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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No 1545-0047
2012

Open to Public Inspection

APR 2012 and ending MAR 31, 2013 A For the 2012 calendar year, or tax year beginning 1. D Employer identification number C Name of organization Check if Address Ichange ALBION ECONOMIC DEVELOPMENT CORPORATION Name change 32-0108328 Doing Business As Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 402-395-6004 Termin-P.O. BOX 471 169,586. Amended G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion pending ALBION. NE 68620 H(a) Is this a group return F Name and address of principal officer DOUG YOUNG Yes X No for affiliates? SAME AS C ABOVE Н(b) Are all affiliates included? Tax-exempt status: 501(c)(3) X 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Year of formation: 2003 M State of legal domicile; NE K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities ORGANIZATION BEPURPOSE IS Governance PROMOTE DEVELOPMENT IN THE ALBION TRADE AREA BY LOANING FUNDS if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 1 Total number of individuals employed in calendar year 2012 (Part V, line 2a) OGDEM 25 Total number of volunteers (estimate if necessary) Ō. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 O. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 239,367. 28,436. Contributions and grants (Part VIII, line 1h) 6,550. 3,641. Program service revenue (Part VIII, line 2g) -23.634-4.113.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,884. 857. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,821. 224,167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,307. 25,629. Grants and similar amounts paid (Part IX, column (A), lines 1-3) O 0. Benefits paid to or for members (Part IX, column (A), line 4) 21,455. 23.373. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 10,667. 12,684. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,429. 61,686. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 154,738. -32,865. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 388,090. 430,841. 20 Total assets (Part X, line 16) 11.518. 1,632. 21 Total liabilities (Part X, line 26) 419,323. 386,458. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decky ation of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign DOUG YOUNG, PRESIDENT Here Type or print name and title Print/Type preparer's name P00116311 Paid RICHARD D. MARTINSEN Firm's name RICHARD MARTINSEN, 47-0646126 Firm's EIN Preparer Firm's address 1212 WEST STATE Use Only Phone no. 402-395-6004 ALBION, NE 68620 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2012) ALBION ECONOMIC DEVELOPMENT CORPORATION 32-0108328 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	ORGANIZATION'S MISSION IS TO PROMOTE DEVELOPMENT IN THE ALBION TRADE
	AREA BY LOANING FUNDS OR FURNISHING SITES AND BUILDINGS FOR INDUSTRIES
	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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	, , , , , , , , , , , , , , , , ,
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
4b	(Code) (Expenses \$) (Revenue \$)
4-	
4c	(Code) (Expenses \$
A -	Other program convene (Decembe in Schodule O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program service expenses ▶

			V I	NI-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
,	If "Yes," complete Schedule A	- 1		X
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			
	dunng 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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			!
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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			
•	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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		!	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		7,	
	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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
D	If "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		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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			,,
	located outside the United States? 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,	ا	1	v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	\vdash	 ^
19	complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	t	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1.	T^{-}
		_	990	(2012)

Form 990 (2012) ALBION ECONOMIC DE Part IV Checklist of Required Schedules (continued)

			1	T
•	Did the annual transfer of the off COO of grants and other constance to any government or organization in the		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		X
~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	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	-		
20	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			
	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		
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) 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, highest compensated employee, or disqualified			۱
	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			7,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		}	l
	instructions for applicable filing thresholds, conditions, and exceptions):			l v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>^</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
29	Did the organization receive more than \$25,000 in hor-cash contributions? If res, complete schedule in	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 	 	1
31	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			1
-	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	1
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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	!	
38	bid the organization complete ochedule of and provide explanations in ochedule of for half vi, lines in a did not	38	X	

Form **990** (2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2	1 !	ار . ا	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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," 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		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		
	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		Ì	x
_	any contributions that were not tax deductible as charitable contributions?	6a		
Ь	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). 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		1
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
С	to file Form 8282?	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	1	1
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:		1	
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	. ↓		
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	4	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	₩
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	1
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	+	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	┿
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	l 14b	1	i .

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					
	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 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					
	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		<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x		
	more members of the governing body?	7a		┝╧╌		
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х		
_	persons other than the governing body? Did the executation contemporare county document the meetings held or written actions undertaken during the way by the following:	7b		 ^		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х			
	The governing body? 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	- 00				
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х		
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		Х		
	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	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
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		X		
b		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		177		
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		Х		
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?	45-		х		
	The organization's CEO, Executive Director, or top management official	15a	 	X		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	-	 ^``		
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1				
	taxable entity during the year?	16a	l	х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		╫		
	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	1	1		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► 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)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.					
	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 policy, are	d fina	ncial			
	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	tion:	-			
	RICHARD D MARTINSEN PC - 402-395-6004		-			
	TATA MEGIT OLIMIE OLIMEGT. MICHUNI. NEC 00070					

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.

