#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

OMB No. 1545-0047

Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 31-1029051 ALBION FELLOWS BACON CENTER, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

age 2

Name of organization
ALBION FELLOWS BACON CENTER, INC

Employer identification number 31–1029051

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	HOLIDAY MANAGEMENT FOUNDATION 1202 W BUENA VISTA RD. EVANSVILLE IN 47710	\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF SOUTHWESTERN INDIANA P.O. BOX 18  EVANSVILLE IN 47701-0018	\$110,351	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF GIBSON COUNTY 109 NORTH HART STREET P.O. BOX 235 PRINCETON IN 47670	\$ 23,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
4	BRENDA C. WALLACE 1414 LINCOLN AVENUE  EVANSVILLE IN 47714	Total contributions  \$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ERA FIRST ADVANTAGE REALTY, INC. 8711 W. HIGHWAY 66 NEWBURGH IN 47630	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 201 Open to Public Inspection

Employer identification number

Vame	of the organization		Employer identification number
<b>7</b> A ·	LBION FELLOWS BACON CENTER, INC.		31-1029051
	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	unds or Other Similar Funds	
	Ocimpoto il tilo digamization anovolta di se	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year Aggregate value of contributions to (during year)		
2			•
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	eat the assets hold in donor advised	<u></u>
5			Yes No
•	funds are the organization's property, subject to the organization's ex		Les No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or do		Yes No
-			
Pa	art II Conservation Easements. Complete if the organization answered "Yes" or	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (chec		
•	Preservation of land for public use (e.g., recreation or education)	<del>_</del> 1	portant land area
	Protection of natural habitat	Preservation of a certified histor	•
	Preservation of open space	Tropervation of a seramed mean	
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a co	nservation
-	easement on the last day of the tax year.	or valori commodati in the form of a con	Held at the End of the Tax Year
а			
b			
c		cluded in (a)	2c
d			. 20
u	• • • • • • • • • • • • • • • • • • • •	•	2d
3	Number of conservation easements modified, transferred, released, e	evinguished or terminated by the organ	
3	tax year	extinguished, or terminated by the organ	incation during the
	Number of states where property subject to conservation easement is	a located N	
5	Does the organization have a written policy regarding the periodic mo		
5	violations, and enforcement of the conservation easements it holds?	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	· · · · · · · · · · · · · · · · · · ·	*********************
U		of violations, and emorcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	clations, and enforcing concernation co	coments during the year
. *	> \$	olations, and emorcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	with a requirements of section 170/b\/4\/I	P.V.i.\
·	and section 170(h)(4)(B)(ii)?	y the requirements of section 170(11)(4)(1	
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense stater	
-	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its finance		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain.	provide the
	following amounts required to be reported under SFAS 116 (ASC 958		•
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued collection items (check all that apply):  a Public schilibition  b Scholarly research  c Preservitor for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be add to raise further when the be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Se," explain the arrangement in Part XIII and complete the following table:  1c Beginning balance  1c Beginning balance  1c Beginning balance  1c Administrative agent assets and include an amount on Form 990, Part X, line 21, for escrow or custodial account tlability?  1c Beginning of year balance  1c Individual and administrative expenses to the programization include an amount on Form 990, Part X, line 10.  1a Beginning of year balance  1b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  1c Administrative expenses (b) Form 990, Part IV, line 10.  1a Beginning of year balance  2c Provide the estimated percentage of the current year and balance (line 1g, colum	Sche	dule D (Form 990) 2017 ALBION					
collection terms (check all that apply):  a Peblic schibilition  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar  sessels to be sold to siste funds rather than to be maintained as part of the organization's collection?  Part I V Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form  90 Part X, line 21.  1a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Ves No.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Beginning balance  1d Additions during the year  1d Additions during the year  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part W, line 10.  1a Beginning of year balance  4 Grants or scholarships  6 (a) Provise the setsimated percentage of the current year and balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  1 Permanent endowment F %  5 Permanent endowment F %  5 Permanent endowment F %  6 The percentages on line 2a, 2b, and 2c should equal 100%.  3a Ava there endowment funds not in the possession of the organization that are held and administered for the organization by (in related organizations is lined as required on Schedule R?  1 Permanent endowment F %  2 Provide the setsimated percentage of the current year and balance (line 1g, column (a)) held	Pa	rt III Organizations Maintain	ing Collections	of Art, Historica	l Treasur	es, or Other Simi	lar Assets (continued)
b Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No.  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  1 C Beginning balance  1 C Beginning balance  1 C Beginning balance  2 Dictituding do from 990, Part X, line 21, for escrow or custodial account liability? Yes No.  b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  C Net investment earnings, gains, and losses  1a Beginning of year balance  b Contributions  C Net investment earnings, gains, and losses  1 Administrative expenses  9 End of year balance  1 Forministrative expenses  1 Administrative expenses  9 End of year balance  1 Forministrative expenses  1 Administrative expenses  9 End of year balance  1 Forministrative expenses  1 Administrative expenses  1 Administrative expenses  1 Administrative expenses  1 Administrative expenses  2 Frovide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment Forministrations  1 Administrative expenses  2 Frovide the estimated percentage of the c	3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and other recor	ds, check any of the	following that	nt are a significant use o	of its
b Scholarly research e Other  Persecution for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar  sassess to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table:  □ Beginning balance  □ Beginning balance  □ Beginning balance  □ Beginning balance  □ Beginning of year arrangement in Part XIII. Check hear of the explanation has been provided on Part XIII  □ Beginning of year balance  □ Beginning of year balance  □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  □ Contributions  □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  □ Part V Endowment Employees  □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  □ Part V Endowment Employees  □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  □ Part V Endowment I Part XIII. Check hear of the explanation has been provided on Part XIII  □ Part V Endowment I Part XIII. Check hear of the explanation has been provided on Part XIII.  □ Description of pressure devices and the part of the organization and part balance (the 1g, column (a)) held as:  □ Beginning of year balance  □ Part V Endowment I Part XIII. Check hear of the explanation that are held and administered for the organization by:  □ In the prescription of preserve the prescription of the organization in the presence of the prescript	а	Public exhibition	d 🗍	Loan or exchange pr	ograms		
c Preservation for future generations 4 Provided a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Verson Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization and sustain trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If Yes, "explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  Distributions during the year  1 Distributions during the year  2 Distributions during the year  1 Distributions during the year  2 Distributions of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Beginning of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-sendowment   Moreous the programs of the organization of the organizations  3 Distributions of property  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or ganis-endowment   Moreous the year of the organiz	b	Scholarly research	<del></del>				
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5 During the year, dit the organization solicit or receive donations of art, historical treasures, or other similar sessets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, funstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning batance  1	4	Provide a description of the organization'	s collections and expla	in how they further th	ne organizati	on's exempt purpose ir	ı Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV	5		sit or rosoivo donationa	of art biotorical trac	ourse or oth	an aimilen	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Ū						□ Vaa □ Na
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  1d Additions during the year  1d Beginning balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance  1a Beginning of year balance  2b Contributions  1c Not investment earnings, gains, and loases  d Grants or scholarships  1d Administrative expenses  1d Grants or scholarships  2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment \  P Permanent endowment \  P Permanent endowment \  P P Permanent endowment \  P P Permanent endowment \  P P P P P P P P P P P P P P P P P P	Pa			part of the organizat	ion s conecu	onr	res NC
1a   Is the organization an agent, fusite, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!		Complete if the organiza		es" on Form 990,	Part IV, li	ne 9, or reported a	an amount on Form
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, cus		•			
c Beginning balance d Additions during the year 1 to	h			-B		• • • • • • • • • • • • • • • • • • • •	Yes No
c Beginning balance d Additions during the year 1 d	D	ir res, explain the arrangement in Part.	XIII and complete the t	ollowing table:		Γ	Amount
d Additions during the year		Reginning balance				4-	<del></del>
e Distributions during the year f Ending balance 11 1 11 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) response (losses) (iii) related organizations (iii) related organiz	4	Additions during the year				10	<del></del>
f Ending balance	u	Distributions during the year			• • • • • • • • • • • • • • • • • • • •	10	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  b Permanent endowment ►  %  b Permanent endowment ►  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations  b if "Yes" on line 3a(ii), are the related organizations itsted as required on Schedule R?  Describe in Part XIII the intended uses of the organization sweenets (in) Cost or other basis (in) reservable (in) Each or other basis (in) Cost or other basis (in) Cost or other basis (in) Each of Organization of Property  a Land  b Buildings  c Lassehold improvements  d Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  184, 467  184, 718  184, 718	f	Ending halance			• • • • • • • • • • • • •	1e	· · · · · · · · · · · · · · · · · · ·
Describe in Part XIII   Describe in Part XIII. Check here if the explanation has been provided on Part XIII	2a	Did the organization include an amount o	n Form 990 Part Y lin	e 21 for ecorow or o	todial aco	ount liability?	
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	b	If "Yes " explain the arrangement in Part	XIII Chack hara if the	e 21, 101 esciow 01 0	nrovidad ar	Durit liability?	Tes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" (b) Prior year (c) Two years back (d) Three years back (e) Four	Pa	rt V Endowment Funds	Am. Officer field if the C	explanation has been	i provided or	I Fall Alli	
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo			tion answered "Ye	s" on Form 990	Part IV li	ne 10	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  5 b if "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (dit) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value (mines) (investment) (investmen		ga.m.a			1		are back (a) Four years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii)   5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value  (d) Book value  depreciation  4 Description of property 5 Description of property 6 Description of property 7 Description of property 8 Description of property 8 Description of property 9	1a	Beginning of year balance	(-/ )	(b) i iio. your	(6) 140 90	dio back (a) Tillee ye	dis back (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii)   3a(ii)   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (a) Escription of property (b) Cost or other basis (c) Accumulated depreciation (c) Held Cost of the Cost of other basis (c) Accumulated depreciation  1a Land b Buildings 492,955 311,527 181,428 c Leasehold improvements d Equipment E Classehold improvements d Equipment 184,467 135,749 48,718	b	Contributions		11.1	<del>                                     </del>		
losses							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings  492,955 311,527 181,428 c Leasehold improvements d Equipment e Other	-	1					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  B Buildings  492,955  311,527  181,428  C Leasehold improvements  d Equipment  2 Other	d						
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment)  4 492,955  3111,527  181,428  c Leasehold improvements d Equipment  6 Uther				······································	1		
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements d Equipment C Leasehold improvements d Equipment E Other  184,467 135,749 48,718		•					
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's isted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (investment) (investment) (investment) (investment) (investment) (a) Cost or other basis (other) (b) Buildings (c) Accumulated depreciation (d) Book value	f	Administrative expenses			<del> </del>		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  492,955  311,527  181,428  c Leasehold improvements  d Equipment  EQUIPMENT  184,467  135,749  48,718	a	End of year balance			<del> </del>		-
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  492,955 311,527 181,428  c Leasehold improvements d Equipment  90 Other  184,467 135,749 48,718	2	Provide the estimated percentage of the	current year end balance	co (line 1g. column (c	)) bold on:		
b Permanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment)  4 Buildings 492,955 311,527 181,428  c Leasehold improvements d Equipment e Other	а	Board designated or quasi-endowment	%	se (interty, coluitint (a	a)) neiu as.		
c Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) unrelated organizations  (iv) unrelated organizations  (iv) related orga	b						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  492,955  311,527  181,428  c Leasehold improvements  d Equipment  e Other  Other		***************************************					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) rescribe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment							
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(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (investment) (other)  4 92,955 311,527 181,428 c Leasehold improvements d Equipment e Other  Other	1	organization by:		and that are nea ar	ia administe	red for the	Von No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (other) depreciation  1a Land  b Buildings 492,955 311,527 181,428  c Leasehold improvements  d Equipment 184,467 135,749 48,718							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (other)  492,955  311,527  181,428  c Leasehold improvements  d Equipment  e Other	1	(ii) Totaled Organizations					2-(::)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (investment)  (other)  492,955  311,527  181,428  c Leasehold improvements  d Equipment  e Other	b	f "Yes" on line 3a(ii), are the related organ	nizations listed as requi	ired on Schedule R2			3a(II)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  184,467 135,749 48,718	4 !	Describe in Part XIII the intended uses of	the organization's end	nwment funds		***************************************	30 ]
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  492,955  311,527  181,428  c Leasehold improvements  d Equipment  Other  184,467  135,749  48,718	Par	t VI Land, Buildings, and Ed	uipment.	Swincht jungs.			·· · · · · · · · · · · · · · · · · · ·
Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (d) Book value  181,428		Complete if the organizati	ion answered "Yes	" on Form 990	Dart IV lin	o 11a Con Form	000 Dawl V Eng. 40
(investment) (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  (investment) (other) depreciation  181,428		Description of property	(a) Cost or other ba				
1a Land         b Buildings       492,955       311,527       181,428         c Leasehold improvements       184,467       135,749       48,718         e Other       184,467       135,749       48,718			1	','	l l		(d) Book value
b Buildings c Leasehold improvements d Equipment e Other 184,467 135,749 48,718	1a l	and			-	55p, collatorr	
c Leasehold improvements d Equipment e Other 184,467 135,749 48,718		n		1	92 955	211 50	7 101 400
d Equipment 184,467 135,749 48,718 e Other					درد, عر	311,32	101,428
e Other	d 8	Equipment		10	24 467	125 74	0 40 710
Estal Add lines to through the COL COL	e (	Other			J=, 40/	135,74	9 48,718
Sum rise into reciniough 10, (OURIBLIAD BIRSE BORRE FORD 990 PART X PARIMA 10a 10a 1			st equal Form 000 Per	t X column (R) line	10c)		230,146

