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## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization <b>ALBION-HOMER UNITED WAY</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>203 S. SUPERIOR STREET, P.O. BOX 55</b> City or town, state or country, and ZIP + 4 <b>ALBION, MI 49224</b>	D Employer identification number <b>38-1841180</b>
		E Telephone number <b>(517) 629-2645</b>
		F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►I Website: ► **WWW.ALBIONHOMERUNITEDWAY.ORG**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) —  501(c)(3) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 192564.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 191363.
	2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3	
4 Investment income	4 294.	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b Less: direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► <b>Miscellaneous income</b> )	9 907.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 192564.	
10 Grants and similar amounts paid (attach schedule)	10 90402.	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12 57148.	
13 Professional fees and other payments to independent contractors	13 8053.	
14 Occupancy, rent, utilities, and maintenance	14 1421.	
15 Printing, publications, postage, and shipping	15 5493.	
16 Other expenses (describe ► <b>OGDEN, UT</b> )	16 14215.	
17 Total expenses. Add lines 10 through 16	17 176732.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 15832.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 152411.	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 168243.	

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	118929.22	145989.
23 Land and buildings	23	
24 Other assets (describe ► <b>See Statement 2</b> )	37223.24	22539.
25 Total assets	156152.25	168528.
26 Total liabilities (describe ► <b>PAYABLES</b> )	3741.26	285.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152411.27	168243.

832171  
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 5(Grants \$ 90402. ) If this amount includes foreign grants, check here 

28a

136869.

29

(Grants \$  ) If this amount includes foreign grants, check here 

29a

30

(Grants \$  ) If this amount includes foreign grants, check here 

30a

31 Other program services (attach schedule)

(Grants \$  ) If this amount includes foreign grants, check here 

31a

32 Total program service expenses (add lines 28a through 31a)

32

136869.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN ROPP P.O. BOX 55, ALBION, MI 49224	DIRECTOR 40.00	51566.	0.	0.
MELISSA HOATH P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
PAUL PHELAN P.O. BOX 55, ALBION, MI 49224	TREASURER 2.00	0.	0.	0.
MARTIN BLASHFIELD P.O. BOX 55, ALBION, MI 49224	PRESIDENT 2.00	0.	0.	0.
SCOTT STEPHEN P.O. BOX 55, ALBION, MI 49224	SECRETARY 2.00	0.	0.	0.
PAULINE STORY P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
EUSEBIO SOLIS JR P.O. BOX 55, ALBION, MI 49224	LEGAL COUNSEL 2.00	0.	0.	0.
BARBARA FREDRICK P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
WALTER NICHOLS P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
ANDREW DOBBINS P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
FREDERICK CLARK P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
DAL MCINNIS P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
ROB REED P.O. BOX 55, ALBION, MI 49224	VICE PRESIDENT 2.00	0.	0.	0.
GAIL REED P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
EMILY REIMANN P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
ROB RIDGEWAY P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.
GWEN TABB P.O. BOX 55, ALBION, MI 49224	DIRECTOR 2.00	0.	0.	0.

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ► MI

42a The books are in care of ► JOHN ROPP Telephone no. ► 517-629-2645  
 Located at ► P.O. BOX 55, ALBION, MI ZIP + 4 ► 49224

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	X	
40c		
40d		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2008)

**Part VI**

**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 ►	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

**NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►	0	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer	12/8/10 Date

**JOHN J ROPP, EXECUTIVE DIRECTOR**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Ally Green</i>	Date <i>2/5/2010</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>JESSUP GROUP, P.C.</i> <i>49 SOUTH CASS ST., STE 2B</i> <i>BATTLE CREEK, MI 49037</i>	EIN ►	Phone no. ►	<i>(269) 963-6090</i>

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

**2008**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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**Name of the organization**

**Employer identification number**

## ALBTON-HOMER UNITED WAY

38-1841180

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

**The organization is not a private foundation because it is (Please check only one organization )**

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

I HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	60003.	65551.	61352.	202543.	191363.	580812.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	60003.	65551.	61352.	202543.	191363.	580812.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						580812.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	60003.	65551.	61352.	202543.	191363.	580812.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	574.	390.		1399.	294.	2657.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				2057.	907.	2964.
<b>11 Total support.</b> Add lines 7 through 10						586433.
12 Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.04	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	93.45	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
PUBLIC RELATIONS AND CAMPAIGN		9009.
TRAVEL, MEETINGS, DUES, STAFF DEVELOPMENT		5206.
Total to Form 990-EZ, line 16		14215.