Check this box if neither the organization	n nor any related	orga	nıza	ation	cor	nper	nsat				
(A)	(B)	1 5						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated	
	hours per		box, unless perso officer and a direc					compensation	compensation	amount of	
	week	⊢					Ė	from the	from related organizations	other compensation	
	(list any hours for	direct				P	ļ	organization	(W-2/1099-MISC)	from the	
D	related	ee or	stee			nsate	•	(W-2/1099-MISC)	(,,	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee	ŀ			and related	
	below	ndual	tutou	Ja:	Key employee	lest co	JG.			organizations	
	line)	рщ	IIST	Officer	Key	High	Former				
(1) DOUG YOUNG	1.00										
PRESIDENT/DIRECTOR		Х		Х	ــــ	Ļ	_	0.	0.	0.	
(2) SCOT DANIELS	1.00										
VICE PRESIDENT/DIRECTOR		Х		X	ㄴ	<u> </u>	ļ	0.	0.	0.	
(3) JULIE MAHONEY	4.00	l			ł				_		
TREASURER/DIRECTOR		X	<u> </u>	X	╙	┡		0.	0.	0.	
(4) JILL ANDING	24.00	.,		,,				20 420	0.	900.	
SECRETARY/DIRECTOR	1 00	X		X	⊢	⊢	<u> </u>	20,429.	0.	900.	
(5) TIM KAYTON	1.00	x		1	ŀ		l	0.	0.	0.	
DIRECTOR (6) JIM DICKERSON	1.00	^	-	\vdash	⊢	-			0.	0.	
DIRECTOR	1.00	X		İ				0.	0.	0.	
(7) KERRY DAVIDSON	1.00	┢	┢	├	╁─	\vdash	\vdash	0.	0.	0.	
DIRECTOR	1.00	X	1	1				0.	0.	ο.	
(8) BOB RACEK	1.00	1	╁	\vdash	┢	╁					
DIRECTOR		x						0.	0.	0.	
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		<u> </u>	Ц	ـــــ	⊥ _		<u> </u>	<u> </u>			

(A)
Name and business address NONE
Description of services
Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O contail	ns a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above	, and	875. 27,561.				
5 5	g	Noncash contributions included in lines 1a	a-1f \$		28,436.			
"	<u> </u>	Total. Add lines 1a-1f		Business Code	20,430.			<u> </u>
Program Service Revenue	2 a b c d	ALBION MANOR MAN		900099	3,641.	3,641.		
5 PE	е							
ته	f	All other program service reveni	ue					ļ
\dashv		Total. Add lines 2a-2f		>	3,641.			
	3	Investment income (including di other similar amounts) Income from investment of tax-e		▶	3,152.			3,152.
	5	Royalties		▶				
	6 a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(II) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Secunties	(II) Other 133,500.				
		` ′		-7,265 . ►	-7,265.	-7,265.		
Other Revenue	d 8 a		of		7,203.	1,203.		
Othe	С	Less direct expenses Net income or (loss) from fundra Gross income from gaming acti Part IV, line 19		•				
	С	Less: direct expenses Net income or (loss) from gamir Gross sales of inventory, less re	b ng activities eturns	•				
		and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue						
	11 a	DETAINABLE DUDGE	ISES	900099	857.	857.		
	c d	All other revenue						
	e	Total. Add lines 11a-11d		<u> </u>	857.			
23200	12	Total revenue. See instructions.		<u> </u>	28,821.	-2,767.	0	3,152.

Form 990 (2012) ALBION ECONOM
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respon		s Part IX	(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			1	
	organizations in the United States. See Part IV, line 21	3,170.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	22,459.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		 		
5	Compensation of current officers, directors,	20 420			
	trustees, and key employees	20,429.			
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 403(b) employer contributions)	900.			
9	Other employee benefits	2,044.			
10	Payroll taxes Fees for services (non-employees):	2,044.		 	
11	` ', ', '				
a	Management				
b	Legal Accounting	1,410.			
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			****	
a a	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	605.			
12	Advertising and promotion	5,371.			-
13	Office expenses	1,367.			
14	Information technology				
15	Royalties				
16	Occupancy	690.			
17	Travel	615.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	353.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 770			
23	Insurance	1,770.			
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)				
а	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	503.			
_		303.		 	
b					
q				 	
d	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	61,686.			
26	Joint costs. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,790.	1	13,022.
	2	Savings and temporary cash investments	219,781.	2	320,276.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	<u> </u>	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net	17,190.	7	
Assets	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 10a 10a			
	b	Less: accumulated depreciation 10b		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		14	
	15	Other assets. See Part IV, line 11	181,080.	15	54,792.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	430,841.	16	388,090.
	17	Accounts payable and accrued expenses	1,518.	17	1,632.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
dei		key employees, highest compensated employees, and disqualified persons			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	10 000		
		Schedule D	10,000.	25	0.
	26	Total liabilities, Add lines 17 through 25	11,518.	26	1,632.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
a <u>n</u>	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	
힏	29	Permanently restricted net assets		29	<u>-</u>
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.	16 100		16 100
set	30	Capital stock or trust principal, or current funds	16,480. 1,984.	30	16,480. 1,984.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	400,859.	31	367,994.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	419,323.	32	386,458.
_	33	Total net assets or fund balances	430,841.	33	388,090.
	34	Total liabilities and net assets/fund balances	400,041.	34	300,030.