	Form 990) 2017 ALBION FELLOWS BAC	CON CENTER,	INC.	31-1029051	Page
Part VII	Investments—Other Securities.				
	Complete if the organization answered "Y	<u>es" on Form 990,</u>	Part IV,	line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category	(b) Book	value	(c) Method of va	
	(including name of security)			Cost or end-of-year	market value
(1) Financial					
(2) Closely-h	eld equity interests				
	***************************************				
(A)					
(B)					
(C)					
(D)	***************************************				
· /=\					
/E\	***************************************				
/C\					
(LIX					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "Y	es" on Form 990.	Part IV.	line 11c. See Form 990	Part X line 13
	(a) Description of investment	(b) Book v		(c) Method of va	
				Cost or end-of-year r	
(1)					
(2)					
(3)			<del></del> ,		
(4)					
(5)					
(6)					
(7)			-		
(8)		<del></del>			
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				<del> </del>
-,	Complete if the organization answered "Ye	es" on Form 900	Part IV	line 11d See Form 000	Dort V line 15
	(a) Description	n	i aitiv,	ine Tru. See Form 990.	
(1)	(2) 2001;00	···			(b) Book value
(2)	110				
(3)			·		
(4)					
(5)		·			······································
(6)					<del></del>
	70.				···
(7)					
(8) (9)	·	<u> </u>			
	- (h)	·			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · <u>· · · · · · · · · · · · · · · </u>		<b>&gt;</b>	
FaitA					
	Complete if the organization answered "Ye	es" on Form 990,	Part IV, I	line 11e or 11f. See Forr	m 990, Part X,
1	line 25.	· · ·			
(4) Fadand	(a) Description of liability	(b) Book va	lue		
	ncome taxes				
(2)					
(3)					
(4)					
(5)			]		
(6)					
(7)					
(8)					
(9)					
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶				

