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Form **990-EZ****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)

► 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 \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**ALBION-HOMER UNITED WAY**

Number and street (or P.O. box, if mail is not delivered to street address)

**203 S. SUPERIOR STREET, P.O. BOX 55**

Room/suite

City or town, state or country, and ZIP + 4

**ALBION****MI 49224****D** Employer identification number**38-1841180****E** Telephone number**517-629-2645****F** Group ExemptionNumber **►**

• 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 ☒ AccrualOther (specify) **►****I** Website: **WWW.ALBIONHOMERUNITEDWAY.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)( **3** ) (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ**\$ 101,578****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>95,054</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>5,706</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including reported on line 1)	<b>6a</b>	
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe <b>► See Statement 1</b> )	<b>8</b>	<b>818</b>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>101,578</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>66,349</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>26,579</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>3,470</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>1,725</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe <b>► See Statement 3</b> )	<b>16</b>	<b>8,516</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>106,639</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-5,061</b>
<b>19</b>	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)	<b>19</b>	<b>168,243</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	<b>163,182</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>145,989</b>	<b>150,522</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe <b>► See Statement 4</b> )	<b>22,539</b>	<b>12,660</b>
<b>25</b> <b>Total assets</b>	<b>168,528</b>	<b>163,182</b>
<b>26</b> <b>Total liabilities</b> (describe <b>► See Statement 5</b> )	<b>285</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>168,243</b>	<b>163,182</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2009)

P 3

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

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

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

28 See Statement 7

(Grants\$ **66,349**) If this amount includes foreign grants, check here ☐

28a

**88,239**

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

**88,239****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	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	20.00	20,000	0	0
MELISSA HOATH	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
PAUL PHELAN	ALBION	TREASURER			
P.O. BOX 55	MI 49224	2.00	0	0	0
MARTIN BLASHFIELD	ALBION	PRESIDENT			
P.O. BOX 55	MI 49224	2.00	0	0	0
SCOTT STEPHEN	ALBION	SECRETARY			
P.O. BOX 55	MI 49224	2.00	0	0	0
PAULINE STORY	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
EUSEBIO SOLIS, JR.	ALBION	LEGAL COUNSEL			
P.O. BOX 55	MI 49224	2.00	0	0	0
BARBARA FREDERICK	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
WALTER NICHOLS	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
ANDREW DOBBINS	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
FREDERICK CLARK	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
DAL MCINNIS	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
ROB REED	ALBION	VICE-PRESIDENT			
P.O. BOX 55	MI 49224	2.00	0	0	0
GAIL REED	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
EMILY REIMANN	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
ROB RIDGEWAY	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0
GWEN TABB	ALBION	DIRECTOR			
P.O. BOX 55	MI 49224	2.00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations 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	40e	X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	JOHN ROPP	
	P.O. BOX 55	
Located at	ALBION, MI	
	Telephone no 517-629-2645	
	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)?	42b	X
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.?	42c	X
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	45	X

Form 990-EZ (2009) **ALBION-HOMER UNITED WAY****38-1841180**Page **4****Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a section 527 organization?
- 50 Complete this table for the organization's 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		

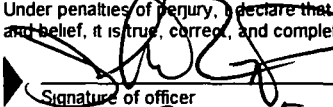
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

<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 <b>John Ropp, Executive Director</b> Type or print name and title	<b>11-12-2010</b> Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>JASON F. CLAUSEN</b>	Date <b>09/29/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) <b>P01051094</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Jason Clausen &amp; Associates 30641 Roan Dr Warren, MI 48093</b>			EIN <b>586-216-4673</b>
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Form <b>990-EZ</b> (2009)

DAA

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	65,551	61,352	202,543	191,363	95,504	616,313
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> Total. Add lines 1 through 3	65,551	61,352	202,543	191,363	95,504	616,313
<b>5</b> 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</b> Public support. Subtract line 5 from line 4						616,313

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	65,551	61,352	202,543	191,363	95,504	616,313
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> Total support. Add lines 7 through 10						616,313
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	6,524
<b>13</b> 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 ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> 33 1/3 % support test—2009. 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>b</b> 33 1/3 % support test—2008. 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"/>		
<b>17a</b> 10%-facts-and-circumstances test—2009. 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>b</b> 10%-facts-and-circumstances test—2008. 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</b> Private foundation. 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"/>		

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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</b> Total support. (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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3 % support tests—2009. 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—2008. 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 ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Other Revenue	\$ 818
Total	<u>\$ 818</u>

# Federal Statements

## Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to

### Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
ALBION INTERFAITH MINISTRIES				10,000				
ALBION RECREATION DEPARTMENT				5,100				
KELLOGG				7,974				
Total				23,074				

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
	1,212
	270
	437
PRODUCTION COSTS	3,306
BOARD AND STAFF DEV.	1,000
BANK CHARGES	93
DUES	2,029
DEPRECIATION	169
Total	\$ 8,516

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges Receivable	\$ 21,695	\$ 11,985
	1,013	1,013
Less Accumulated Depreciation	169	338
	22,539	12,660

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 285	\$
	285	

**Federal Statements****Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER BY UNITING TOGETHER TO IMPROVE LIVES.

**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

ALBION-HOMER UNITED WAY RAISES FUNDS FROM GENEROUS INDIVIDUALS AND BUSINESSES THROUGH AN ANNUAL CAMPAIGN. THEN, A TRUSTED PANEL OF COMMUNITY VOLUNTEERS DISCTRIBUTES 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.