	990 (2012) ALBION ECONOMIC DEVELOPMENT CORPORATION	32-010	3328	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				Ш
	ı	ı	2.0		0 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8: L,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8 9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	, 3	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		20	- 4	- 0
	column (B))	10	38	5,4	58.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · · · ·	· ·	뉴
	.			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			37
2a	, , , , , , , , , , , , , , , , , , , ,		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		77
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	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	e audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			٠,,
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2012)

2320 12 12-10-12

SCHEDULE D

(Form 990)

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.

2012
Open to Public Inspection

Name of the organization

ALBION ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 32-0108328

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the								
	organization answered "Yes" to Form 990, Part IV, lin	e 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year		·						
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	_	e used only						
	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?	, , ,	Yes No						
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizat								
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area						
	Protection of natural habitat	Preservation of a cei	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax						
	year ▶								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements i	it holds?	└─ Yes └─ No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)						
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No						
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	s the organization's accounting for						
	conservation easements.	·							
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,						
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descr	ibes these items							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts						
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi							
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:							
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$						
b	Assets included in Form 990, Part X		▶ \$						

_		ECONOMIC D								Page 2
Par	t III Organizations Maintaining C							•		
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t are a s	ignificant i	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	,	Loan or excl	hange progra	ams				
ь	Scholarly research	€	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	ın how th	ney further tl	ne organizati	on's exe	mpt purpo	se in Parl	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılaı	r assets		7	
	to be sold to raise funds rather than to be ma								Yes	No_
Par		-	ete ıf the	organizatio	n answered '	"Yes" to	Form 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	ıncluded	_	_	 -
	on Form 990, Part X?							<u> </u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d_			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217					L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	on has been	provided in	Part XIII				<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u>~~~~</u>								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	zation the	at are held a	ind administe	ered for t	the organi	zation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.						
Pai	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10.					Ÿ	
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	de	preciation	i		
1a	Land									
	Buildings									
С	Leasehold improvements	_								
d	Equipment									
	Other									
Total	Add lines to through to (Column (d) must s	aual Form 000 Par	t Y colu	mn (R) line	10(c))					0.

Schedule D (Form 990) 2012

		MENT CORPORATION	32-0	108328 Page 3
Part VII Investments - Other Securities. Sec (a) Description of security or category (including name of security)	e Form 990, Part X, line 1 (b) Book value	2. (c) Method of valuation: (Cost or end-of	Evear market value
	(b) Book value	(c) Metriod of Valuation.	Jost of end-of	-year market value
(1) Financial derivatives				 -
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	<u> </u>			
(C)		 		
<u>(D)</u>		 		
(E) (F)		<u> </u>		
(G)				
(H)				
(1)	· -			
Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13		
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)	-			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
(1) RESALE ASSETS		-		54,792.
(2)				
(3)			-	· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)	·			
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			<u></u>
(10) Total. (Column (b) must equal Form 990, Part X, col (B) lin	0.15.)			54,792
Part X Other Liabilities. See Form 990, Part X,				02,702
1. (a) Description of liability	1110 23	(b) Book value	-	<u> </u>
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the te		organization's financial stateme	ents that repor	rts the organization's
liability for uncertain tax positions under FIN 48 (ASC				T T

Sche	dule D (Form 990) 2012 ALBION ECONOMIC DEVELOPMENT	CORPORATION	32-	0108328	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per F	letur	n	
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			
ь	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIII.)	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	j	1	
b	Other (Describe in Part XIII.)	4b]		
C	Add lines 4a and 4b		4c		
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	ırn	
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]		
c	Other losses .	2c]		
d	Other (Describe in Part XIII.)	2d]		
e	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				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	}		
b	Other (Describe in Part XIII)	4b]	1	
С	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		
Pa	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			20, Part V, line	4; Part
			Coh-	dule D (Form 9	00) 0040
			JULIE	AGIC P (LOUIL) A	001 ZU 1Z

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization

ALBION ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 32-0108328

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.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS AVAILABLE
TO THE BOARD PRIOR TO THE FORM 990 BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS & FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.