Sche	edule D (Form 990) 2017 ALBION FELLOWS BACON CENTER				Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial State			er Retur	n.
	Complete if the organization answered "Yes" on Form 990	, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,097,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b		-	
	Recoveries of prior year grants	2c			
d		2d		4	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,097,356
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
g	Other (Describe in Part XIII.)	4b		_	
E	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )			4c	1 005 05 6
					1,097,356
ГС	Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990	ements v	vitn Expenses	per Ket	urn.
1	Total expenses and losses per audited financial statements	, Part IV,	ine iza.		1 140 005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,149,895
a	Donated equicos and use of facilities	ا ء ا			
	***************************************	2a			
	Prior year adjustments Other lesses	2b	H-7500-1		
. d	Other (Describe in Bort VIII.)	2c		$\dashv$	
u	Other (Describe in Part XIII.)	2d		$\dashv$ $\blacksquare$	
3	Add lines 2a through 2d Subtract line 2a from line 4	• • • • • • • • • • • • • • • • • • • •		2e	1 140 005
1	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		• • • • • • • • • • • • • • • • • • • •	3	1,149,895
		1.			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>		
h	Other (Describe in Best VIII.)	1 41 1		1 1	
b	Other (Describe in Part XIII.)	4b		4.1	
С	Add lines 4a and 4b			4c	1 140 005
5 5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	1,149,895
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.			9	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line	9	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b a	and 2b; Part V, line	4; Part X,	line

Schedule D (F	orm 990) 201	7 ALBION	FELLOWS	BACON	CENTER,	INC.	31-1029051	Page <b>5</b>
Part XIII	Supplem	ental Informa	ation (continu	red)			***	
						<i>.</i>	• • • • • • • • • • • • • • • • • • • •	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization ALBION FELLOWS BACON CENTER, 31-1029051 INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have custody or (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity or entity (fundraiser) from activity organization fundraiser listed in control of ontributions col. (i) Yes No 3 5 6 8 9 10 Total ▶ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALBION FELLOWS BACON CENTER, INC. 31-1029051 Schedule G (Form 990 or 990-EZ) 2017 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TIMELESS GOLF OUTING (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 48,877 21,765 18,095 88,737 2 Less: Contributions 3 Gross income (line 1 minus line 2) 48,877 21,765 18,095 88,737 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs .... 9.047 731 9,778 7 Food and beverages 6,436 2,206 8,642 8 Entertainment ...... 3,389 3,389 5,115 6,612 9 Other direct expenses 3,169 14,896 10 Direct expense summary. Add lines 4 through 9 in column (d) 36,705 11 Net income summary. Subtract line 10 from line 3, column (d) 52,032 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash-prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs .... 5 Other direct expenses Yes Yes Yes 6 Volunteer labor ..... 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

. .....

b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2017 ALBION FELLOWS BACON CENTER, INC. 31-1029051 Page 3
11	Does the organization conduct gaming activities with nonmembers?  Yes No
12	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming? Yes No
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility  As outside facility
b 14	An outside facility
14	records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	revenue? Yes  No  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
	Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?  Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Dar	spent in the organization's own exempt activities during the tax year > \$  t IV Supplemental Information. Provide the explanations required by Part Lling 2b, columns (iii) and (iv) and
rai	- "Plant in the state of the control
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.  See instructions.
• • • •	
• • • •	

SCHEDULE O (Form 990 or 990-EZ)

#### 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach

Go to www.irs.gov

Employer identification number

ALBION FELLOWS BACON CENTER, INC.	31-1029051
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT	ACTIVITIES
TO PREVENT DOMESTIC AND SEXUAL VIOLENCE AND TO EMPOWER	R VICTIMS THROUGH
ADVOCACY, EDUCATION, SUPPORT SERVICES AND COLLABORATIVE	VE PARTNERSHIPS. THIS
IS ACCOMPLISHED THROUGH PROVISION OF EMERGENCY SHELTER	R, 24/7 CRISIS
RESPONSE, CHILDREN'S PROGRAMMING, PRIMARY PREVENTION,	LEGAL ADVOCACY, AND
COMMUNITY OUTREACH.	······
FORM 990 - ORGANIZATION'S MISSION	······································
TO PREVENT DOMESTIC AND SEXUAL VIOLENCE AND TO EMPOWER	R VICTIMS THROUGH
ADVOCACY, EDUCATION, SUPPORT SERVICES AND COLLABORATIVE	VE PARTNERSHIPS. THIS
IS ACCOMPLISHED THROUGH PROVISION OF EMERGENCY SHELTER	R, 24/7 CRISIS
RESPONSE, CHILDREN'S PROGRAMMING, PRIMARY PREVENTION,	LEGAL ADVOCACY, AND
COMMUNITY OUTREACH.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS 1	FO REVIEW FORM 990
990 REVIEWED BY EXECUTIVE DIRECTOR, FINANCE DIRECTOR,	AND BOARD TREASURER
PRIOR TO FILING. ALL BOARD MEMBERS ARE NOTIFIED THAT I	THE 990 IS AVAILABLE
FOR REVIEW AT ANYTIME.	
TODY 000	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	
IF ANY ADMINISTRATIVE EMPLOYEE OR BOARD MEMBER BECOMES	
POSSIBLE CONFLICT IT IS BROUGHT BEFORE THE ENTIRE BOAR	RD FOR TRANSPARENCY.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	
COMPENSATION FOR EMPLOYEES IS DETERMINED ANNUALLY BY T	HE EXECUTIVE DIRECTOR

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION RECLASSIFICATION OF DEFERRED REVENUE THE ORGANIZATION DISCOVERED THAT PREVIOUSLY ISSUED FINANCIAL STATEMENTS INCLUDED CERTAIN ERRORS RELATED TO DEFERRED REVENUE AND TEMPORARILY RESTRICTED NET ASSETS. THE ERRORS IN ACCOUNTING FOR TEMPORARILY RESTRICTED CONTRIBUTIONS RESULTED IN DIFFERENCES IN THE PREVIOUSLY ISSUED FINANACIAL STATEMENTS FOR DECEMBER 31, 2016 SUFFICIENT TO REQUIRE RESTATEMENT OF THE PREVIOUSLY ISSUED FINANCIAL STATEMENTS. AN ADJUSTMENT WAS MADE TO CORRECT THE MISCLASSIFICATION OF \$55,000 OF TEMPORARILY RESTRICTED CONTRIBUTIONS. THIS RESULTED IN A DECREASE IN DEFERRED REVENUE AND AN INCRESE IN TEMPORARILY RESTRICTED NET ASSETS.

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)Name(s) shown on return

ALBION FELLOWS BACON CENTER, INC.