Form 990-EZ	Other Assets	Statement 2
Description	Beg. of Year	End of Year
PREPAID	1851.	0.
RECEIVABLES	35372.	21695.
Other Depreciable Assets	0.	844.
Total to Form 990-EZ, line 24	37223.	22539.

Form 990-EZ

Cash Grants and Allocations

Statement 3

Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
PLAYGROUND ALBION PUBLIC SCHOOLS  Albion, MI 49224	None	3004.
MAPLE GROVE FIRE AMERICAN RED CROSS  Jackson, MI 49203	None	5000.
MUSIC INITIATIVE ALBION PUBLIC SCHOOLS  Albion, MI 49224	None	5000.
MIDDLE SCHOOL CROSS COUNTRY ALBION PUBLIC SCHOOLS  Albion, MI 49224	None	800.
REIGER PARK SWIMMING PROJECT CITY OF ALBION  Albion, MI 49224	None	4448.
WALK FOR WARMTH COMMUNITY ACTION AGENCY  Albion, MI 49224	None	2000.
SCHOOL BASED HEALTH CENTER HOMER COMMUNITY SCHOOLS  HOMER, MI 49245	None	5000.
PLAY AREA STRUCTURES JOHNSON CHILDCARE & DEVELOPMENT CTR  ALBION, MI 49224	None	5000.
COMMUNITY IMPACT ALBION INTERFAITH MINISTRIES  ALBION, MI 49224	None	10000.

ALBION-HOMER UNITED WAY

38-1841180

COMMUNITY IMPACT  
ALBION RECREATION DEPARTMENT

None

6000.

ALBION, MI 49224

COMMUNITY IMPACT  
ALBION VOLUNTEER SERVICE ORGANIZATION

None

4000.

ALbion, MI 49224

COMMUNITY IMPACT  
AMERICAN RED CROSS

None

5000.

JACKSON, MI 49203

COMMUNITY IMPACT  
ARC OF CALHOUN COUNTY

None

2000.

BATTLE CREEK, MI 49017

COMMUNITY IMPACT  
CALHOUN CO SHERRIF DEPT

None

250.

MARSHALL, MI 49068

COMMUNITY IMPACT  
FAMILY & CHILDREN SERVICES

None

2500.

BATTLE CREEK, MI 49017

COMMUNITY IMPACT  
FOOD BANK OF SC MI

None

3000.

BATTLE CREEK, MI 49017

COMMUNITY IMPACT  
FORKS SENIOR CENTER

None

2500.

ALBION, MI 49224

COMMUNITY IMPACT  
GIRL SCOUTS

None

1000.

ALBION, MI 49224

COMMUNITY IMPACT  
HOMER COMMUNITY SCHOOLS

None

5000.

HOMER, MI 49245

ALBION-HOMER UNITED WAY

38-1841180

COMMUNITY IMPACT  
HOMER CUB SCOUTS

None

900.

HOMER, MI 49245

COMMUNITY IMPACT  
HOMER SUMMER RECREATION

None

2500.

HOMER, MI 49245

COMMUNITY IMPACT  
KIDS N STUFF

None

7000.

ALBION, MI 49224

COMMUNITY IMPACT  
SAFE PLACE

None

6500.

ALBION, MI 49224

COMMUNITY IMPACT  
HOMER FIRE DEPARTMENT

None

2000.

HOMER, MI 49245

Total Included on Form 990-EZ, Line 10

90402.

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 4

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

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Albion-Homer United Way raises funds from generous individuals and businesses through an Annual Campaign. Then, a trusted panel of community volunteers distributes the funds to programs and services that serve the critical needs of local residents in Albion, Homer, Sheridan Township, and Albion Township. Neighbors helping neighbors since 1978.

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990-EZ Pg 2

Statement 6

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To increase the organized capacity of people to care for one another by uniting together to improve lives.