
						
		-				

SCHEDULE O

(Fòrm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Employer identification number Name of the organization 32-0108328 ALBION ECONOMIC DEVELOPMENT CORPORATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FURNISHING SITES AND BUILDINGS FOR INDUSTRIES INTERESTED IN LOCATING IN ALBION AND ITS TRADE TERRITORY. SECTION B, LINE 11: A COPY OF THE FORM 990 IS AVAILABLE FORM 990, PART VI, TO THE BOARD PRIOR TO THE FORM 990 BEING FILED. LINE 19: GOVERNING DOCUMENTS & FINANCIAL SECTION C, FORM 990, PART VI, STATEMENTS ARE AVAILABLE UPON REQUEST.

Internal Revenue Service

11-21-11

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Sequence No 179

Business or activity to which this form relates Name(s) shown on return Identifying numbe ALBION ECONOMIC DEVELOPMENT CORPORATION FORM 990 PAGE 10 32-0108328 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 950. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property (e) Convention year placed in service (business/investment use (f) Method (a) Depreciation deduction only - see instructions) 19a 3-year property 5-year property 7-year property C 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs g S/L 1 27.5 yrs MM h Residential rental property MM S/L 27.5 yrs 39 yrs MM S/L i Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L b 12-year 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 950. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Pi	art V Listed Proper amusement.)	ty (Include a	utomobiles, c	ertaın oth	ner vehic	cles, cer	taın com	puters	s, and pro	perty us	ed for er	tertainn	nent, red	reation,	or
	Note: For any	ehicle for w	hich you are u	ising the	standar	d mileag	e rate or	dedu	cting leas	e expens	e, comp	lete only	y 24a, 2	4b, colun	nns (a)
	through (c) of S								tions for l	meta far		or outon	nobylon l		
			on and Other					$\overline{}$						1 1	٦.,
<u> 24</u> 2	Do you have evidence to s	T											_ Yes ∟	<u> No</u>	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business, investmen use percenta	t I 🔐			(f) Recovery period	Me	g) thod/ ention	Depre	h) eciation uction	Elec section	(i) Elected section 179 cost		
<u></u>	Special depreciation alle	owance for c	ualified listed	property	/ placed	ın servi	ce during	the t	ax year ar	nd					
	used more than 50% in	a qualified b	ousiness use					_			25				
26	Property used more that	n 50% ın a c	qualified busir	iess use.											
				%						<u> </u>					
		<u> </u>		%						ļ					
	· 			%					L	<u> </u>				l,. <u></u>	
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use.					,					,	
			! 	%						S/L -				ļ	
		ļ		%						S/L -					
		L	1.7	%						S/L ·					
	Add amounts in column						, page 1				28				
<u> 29</u>	Add amounts in column	(ı), line 26 E											29	<u> </u>	
				Section I											
If y	mplete this section for ve ou provided vehicles to y se vehicles	ehicles used our employe	by a sole pro ees, first ansv	prietor, p ver the qi	artner, c uestions	in Secti	more the	an 5% see if :	owner," you meet	or related an excep	tion to	ı. completi	ing this :	section fo	or
				1 (a)	(b)		(c)	(d)	(4	e)	(f	
30	Total business/investment	mıles driven d	luring the	1 '	-, nicle		nicle	۱ ۱	/ehicle	1	ncle		nicle	Veh	
-	year (do not include comi		3											1	
31	Total commuting miles		the vear								-				
	Total other personal (no	-	-												
	driven		3 ,												
33	Total miles driven during	the year													
	Add lines 30 through 32	2													
34	Was the vehicle available for personal use			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									ļ					L
35	Was the vehicle used p	rımarıly by a	more							ì					
	than 5% owner or relate	ed person?			ļ					<u> </u>	ļ				
36	Is another vehicle availa	able for perso	onal		İ					1	ŀ				
	use?			<u>.l</u>			<u> </u>			<u> </u>					
			- Questions	-	_										
An	swer these questions to	determine if	you meet an	exceptio	n to com	pleting:	Section	B for \	ehicles us	sed by e	nployee	s who a	re not n	nore than	5%
	ners or related persons.														Т
37	Do you maintain a writte	en policy sta	tement that p	rohibits a	all perso	nai use i	of venici	es, inc	cluaing co	mmuting	, by you	r		Yes	No_
	employees?		4 4 41 4											<u> </u>	┼
38	Do you maintain a writte										/oui				ŀ
~	employees? See the ins					mcers, c	mectors	, OI 17	o or more	OWITEIS					+
	Do you treat all use of v Do you provide more th	-				ınforma	tion from	VOUE	employee	e about					+
₩	the use of the vehicles,		-	• •		""OIIIId	GOTT ITOH	. your	Simpleyee	~ about					
41	Do you meet the require					monstra	ation use	2							+-
71	Note: If your answer to								covered v	ehicles					ل.
P	art VI Amortization														
	(a) Description of	f costs	Da	(b) te amortization begins		(c) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or per		A	(f) mortization or this year	
42	Amortization of costs th	nat begins di	uring your 20		ar.						F-01.94 91 PDI	gv			
		- 3	1		Γ		-		_	-		T	-		
_					1			\top							
43	Amortization of costs th	nat began be	efore your 201	1 tax yea	ar		-	•				43			
	Total. Add amounts in					o report				-		44			

* ALBION ECONOMIC DEVELOPMENT CORPORATION

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