Identifying number 31-1029051

	ess or activity to which this form relates	ATION						
_=		ense Certain Pro	perty Under	Section 179				
		e any listed propei			u complete F	Part I.		
1	Maximum amount (see instruct						1	510,000
2	Total cost of section 179 prope						2	
3	Threshold cost of section 179						3	2,030,000
4	Reduction in limitation. Subtract			0			4	
5	Dollar limitation for tax year. Subtra		•				5	
6	· · · -	otion of property		(b) Cost (business use		Elected cost		
7	Listed property. Enter the amou	unt from line 29			7			
8	Total elected cost of section 17						8	
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed deduct						10	
11	Business income limitation. En						11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduct				13			
Note	: Don't use Part II or Part III belo	ow for listed property. I	nstead, use Part \	<i>I</i> .				
Pa	art II Special Depreci	iation Allowance	and Other De	preciation (Do	on't include li	sted pro	perty	(.) (See instructions.)
14	Special depreciation allowance	for qualified property	other than listed p	roperty) placed in s	service			
	during the tax year (see instruc	ctions)					14	
15	Property subject to section 168	B(f)(1) election					15	
16	Other depreciation (including A	(CRS)					16	39,204
Pa	art III MACRS Deprec	iation (Don't inclu	ude listed prop	erty.) (See insti	ructions.)			
			Sect	ion A				
17	MACRS deductions for assets	placed in service in tax	k years beginning	before 2017			17	0
18	If you are electing to group any assets pl	laced in service during the tax	year into one or more	general asset accounts,	check here	▶ □		
	Section B—/	Assets Placed in Ser	vice During 2017	Tax Year Using t	he General Dep	reciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instructi	nt use	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
<u>e</u>	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		sets Placed in Servi	ce During 2017 T	ax Year Using the	Alternative De	preciatio	n Sys	tem
	Class life					S/L		
	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See i					<u></u>	r	
21	Listed property. Enter amount for						21	
22	Total. Add amounts from line 1							
	here and on the appropriate line				tructions		22	39,204
23	For assets shown above and pl			enter the				
	portion of the basis attributable	to section 263A costs			23			

FYE: 12/31/2017

# 01121001 Albion Fellows Bacon Center, Inc. 31-1029051 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec Basis  % 179Bonus for Depr PerConv Meth Prior Current
Other 1 5 6	Depreciation: File Cabinet Judson Land - Judson	5/15/87 1/22/90 1/22/90	145 255,893	145 5 MO S/L 145 0 255,893 40 MO S/L 172,195 6,397 1 0 Memo 0 0
7 9	Storage Room Shelves Storage Building	2/05/90 4/19/90	1,100 4,834	1,100 10 MO S/L 1,100 0 4,834 20 MO S/L 4,834 0
10 14	Playground Equipment Storage Cabinet	6/01/90 3/30/89	2,750 145	2,750 10 MO S/L 2,750 0 145 5 MO S/L 145 0
18 19	Alarm System Alarm System Panel	1/23/90 3/15/90	2,340 1,525	2,340 5 MO S/L 2,340 0 1,525 5 MO S/L 1,525 0
20 23	Mini Blinds Mailboxes	1/10/90 3/16/90	1,005 150	1,005 5 MO S/L 1,005 0 150 5 MO S/L 150 0
39	File Cabinet	6/01/94	145	. 145 5 MO S/L 145 0
41 43	File Cabinet Credenza	5/01/97 8/01/95	128 178	128 5 MO S/L 128 0 178 5 MO S/L 178 0
44 45	2 chairs File Cabinet	8/02/95 8/10/95	315 493	315 5 MO S/L 315 0 493 5 MO S/L 493 0
46	File Cabinet Mass Sale: 12/31/17	8/14/95	140	140 5 MO S/L 140 0
47	Fax	8/24/95	589	589 5 MO S/L 589 0
53 54	Booth Freezer	10/01/96 10/01/96	2,684 607	2,684 5 MO S/L 2,684 0 607 5 MO S/L 607 0
59 62	Mass Sale: 12/31/17 File Cabinet File Cabinet	9/30/8 <b>7</b> 5/01/97	156	156 5 MO S/L 156 0
63	Mass Sale: 12/31/17		150 189	150 5 MO S/L 150 0
64	Hutch	5/01/97	150	189 5 MO S/L 189 0 150 5 MO S/L 150 0
65	Hutch Mass Sale: 12/31/17	5/01/97	180	180 5 MO S/L 180 0
66 68	Work table Chair	5/01/97 5/01/97	250 110	250 5 MO S/L 250 0 110 5 MO S/L 110 0
69	Chair	5/01/97	110	110 5 MO S/L 110 0
70 71	Chair Chair	5/01/97 5/01/97	170 200	170 5 MO S/L 170 0 200 5 MO S/L 200 0
72	Chair	5/01/97	190	190 5 MO S/L 190 0
73 74	Chair Chair	5/01/97 5/01/97	60 60	60 5 MO S/L 60 0 60 5 MO S/L 60 0
75	Chair	5/01/97	60	60 5 MO S/L 60 0
76 77	Chair Chair	5/01/97 5/01/97	60 60	60 5 MO S/L 60 0
78	Chair	5/01/97	60 60	60 5 MO S/L 60 0 60 5 MO S/L 60 0
79 80	Chair Chair	5/01/97	60	60 5 MO S/L 60 0
81	Chair	5/01/97 5/01/97	60 60	60 5 MO S/L 60 0 60 5 MO S/L 60 0
82	Chair	5/01/97	60	60 5 MO S/L 60 0
83 84	Chair Chair	5/01/97 5/01/97	100 100	100 5 MO S/L 100 0 100 5 MO S/L 100 0
85	Chair	5/01/97	100	100 5 MO S/L 100 0 100 5 MO S/L 100 0
86 87	Credenza/Hutch Credenza	5/01/97 5/01/97	500 250	500 5 MO S/L 500 0
91	Storage Cabinet	5/01/97	190	250 5 MO S/L 250 0 190 5 MO S/L 190 0
92 94	Security Camera	6/01/97	539	539 5 MO S/L 539 0
96	12 chairs Garage Renovation	9/01/97 5/01/97	372 43,542	372 5 MO S/L 372 0 43,542 20 MO S/L 42,816 726
	Desk	5/06/98	158	158 5 MO S/L 158 0
111 112	Acer Open P200MMX System Acer Open P200MMX System	5/14/98 5/14/98	1,090 1,090	1,090 5 MO S/L 1.090 0
113	Side chair	6/26/98	130	1,090 5 MO S/L 1,090 0 130 5 MO S/L 130 0
114	Mass Sale: 12/31/17 Side chair Mass Sale: 12/31/17	6/26/98	130	130 5 MO S/L 130 0
	Network Cards and Cable	6/29/98	439	439 5 MO S/L 439 0
	Computer Desk Porch	12/15/98 11/15/98	157 5,195	157 5 MO S/L 157 0
	Mass Sale: 12/31/17		•	·
	Computer Credenza Desk	11/01/00 11/01/00	200 300	200 5 MO S/L 200 0 300 5 MO S/L 300 0
	2 Freezers	1/22/01	1,380	300 5 MO S/L 300 0 1,380 5 MO S/L 1,380 0
				·

31-1029051

# Form 990, Page 1

FYE: 12/31/2017

	· · · · · · · · · · · · · · · · · · ·							
		Data		Due Coe Desi-				
Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	P	erConv Meth	Prior	Current
ı —	Guest chair	6/15/01	150	15		7 MO S/L	150	0
133	Desk chair	6/15/01	200	20		7 MO S/L 7 MO S/L	200	0
134	2 two drawer files	6/15/01	300	30		7 MO S/L	300	0
137	Two drawer file	6/15/01	400	40		7 MO S/L	400	0
140	Two end tables	6/15/01	300	30	0	7 MO S/L	300	0
141	Mass Sale: 12/31/17 Sofa table - Lobby	6/15/01	200	. 20	0	7 MO S/L	200	0
1 171	Mass Sale: 12/31/17	0/13/01	200	20	U	/ WO 5/L	200	U
142	Installation Safety Film	7/15/01	5,252	5,25	2 1	5 MO S/L	5,252	0
143	Security Camera	7/15/01	353	35		5 MO S/L	353	0
144	Wiring Computer DSL	10/15/01	3,997			0 MO S/L	1,524	100
146 150	Painting File Cabinet	4/05/01 5/09/02	2,684 150	2,68 15		7 MO S/L 7 MO S/L	2,684 150	0
154	Office chair	6/27/03	159	15		5 MO S/L	159	. 0
161	Refridgerator	1/13/05	339	33		5 MO S/L	339	ŏ
162	Security Equipment	2/01/05	2,650	2,65	0	7 MO S/L	2,650	0
166	Desk Name Para S	5/11/06	488	48		5 MO S/L	488	0
169 174	New Roof Roof	1/29/08 5/15/07	3,572 11,498			0 MO S/L	1,593	178
175	AC Unit installed 2007	6/30/07	3,450	3,45		5 MO S/L 5 MO S/L	7,410 2,185	766 230
l ''	Mass Sale: 12/31/17	0,0001	2,120	5,45	J 1	- 1.10 D/L	2,100	230
179	Projector	9/29/08	330	33		5 MO S/L	330	0
182	2009 Kia Sedona Minivan	7/01/09	23,539	23,53		5 MO S/L	23,539	0
		7/01/09	1,679			0 MO S/L	1,259	168
185	2 picnic tables	7/01/09 7/01/09	704 1,352	70 1,35		0 MO S/L 0 MO S/L	528 1,014	70 135
	Two chairs - Lobby	7/01/09	760	76		5 MO S/L	760	0
188	Refridgerator	7/01/09	698	69		5 MO S/L	698	ŏ
189	Copier/Susan	7/01/09	200	20		5 HY	200	0
191 196	Two new Maytag 24" gas Oven hoods	2/29/08 4/02/09	1,489	1,48		5 MO S/L	1,489	0
198	Cigarette Recepticles	5/14/09	701 121	70 12		5 MO S/L 5 MO S/L	701 121	0
200	3 maple trees	1/13/10	300	30		5 MO S/L 5 MO S/L	140	20
202	Two sets of bunk beds	3/10/10	730	73		7 MO S/L	713	17
204	Mass Sale: 12/31/17	2/10/10	16 515		_	- 140 00		
204 207	Heating and Air Phone system	3/18/10 3/23/10	16,515 2,475	16,51		7 MO S/L	15,925	590
	Wooden swingset	5/08/10	1,200	2,47. 1,20		7 MO S/L 7 MO S/L	2,387 1,143	88 57
	Printer/Copier	8/27/10	1,351	1,35		5 MO S/L	1,351	0
210	Smoking patio	8/01/10	1,000	1,00		7 MO S/L	917	83
	Surveillance Equipment	2/07/11	4,265	4,26		7 MO S/L	3,605	609
	Windows and new door Two desks	2/18/11 2/25/11	729 2,000	72		MO S/L	213	36
	Five drawer metal filing cabinet	2/25/11	800	2,000 800		7 MO S/L 7 MO S/L	1,667 667	285 114
216	7 black metal bookcases	2/25/11	700	700		7 MO S/L	583	100
217	New flooring	12/13/10	4,500	4,500		7 MO S/L	3,911	589
218 219		12/13/10	342	342		7 MO S/L	297	45
	T . T	12/13/10 12/13/10	439 981	439		7 MO S/L	381	58
221		12/13/10	15,078	983 15,078		7 MO S/L 7 MO S/L	853 13,104	128
222	Archoustics	12/13/10	2,677	2,67		MO S/L MO S/L	2,327	1,974 350
226	Alice - Program	1/18/12	1,203	1,203		MO S/L	1,183	20
227	Mass Sale: 12/31/17 Router	2/15/12	170					
	Gift works- software-Tammy	2/15/12 2/22/12	160 549	160		MO S/L	157	3
229	2 cribs	3/01/12	400	549 400		MO S/L MO S/L	531 387	18 13
	Server/Hardware	3/27/12	1,078	1,078	3 5	MO S/L	1,024	54
	8 monitors 2 computer stands (Susan)	3/27/12	880	880	) 5	MO S/L	836	44
234	Software for server	3/27/12 3/27/12	263 2 955	263		MO S/L	250	13
235	Kitchen Remodel	6/01/11	2,955 51,726	2,955 51,726		MO S/L MO S/L	2,807	148
238	Website	8/12/11	1,200	1,200	, 13	MO S/L MO S/L	19,254 1,200	3,448
239	Flooring - Children's Playroom	7/14/11	1,940	1,940		MO S/L	1,524	277
240	Mass Sale: 12/31/17	1/15/12	14.000	•				1
244	Drver	1/15/13 5/23/12	14,882 543			MO S/L	5,953	1,488
246		12/18/12	2,427	543 2,427		MO S/L MO S/L	498 1 387	45
247	Copier	3/02/12	3,000	3,000		MO S/L MO S/L	1,387 2,900	347 100
248	Chair - Intake office	3/08/13	408	408		MO S/L	223	59
250	Mass Sale: 12/31/17 Washer	6/24/12	(50					ı
230	77 451101	6/24/13	650	650	5	MO S/L	455	130
								İ
								1

01121001 Albion Fellows Bacon Center, Inc.
31-1029051 Federal Asset Report Form 990, Page 1

FYE: 12/31/2017

		·								
		Date			Sec	Basis	_		D.:	0
Asset	Description	In Service	Cost	_%_	_ <u>179Bonus</u> _	tor Depr	Per	Conv Meth	Prior	Current
251	TV living room	6/26/13	300			300		MO S/L	150	43
252	Banner stand with graphics	10/17/13	720			720		MO S/L	456	144
253	Laptop - Sandy	12/05/13	500			500		MO S/L	308	100
254	Laptop - Tammy	12/05/13	500			500		MO S/L	308	100
	Laptop - Sophia	12/05/13	500			500		MO S/L	308	100
	Computer tower - Whitney	12/05/13	635			635		MO S/L	392	127
	Banner stand with graphics	12/26/13	360			360		MO S/L	216	72
258	Computer - Jenny	1/10/14	635			635		MO S/L	381	127
259	Van Kia 2012 Red	1/27/14	17,149			17,149		MO S/L	10,004	3,429
260	Washer	1/29/14	600			600		MO S/L	350	120
261	Dishwasher	1/29/14	300			300		MO S/L	175	60
262	Dryer	5/15/14	550			550	10	MO S/L	147	55
	Mass Sale: 12/31/17		2.255			2.255	7	MO S/L	832	322
263	Water heaters	5/29/14	2,255			2,255 1,200		MO S/L MO S/L	600	240
264	Chest of drawers	6/19/14	1,200						6,042	2,500
265	20 desktops, 14 laptops	8/06/14	12,500			12,500 875		MO S/L MO S/L	107	2,300 58
	Doors-Main Entrance and EE Entrance	2/24/15 3/26/15	875 225			225		MO S/L MO S/L	79	45
267	Security Camera 4 in kitchen Bunkbeds	3/26/13 4/16/15	2,568			2,568			611	367
268 269	Washer	6/11/15	900			900		MO S/L	285	180
270	Dryer	6/11/15	400			400	-	MO S/L	127	80
271	Samsung Dishwasher	9/21/15	500			500		MO S/L	125	100
	Fridgidaire Dishwasher	9/21/15	500			500			127	100
273	Susan's Computer	5/12/16	700			700	5	MO S/L	93	140
	Phone System	6/09/16	14,000			14,000	7	MO S/L	1,167	2,000
275	Washer & Dryer	7/14/16	1,520			1,520		MO S/L	152	304
276	Laundry Rom MJN Cabinets	7/21/16	8,126			8,126	7		484	1,161
277	Wall Oven	7/22/16	1,150			1,150		MO S/L	96	230
278	Refrigerator	7/22/16	669			669			56	134
279	Website	10/13/16	10,600			10,600			883	3,533
280	Fryer for FF Booth	10/03/16	1,035			1,035		MO S/L	52	207
281	Air Conditioner	6/22/17	4,360			4,360		MO S/L	0	311
282	Sofa	3/13/17	989			989		MO S/L	0	165
283	Dryer	9/15/17	1,289			1,289		MO S/L	0	86
284	1999 Chrysler Caravan	4/25/17	1,091			1,091		MO S/L	0	145
	Freezer	4/07/17	629			629	-	MO S/L	0	94
286	Computer (Kristie)	5/11/17	869			869			0	116
287	Bunk Beds	1/19/17	9,391			9,391		MO S/L	0	1,722
	Total Other Depreciation	_	642,735			642,735			421,525	39,197
	Total ACRS and Other Depre	eciation =	642,735			642,735			421,525	39,197
	C. Im.		(40.7705			(40.50.5			401 505	20.107
	Grand Totals	owo.	642,735			642,735			421,525	39,197
	Less: Dispositions and Transf Less: Start-up/Org Expense	ers	15,313 0			15,313 0			12,531 0	· 918
		_								
	Net Grand Totals	_	627,422			627,422			408,994	38,279
		_								

FYE: 12/31/2017

# 01121001 Albion Fellows Bacon Center, Inc. 31-1029051 IN Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
Other	Depreciation: File Cabinet	5/15/87	145	145	145	0	0	0
5	Judson	1/22/90	255,893	255,893	172,195	6,397	6,397	ő
6	Land - Judson	1/22/90	1	1	0	0	0	0
7	Storage Room Shelves	2/05/90	1,100	1,100	1,100	0	0	0
9	Storage Building	4/19/90	4,834	4,834	4,834	0	0	$0 \\ 0$ .
10	Playground Equipment Storage Cabinet	6/01/90 3/30/89	2,750 145	2,750 145	2,750 145	0	0	0
14 18	Alarm System	1/23/90	2,340	2,340	2,340	ŏ	ŏ	ő
19	Alarm System Panel	3/15/90	1,525	1,525	1,525	0	0	0
20	Mini Blinds	1/10/90	1,005	1,005	1,005	0	0	0
23	Mailboxes	3/16/90	150	150 145	150 145	0	0	0
39 41	File Cabinet File Cabinet	6/01/94 5/01/97	145 128	128	128	0	0	0
43	Credenza	8/01/95	178	178	178	ő	ŏ	ő
44	2 chairs	8/02/95	315	315	315	0	0	0
45	File Cabinet	8/10/95	493	493	493	0	0	0
46	File Cabinet  Mass Sala: 12/21/15	8/14/95	140	140	140	0	0	0
47	Mass Sale: 12/31/17	, 8/24/95	589	589	589	0	0	0
53	Booth	10/01/96	2,684	2,684	2,684	ŏ	ŏ	Ö
54	Freezer	10/01/96	607	607	607	0	0	0
	Mass Sale: 12/31/1			1.50	156	^	0	0
59 62	File Cabinet File Cabinet	9/30/87 5/01/97	156 150	156 150	156 150	0	0	0
02	Mass Sale: 12/31/1		150	150	130	U	Ü	V
63	Hutch	5/01/97	189	189	189	0	0	0
64	Hutch	5/01/97	150	150	150	0	0	0
65	Hutch	5/01/97	180	180	180	0	0	0
66	Mass Sale: 12/31/1	/ 5/01/97	250	250	250	0	0	0
68	Chair	5/01/97	110	110	110	0	ő	0
69	Chair	5/01/97	110	110	110	ŏ	ő	0
70	Chair	5/01/97	170	170	170	0	0	0
71	Chair	5/01/97	200	200	200	0	0	0
72 73	Chair Chair	5/01/97 5/01/97	190 60	190 60	190 60	0	0	0
74	Chair	5/01/97	60	60	60	ő	ő	0
75	Chair	5/01/97	60	60	60	Õ	ő	Õ
76	Chair	5/01/97	60	60	60	0	0	0
77	Chair	5/01/97	60	60	60	0	0	0
78 79	Chair Chair	5/01/97 5/01/97	60 60	60 60	60 60	0	0	0
80	Chair	5/01/97	60	60	60	0	0	0
81	Chair	5/01/97	60	60	60	Ō	ő	0
82	Chair	5/01/97	60	60	60	0	0	0
83 84	Chair	5/01/97	100	100	100	0	0	0
85	Chair Chair	5/01/97 5/01/97	100 100	100 100	100 100	0	0	0
86	Credenza/Hutch	5/01/97	500	500	500	0	0	0
87	Credenza	5/01/97	250	250	250	0	ő	ŏ
91	Storage Cabinet	5/01/97	190	190	190	0	0	0
92 94	Security Camera 12 chairs	6/01/97 9/01/97	539 372	539 372	539	0	0	0
94 96		5/01/97 5/01/97	43,542	372 43,542	372 42,816	0 726	0 726	0
108	Desk	5/06/98	158	158	158	0	0	0
111	Acer Open P200MMX System	5/14/98	1,090	1,090	1,090	0	0	0
	Acer Open P200MMX System	5/14/98	1,090	1,090	1,090	0	0	0
113	Side chair Mass Sale: 12/31/17	6/26/98	130	130	130	0	0	0
114		/ 6/26/98	130	130	130	0	0	0
	Mass Sale: 12/31/17	7		150	•	J	U	V
115		6/29/98	439	439	439	0	0	0
119	Computer Desk Porch	12/15/98	157	157	157	260	260	0
120	Mass Sale: 12/31/17	11/15/98 7	5,195	5,195	4,719	260	260	0
126		11/01/00	200	200	200	0	0	0
127	Desk	11/01/00	300	300	300	0	0	0
129	2 Freezers	1/22/01	1,380	1,380	1,380	0	0	0
		1,22,01	1,500	1,500	1,500	Ū	V	v

31-1029051

IN Asset Report Form 990, Page 1

FYE: 12/31/2017

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
132	Guest chair	6/15/01	150	150	150	0	0	0
133	Desk chair	6/15/01	200	200	200	0	0	0
134	2 two drawer files	6/15/01	300	300	300	0	0	0
	Two drawer file	6/15/01	400	400	400	0	0	0
140	Two end tables	6/15/01	300	300	300	0	0	0
141	Mass Sale: 12/31/17 Sofa table - Lobby Mass Sale: 12/31/17	6/15/01	200	200	200	0	0	0
142	Mass Sale: 12/31/17 Installation Safety Film	7/15/01	5,252	5,252	5,252	0	0	0
143	Security Camera	7/15/01	353	353	353	ő	0	ő
	Wiring Computer DSL	10/15/01	3,997	3,997	1,524	100	100	ŏ
	Painting	4/05/01	2,684	2,684	2,684	0	ő	ŏ
150	File Cabinet	5/09/02	150	150	150	0	0	0
154	Office chair	6/27/03	159	159	159	0	0	0
161	Refridgerator	1/13/05	339	339	339	0	0	0
162	Security Equipment	2/01/05	2,650	2,650	2,650	0	0	0
166	Desk	5/11/06	488	488	488	0	0	0
169 174	New Roof Roof	1/29/08	3,572	3,572	1,593	178	178	.0
175	AC Unit installed 2007	5/15/07	11,498	11,498	7,410	766	766	0
1/3	Mass Sale: 12/31/17	6/30/07	3,450	3,450	2,185	230	230	0
179	Projector Projector	9/29/08	330	330	330	0	0	0
182		7/01/09	23,539	23,539	23,539	ő	0	0
183	Playground Swingset	7/01/09	1,679	1,679	1,259	168	168	ŏ
184	Playground Wood Carpet	7/01/09	704	704	528	70	70	0
185	2 picnic tables	7/01/09	1,352	1,352	1,014	135	135	0
	Two chairs - Lobby	7/01/09	760	760	760	0	0	0
	Refridgerator	7/01/09	698	698	698	0	0	0
	Copier/Susan	7/01/09	200	200	200	0	0	0
	Two new Maytag 24" gas Oven hoods	2/29/08 4/02/09	1,489 701	1,489 701	1,489 701	0	0	0
	Cigarette Recepticles	5/14/09	121	121	121	0	0	0
200	3 maple trees	1/13/10	300	300	140	20	20	0
	Two sets of bunk beds	3/10/10	730	730	713	17	17	ŏ
204	Mass Sale: 12/31/17 Heating and Air	3/18/10	16 515	16 515	15.005	500	500	0
207	Phone system	3/18/10	16,515 2,475	16,515	15,925	590	590	0
208	Wooden swingset	5/08/10	1,200	2,475 1,200	2,387 1,143	88 57	88 57	0
209	Printer/Copier	8/27/10	1,351	1,351	1,351	0	0	0
210	Smoking patio	8/01/10	1,000	1,000	917	83	83	0
212	Surveillance Equipment	2/07/11	4,265	4,265	3,605	609	609	ŏ
	Windows and new door	2/18/11	729	729	213	36	36	0
	Two desks	2/25/11	2,000	2,000	1,667	285	285	0
215	Five drawer metal filing cabinet	2/25/11	800	800	667	114	114	0
	7 black metal bookcases	2/25/11	700	700	583	100	100	0
	New flooring Drywall - Office Renovation	12/13/10 12/13/10	4,500	4,500	3,911	589	589	0
219	Wall covering	12/13/10	342 439	342 439	297 381	45	45	0
	* · · ·	12/13/10	981	981	853	58 128	58	0
221	Intake office furniture	12/13/10	15,078	15,078	13,104	1,974	128 1,974	
	Archoustics	12/13/10	2,677	2,677	2,327	350	350	0
226	Alice - Program	1/18/12	1,203	1,203	1,183	20	20	0
227	Mass Sale: 12/31/17 Router	2/15/12	1/0		-			
	Gift works- software-Tammy	2/15/12 2/22/12	160 549	160	157	3	3	0
	2 cribs	3/01/12	549 400	549 400	531 387	18	18	0
230	Server/Hardware	3/27/12	1,078	1,078	387 1,024	13 54	13 54	0
	8 monitors	3/27/12	880	880	836	44	34 44	0
232	2 computer stands (Susan)	3/27/12	263	263	250	13	13	0
234	Software for server	3/27/12	2,955	2,955	2,807	148	148	0
	Kitchen Remodel	6/01/11	51,726	51,726	19,254	3,448	3,448	ŏ
	Website	8/12/11	1,200	1,200	1,200	0	0	Ö
	Flooring - Children's Playroom  Mass Sale: 12/31/17	7/14/11	1,940	1,940	1,524	277	277	0
240	Fence	1/15/13	14,882	14,882	5,953	1,488	1,488	0
244	Dryer	5/23/12	543	543	498	45	45	0
	New floor (Hallway, Conf.)	12/18/12	2,427	2,427	1,387	347	347	ŏ
		2/02/12	2 000	3,000	2,900		100	
247	Copier	3/02/12	3,000			100	100	0
247	Copier Chair - Intake office	3/08/13	408	408	223	59	59	0
247 248	Copier							

31-1029051

FYE: 12/31/2017

### IN Asset Report Form 990, Page 1

Asse	et Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
25]		6/26/13	300	300	150	43 144	43 144	0
252		10/17/13	720 500	720 500	456 308	100	100	0
253		12/05/13 12/05/13	500	500 500	308	100	100	0
254	Laptop - Tammy Laptop - Sophia	12/05/13	500	500	308	100	100	0
	Computer tower - Whitney	12/05/13	635	635	392	127	127	0
	Banner stand with graphics	12/26/13	360	360	216	72	72	ŏ
258		1/10/14	635	635	381	127	127	ŏ
259		1/27/14	17,149	17,149	10,004	3,429	3,429	ŏ
	) Washer	1/29/14	600	600	350	120	120	ŏ
	Dishwasher	1/29/14	300	300	175	60	60	Õ
	2. Dryer	5/15/14	550	550	147	55	55	ŏ
	Mass Sale: 12/31/17							•
263	Water heaters	5/29/14	2,255	2,255	832	322	322	0
264	Chest of drawers	6/19/14	1,200	1,200	600	240	240	0
26:	5 20 desktops, 14 laptops	8/06/14	12,500	12,500	6,042	2,500	2,500	0
260	Doors-Main Entrance and EE Entrance	2/24/15	875	875	107	<sup>*</sup> 58	58	0
26'		3/26/15	225	225	79	45	45	0
268		4/16/15	2,568	2,568	611	367	367	0
	Washer	6/11/15	900	900	285	180	180	. 0
	Dryer B:	6/11/15	400	400	127	80	80	0
27		9/21/15	500	500	125	100	100	0
27	2 Fridgidaire Dishwasher	9/21/15	500	500	127	100	100	0
273	Susan's Computer Phone System	5/12/16	700	700	93	140	140	0
27	Washer & Dryer	6/09/16 7/14/16	14,000	14,000	1,167	2,000	2,000	0
270		7/21/16	1,520 8,126	1,520 8,126	152 484	304 1.161	304	0
27		7/22/16	1,150	1,150	96	230	1,161 230	0
278		7/22/16	669	669	56	134	134	0
279		10/13/16	10,600	10,600	883	3,533	3,533	0
280		10/03/16	1,035	1,035	52	207	207	ő
28		6/22/17	4,360	4,360	0	311	311	ő
282		3/13/17	989	989	ŏ	165	165	ŏ
283		9/15/17	1,289	1,289	ŏ	86	86	ŏ
284	1999 Chrysler Caravan	4/25/17	1,091	1,091	ŏ	145	145	ŏ
285	Freezer	4/07/17	629	629	Ŏ	94	94	ŏ
286		5/11/17	869	869	0	116	116	Ō
287	Bunk Beds	1/19/17	9,391	9,391	0	1,722	1,722	0
	Total Other Depreciation	•	642,735	642,735	421,525	39,197	39,197	
	Total Other Depreciation	=	042,733	042,733	421,323	39,197	39,197	
	Total ACRS and Other Depre	ciation	642,735	642,735	421,525	39,197	39,197	0
	•	=						
	Grand Totals		642,735	642,735	421,525	39,197	39,197	0
	Less: Dispositions		15,313	15,313	12,531	918	918	ŏ
	Less: Start-up/Org Expense	=	0	0	0	0	0	Ö
	Net Grand Totals	-	627,422	627,422	408,994	38,279	38,279	0
		_						

31-1029051

Form Unit Asset

Depreciation Adjustment Report

FYE: 12/31/2017

**All Business Activities** 

AMT Adjustments/ Preferences

10/26/2018 8:59 AM

AMT

There are no assets that meet the criteria of this report

Description

	SCHEDULE G Fundraising Other Events (Form 990 or			201	7	
•	<b>1</b>	For calendar year 2017, or tax ye	ar beginning	, and ending		
Nan		or outerious your zovi, or taxiyo			Employer Identification N	umber
Æ	LBION FELLO	NS BACON CENTER,	INC.		31-1029051	
		(a) Other event	(b) Other event	(c) Other event	(d) Total other ev	
a)	:	(event type)	(event type)	(event type)	col. (c))	
Revenue	Gross receipts     Less: Charitable contributions	18,095			18	,095
	3 Gross income (line 1 minus line 2)	18,095			18	,095
	4 Cash prizes					····
	5 Noncash prizes					
uses	6 Rent/facility costs	731				731
Direct Expenses	7 Food/beverages	2,206			2	,206
Direc	8 Entertainment					
	0 Other evenence	3 169			] 3	.169

10/26/2018 8:59 AM 01121001 Albion Fellows Bacon Center, Inc. **Federal Statements** 31-1029051 FYE: 12/31/2017 **Tax-Exempt Interest on Investments** Description InState Unrelated Exclusion Postal Acquired after Business Code Code Code 6/30/75 Muni (\$ or %) Amount INTEREST INCOME 145 145 TOTAL **Tax-Exempt Dividends from Securities** Description Exclusion Postal Acquired after Unrelated InState Business Code Code 6/30/75 Amount Muni (\$ or %) DIVIDENDS AND INTEREST - HL 11,243 TOTAL 11,243

01121001	Albion	Fellows	Bacon	Center,	Inc.
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31-1029051 FYE: 12/31/2017

#### **Federal Statements**

10/26/2018 8:59 AM

Form 990, Part IX, Line 11g - Other Fees for Sei	rvice (Non-employee)

Description	_ E	Total xpenses	Program Service	agement & General	 Fund Raising
OTHER PROFESSIONAL FEES	\$	16,058	\$ 7,547	\$ 5,299	\$ 3,212
TOTAL	\$	16,058	\$ 7,547	\$ 5,299	\$ 3,212

#### Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	agement & General	Fund taising
FEES MISCELLANEOUS DUES BOOKS AND SUBSCRIPTIONS	\$	1,861 1,766 760 35	\$ 1,766 760 35	\$ 1,861	\$
TOTAL	\$	4,422	\$ 2,561	\$ 1,861	\$ 0

**Federal Statements** 

10/26/2018 8:59 AM

31-1029051 FYE: 12/31/2017

#### Schedule A, Part II, Line 1(e)

Description			Amount
OTHER UW MEMBERSHIP DUES GOVERNMENT GRANTS CONTRIBUTIONS AND OTHER GRANTS IN-KIND CONTRIBUTIONS MISCELLANEOUS		ş	155,356 4,832 605,754 267,426 2,380 40
TOTAL		\$	1,035,788

#### Schedule A, Part II, Line 12 - Current year

Description	Amount
INTEREST INCOME	\$ 145
DIVIDENDS AND INTEREST - HL	11,243
GALA - TIMELESS CELEBRATION	48,877
FALL FESTIVAL	18,095
GOLF OUTING	21,765
OTHER MISC EVENTS	1,846
TOTAL	\$ 101,971

10/26/2018 8:59 AM

01121001 Albion Fellows Bacon Center, Inc.

31-1029051

**Federal Statements** 

FYE: 12/31/2017

# Gala - Timeless Celebration Other Direct Fundraising or Gaming Expenses

Description	 Mount
POSTAGE AND PRINTING	\$ 1,202
CC AND BANK FEES	389
OTHER GALA EXPENSES	3,474
GAMING LICENSE	 50
TOTAL	\$ 5,115

10/26/2018 8:59 AM

01121001 Albion Fellows Bacon Center, Inc.

31-1029051

## Federal Statements

FYE: 12/31/2017

#### **Fall Festival**

## Other Direct Fundraising or Gaming Expenses

Description	Amount	
FIRE EXTINGUISHER, INSPEC OTHER FALL FESTIVAL EXP	\$	10 3,159
TOTAL	\$	3,169

10/26/2018 8:59 AM

01121001 Albion Fellows Bacon Center, Inc. 31-1029051 Federal Statements

31-1029051

FYE: 12/31/2017

**Golf Outing** 

### Other Direct Fundraising or Gaming Expenses

Description	 Amount
OTHER GOLF EVENT EXPENSES	\$ 425
SANTA CLOTHES CLUB	6,105
CREDIT CARD FEES	 82
TOTAL	\$ 6,612

01121001 Albion Fellows Bacon Center, Inc. 10/26/2018 8:59 AM

31-1029051

**Federal Statements** 

FYE: 12/31/2017

#### **Other Misc Events**

## Other Direct Fundraising or Gaming Expenses

Description		_	Amount	
MISC	FUNDRAISING	EXPENSES	\$	1,833
	TOTAL		\$	1,833

#### Form IT-20NP Return Summary

For calendar year 2017, or tax year beginning

, and ending

31-1029051

#### ALBION FELLOWS BACON CENTER, INC.

Tax Calculation on Unrelated Business Income		
Federal unrelated business taxable income		
Less: Specific deduction		
·	<del></del>	
Interest on U.S. Obligations	<del></del>	
Deduction for qualified patents income Unrelated business income		
Indiana modifications		<del></del>
Adjusted unrelated business income		
Indiana apportionment percentage		
Unrelated business apportioned to Indiana		76
Indiana NOL deduction		
Taxable Indiana unrelated business income		
Taxable income from other forms		<del></del>
Total taxable income		
Indiana tax on unrelated business income		<del></del>
Sales/use tax on purchases		
Total tax due		
Total tax dae		* ************************************
Credit for Estimated Tax and Other Payments		
Quarterly estimated tax paid		
Amount paid with extension		
Amount of overpayment credit		
Other credits		
Total credits		
Balance of tax due		
Underpayment penalty		
Late payment interest		
Late payment penalty		
Total penalties and interest		
Total payment due		
Total overpayment		
Amount to be refunded		
Amount to be applied		
Next Year's Estimates		Miscellaneous Information
1st quarter		Amended return
2nd quarter		Return / extended due date 05/15/18
3rd quarter		
4th quarter		Annual Report Information
Total		Amended report
1 Otal		Report / extended due date 08/15/18

**NP-20** 

State Form 51062 (R8 / 8-17)

Name of Organization

#### Indiana Department of Revenue

#### Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginning 01 01 2017 and Ending MM/DD/YYYY

12 31 2017 MM/DD/YYYY

Telephone Number

☐ Amended Report ☐ Final Report: Indicate Date Closed

Check if: Change of Address

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

ALBION FELLOWS BACON	CENTER, INC.			812 422 9372
Address		Enter 2-Dig	it County Code	Indiana Taxpayer Identification Number
P.O. BOX 3164		82		
City	State	Zip Code		Federal Identification Number
EVANSVILLE	IN	47731	3164	31 1029051
Printed Name of Person to Contact Contact Contact Contact		Number		
KRISTIE BYRNS			812 422 9372	
If you are filing a federal return, att  Note: If your organization has unremust also file Form IT-20NP.	, , , ,			etion 513 of the Internal Revenue Code, you
Current Information				
	names, titles and addres or mission of your organi	sses of your current office zation below.	rs.SEE STA	TEMENT 1  nd to the best of my knowledge and belief, it
is true, complete, and correct.		nyn.		- D-I-Gmon
Signature of Officer or Trustee		Title	UTIVE DI	RECTOR
KRISTIE BYRNS			422 9372	Date
Name of Person(s) to Contact			Telephone Numb	<del></del>
	Indiana Depar Ir	submit this completed forn rtment of Revenue, Tax A P.O. Box 6481 ndianapolis, IN 46206-648 elephone: (317) 232-0129	n and/or extensio dministration 31	
Extensions of Time to File	,,	0.0pnono. (017) 202-0128		
The Department recognizes the Inter your federal extension, identified	with your Nonprofit ∈ date to prevent cance	laxpaver Identification	Number (TID).	o file, Form 8868. Please forward a copy of to the Indiana Department of Revenue, T ays indicate your Indiana Taxpayer Identification

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled