

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED WAY OF SOUTHWEST MICHIGAN		D Employer identification number 38-1358411
		Number and street (or P O box if mail is not delivered to street address) PO BOX 807	Room/suite 	E Telephone number 616-925-7772

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

G Web site **WWW.UWSM.ORG**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,185,597.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	3,031,309.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	69,998.		
	d Total (add lines 1a through 1c) (cash \$ 3,101,307. noncash \$ _____)			1d	3,101,307.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	53,205.
	5 Dividends and interest from securities			5	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe _____)			7		
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
		8a	8b		
	b Less cost or other basis and sales expenses	8b	1,159.		
	c Gain or (loss) (attach schedule)	8c	-1,159.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-1,159.
Expenses	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a Gross sales of inventory, less returns and allowances	10a			
		10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11 Other revenue (from Part VII, line 103)			11	31,085.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,184,438.
	13 Program services (from line 44, column (B))			13	2,292,110.
14 Management and general (from line 44, column (C))			14	163,472.	
15 Fundraising (from line 44, column (D))			15	234,462.	
16 Payments to affiliates (attach schedule)			16		
17 Total expenses (add lines 16 and 44, column (A))			17	2,690,044.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	494,394.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,277,810.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-213,123.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2,559,081.	

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 OGDEN, UT
 MAY 9 2002
 IRS-OSE

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ <u>1902260</u> . noncash \$ _____	1,902,260.	1,902,260.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	75,020.	37,510.	15,004.	22,506.
26	Other salaries and wages	270,635.	152,944.	30,300.	87,391.
27	Pension plan contributions	22,363.	12,781.	3,193.	6,389.
28	Other employee benefits	36,794.	21,028.	5,254.	10,512.
29	Payroll taxes	27,874.	10,725.	7,854.	9,295.
30	Professional fundraising fees				
31	Accounting fees	5,100.		5,100.	
32	Legal fees				
33	Supplies	11,006.	4,855.	3,266.	2,885.
34	Telephone	15,545.	9,087.	2,159.	4,299.
35	Postage and shipping	10,585.	4,759.	1,489.	4,337.
36	Occupancy	35,198.	17,449.	9,026.	8,723.
37	Equipment rental and maintenance	62,348.	46,061.	4,731.	11,556.
38	Printing and publications	76,397.	15,748.	4,863.	55,786.
39	Travel	7,522.	119.	5,606.	1,797.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	8,867.	5,067.	1,267.	2,533.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 3	122,530.	51,717.	64,360.	6,453.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	2,690,044.	2,292,110.	163,472.	234,462.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a ALLOCATIONS TO ORGANIZATIONS IN THE COMMUNITY		
(Grants and allocations \$ _____)		1,902,260.
b FUND DISTRIBUTION SERVICES		
(Grants and allocations \$ _____)		100,379.
c INFORMATION & REFERRAL SERVICES		
(Grants and allocations \$ _____)		112,609.
d PLANNING		
(Grants and allocations \$ _____)		132,602.
e Other program services (attach schedule) STATEMENT 6		44,260.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,292,110.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	1,394,464.	46	1,838,577.
	47 a Accounts receivable	47a 6,869.		
	b Less allowance for doubtful accounts	47b	20,449.	47c 6,869.
	48 a Pledges receivable	48a 2,081,863.		
	b Less allowance for doubtful accounts	48b 205,200.	2,033,162.	48c 1,876,663.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		7,666.	53 2,666.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 65,017.			
b Less accumulated depreciation STMT 7	57b 46,100.	11,291.	57c 18,917.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		5,000.	58 5,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,472,032.	59	3,748,692.
Liabilities	60 Accounts payable and accrued expenses		60	28,762. 35,421.
	61 Grants payable		61	800,031. 884,562.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)		365,429.	65
66 Total liabilities (add lines 60 through 65)		1,194,222.	66	1,189,611.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	568,900. 580,856.
	68 Temporarily restricted		68	1,708,910. 1,663,540.
	69 Permanently restricted		69	314,685.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,277,810.	73	2,559,081.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,472,032.	74	3,748,692.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of MARTIN GOLOB III Telephone no 616-925-7722
Located at 185 E. MAIN STREET, BENTON HARBOR, MI ZIP +4 49023

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					53,205.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,159.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					31,085.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	83,131.
105 Total (add line 104, columns (B), (D), and (E))					83,131.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	MONIES ARE USED TO INCREASE AVAILABLE FUNDS FOR THE COMMUNITY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

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

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

completing schedules and statements, and to the best of my knowledge and belief, it is true and correct. Information of which preparer has any knowledge

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

UNITED WAY OF SOUTHWEST MICHIGAN

Employer identification number

38 1358411

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
<u>NONE</u> -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,914,723.	2,572,030.	2,500,206.	2,526,206.	10,513,165.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,141.	2,454.	-3,032.	911.	10,474.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	57,396.	26,323.	36,421.	35,381.	155,521.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	2,982,260.	2,600,807.	2,533,595.	2,562,498.	10,679,160.
24 Line 23 minus line 17	2,972,119.	2,598,353.	2,536,627.	2,561,587.	10,668,686.
25 Enter 1% of line 23	29,823.	26,008.	25,336.	25,625.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 213,374.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 2,026,181.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 10,668,686.
	d Add Amounts from column (e) for lines 18 <u>155,521.</u> 19 _____ 22 _____ 26b <u>2,026,181.</u>				26d 2,181,702.
	e Public support (line 26c minus line 26d total)				26e 8,486,984.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 79.5504%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) **N/A**
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

UNITED WAY OF SOUTHWEST MICHIGAN

Employer identification number

38-1358411

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

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 box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

UNITED WAY OF SOUTHWEST MICHIGAN

38-1358411

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 111,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 2,042,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 583,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
2	CAMERA	032985SL		5.00	16	173.			173.	173.		0.
3	CHAIR & CALCULATOR	041585SL		5.00	16	252.			252.	252.		0.
4	TYPEWRITER	043085SL		5.00	16	771.			771.	771.		0.
8	(D) SHEET FEEDER	010186SL		5.00	16	529.			529.	529.		0.
10	FOUR DRAWER FILE	010186SL		5.00	16	152.			152.	152.		0.
11	PROJECTORS	030187SL		5.00	16	2,020.			2,020.	2,020.		0.
13	OFFICE CHAIR #209	063089SL		5.00	16	249.			249.	249.		0.
14	CABINETS #211, 212	063089SL		5.00	16	368.			368.	368.		0.
15	COMPUTER EQUIP #210, 213-219	063089SL		5.00	16	371.			371.	371.		0.
16	(D) PRE 1985 OFF EQUIP	123184SL		10.00	16	35,461.			35,461.	35,461.		0.
17	(D) COMPUTER	123190SL		5.00	16	5,401.			5,401.	5,401.		0.
18	OFFICE	063091SL		10.00	16	2,223.			2,223.	2,109.		111.
19	REFRIGERATOR	063091SL		5.00	16	250.			250.	250.		0.
21	(D) ACCEL 535 PRINTER	063091SL		5.00	16	1,203.			1,203.	1,203.		0.
22	(D) 2 ZDS NOTEBOOK 386	123093SL		5.00	16	1,999.			1,999.	1,999.		0.
24	COMPUTER	121593SL		10.00	16	1,000.			1,000.	708.		100.
25	OFFICE PARTITIONS	022894SL		5.00	16	525.			525.	525.		0.
27	(D) SHARP FAX MACHINE	020194SL		3.00	16	1,675.			1,675.	1,675.		0.
28	I & R SOFTWARE											0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
29	I & R SOFTWARE	040194SL		3.00	16	2,000.			2,000.	2,000.		0.
30	SOFTWARE	122195SL		3.00	16	5,969.			5,969.	5,969.		0.
33	PHONE SYSTEM	120195SL		5.00	16	7,308.			7,308.	7,308.		0.
34	(D)COMPUTER	112095SL		5.00	16	1,124.			1,124.	1,124.		0.
35	(D)3 COMPUTERS	121595SL		5.00	16	9,000.			9,000.	9,000.		0.
36	(D)COMPUTER	093096SL		5.00	16	1,613.			1,613.	1,373.		0.
37	(D)DELL COMPUTER	082696SL		5.00	16	2,808.			2,808.	2,435.		0.
38	(D)DELL COMPUTER	041097SL		5.00	16	2,181.			2,181.	1,635.		0.
39	16MB SIMMS COMPUTER	071097SL		5.00	16	1,913.			1,913.	1,340.		383.
40	LASERJET PRINTER	031497SL		5.00	16	780.			780.	598.		156.
41	OFFICE CHAIR	062298SL		5.00	16	647.			647.	323.		129.
42	DIGITAL CAMERA	110698SL		5.00	16	820.			820.	355.		164.
43	2 G6-300 GATEWAY COMPUTERS	071698SL		3.00	16	2,808.			2,808.	2,262.		546.
44	2 G6-350 GATEWAY COMPUTERS	071698SL		3.00	16	3,418.			3,418.	2,753.		665.
45	ALR 7200 GATEWAY COMPUTER	071698SL		3.00	16	4,173.			4,173.	3,362.		811.
46	CAMPAIGN SOFTWARE	122099SL		3.00	16	5,000.			5,000.	1,667.		1,667.
47	UPGRADE PHONE SYSTEM	102500SL		5.00	16	2,925.			2,925.	98.		585.
48	5 866 GATEWAY DESKTOP	011001SL		5.00	16	5,311.			5,311.			1,062.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
49	GATEWAY SERVER	011001SL		5.00	16	6,797.			6,797.			1,359.
50	GATEWAY NOTEBOOK	011001SL		5.00	16	2,310.			2,310.			462.
51	CP 340 PC PROJECTOR	011001SL		5.00	16	3,334.			3,334.			667.
	* TOTAL 990 PAGE 2 DEPR					126,861.		0.	126,861.	97,818.	0.	8,867.

(D) Asset disposed

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
	04/10/97	01/01/01	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	61,844.	0.	60,685.	-1,159.
TO FM 990, PART I, LN 8		61,844.	0.	60,685.	-1,159.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
DONOR DESIGNATED CONTRIBUTIONS-FASB 136	-213,123.
TOTAL TO FORM 990, PART I, LINE 20	-213,123.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
GRANT SUBCONTRACTED SERVICES	38,039.	38,039.		
DUES	49,827.	458.	49,219.	150.
MISC ADMINISTRATIVE VOLUNTEER & STAFF DEVELOPMENT/TRAINING	2,999.	125.	2,474.	400.
OTHER PROFESSIONAL FEES	26,025.	13,095.	7,027.	5,903.
	5,640.		5,640.	
TOTAL TO FM 990, LN 43	122,530.	51,717.	64,360.	6,453.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

COLLECT & SOLICIT CONTRIBUTIONS FROM PUBLIC & THEN SUBMIT TO ORGANIZATIONS
IN THE COMMUNITY

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	MILESTONES OF SOUTHWEST MICHIGAN		NONE	160,548.
	BERRIEN CO CANCER SERVICE		NONE	144,000.
	RIVERWOOD CENTER		NONE	21,200.
	CHILD & FAMILY SERV OF MI		NONE	159,701.
	SALV ARMY-BENTON HARBOR		NONE	179,550.
	GIRLS SCOUTS OF SINGING SANDS		NONE	61,335.
	SW MI COUNCIL-BOY SCOUTS		NONE	137,500.
	YMCA OF ST JOSEPH-BENTON HARBOR		NONE	190,331.
	AMER RED CROSS BERRIEN CO CHAPTER		NONE	89,000.
	GATEWAY INC		NONE	89,261.
	THE SAMARITAN CENTER		NONE	52,000.
	LINK CRISIS INTERVENTION CTR		NONE	137,690.
	SW MI VOLUNTEER CENTER		NONE	72,500.

SALV ARMY-NILES	NONE	5,500.
BIG BROTHERS/SISTERS	NONE	8,000.
YMCA OF NILES-BUCHANAN	NONE	26,000.
EMERGENCY SHELTER SERVICE	NONE	100,000.
SENIOR VOLUNTEER PROGRAM	NONE	19,800.
GRTR NILES-BUCH COMMITTEE ON AGING	NONE	3,200.
LASALLE COUNCIL-BOY SCOUTS	NONE	9,335.
BERR CO GUARDIANSHIP SER	NONE	39,950.
SENIOR NUTRITION SERVICES	NONE	20,554.
CAPITAL VENTURE/MISC GRANTS	NONE	175,305.

1902260.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SWMI.INFO PROJECT		44,260.
TOTAL TO FORM 990, PART III, LINE E		44,260.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
CAMERA	173.	173.	0.
CHAIR & CALCULATOR	252.	252.	0.
TYPEWRITER	771.	771.	0.
FOUR DRAWER FILE	152.	152.	0.
2 PROJECTORS	2,020.	2,020.	0.
OFFICE CHAIR #209	249.	249.	0.
2 CABINETS #211, 212	368.	368.	0.
COMPUTER EQUIP #210, 213-219	371.	371.	0.
OFFICE	2,223.	2,220.	3.
REFRIGERATOR	250.	250.	0.
OFFICE PARTITIONS	1,000.	808.	192.
I & R SOFTWARE	1,675.	1,675.	0.
I & R SOFTWARE	2,000.	2,000.	0.
SOFTWARE	5,969.	5,969.	0.
PHONE SYSTEM	7,308.	7,308.	0.
16MB SIMMS COMPUTER	1,913.	1,723.	190.
LASERJET PRINTER	780.	754.	26.
OFFICE CHAIR	647.	452.	195.
DIGITAL CAMERA	820.	519.	301.
2 G6-300 GATEWAY COMPUTERS	2,808.	2,808.	0.
2 G6-350 GATEWAY COMPUTERS	3,418.	3,418.	0.
ALR 7200 GATEWAY COMPUTER	4,173.	4,173.	0.
CAMPAIGN SOFTWARE	5,000.	3,334.	1,666.
UPGRADE PHONE SYSTEM	2,925.	683.	2,242.
5 866 GATEWAY DESKTOP	5,311.	1,062.	4,249.
GATEWAY SERVER	6,797.	1,359.	5,438.
GATEWAY NOTEBOOK	2,310.	462.	1,848.
CP 340 PC PROJECTOR	3,334.	667.	2,667.
TOTAL TO FORM 990, PART IV, LN 57	65,017.	46,000.	19,017.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
WHIRLPOOL RETIRED STOCK RECEIPT	5,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	5,000.

FORM 990	OTHER LIABILITIES	STATEMENT	9
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
	DEPOSITS FROM COALITION		54,043.
	DUE TO DESIGNATED AGENCIES		213,123.
	OTHER ACCRUALS		2,462.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			269,628.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
	DONOR DESIGNATED CONTRIBUTIONS		213,123.
TOTAL TO FORM 990, PART IV-A			213,123.

The changes proposed below incorporate volunteerism into the affirmative action / nondiscrimination section of our By-Laws and should meet the national membership criteria of "Adheres top a locally developed and adopted policy to ensure volunteers and staff broadly reflect the diversity of the community it serves".

If you will be unable to attend our meeting due to Spring Break, please review the proposed change and send this ballot back to the United Way in the envelope provided prior to the Board Meeting.

ARTICLE XIV

AFFIRMATIVE ACTION/NONDISCRIMINATION

It is the policy of the United Way to actively promote the economic, social and educational equity of all persons, including that of its employees, volunteers, and the people it serves; to hire well-qualified ~~people~~ staff and recruit well-qualified volunteers to perform the tasks necessary to achieve its objectives efficiently and at reasonable costs; and to comply with both the letter and the spirit of the federal and state laws prohibiting discrimination on the basis of race, sex, creed, color, age, national origin or handicap, etc. The agency's activities, ~~both~~ in providing services to the community, recruiting volunteers, as well as in employment practices, including recruitment, hiring, transfer, promotion, training, compensation, benefits, layoffs, and terminations, will actively and aggressively promote this policy.

The United Way of Southwest Michigan respects the rights of its funding recipients to pursue their own organizational principles and values within the boundaries of the law. The United Way of Southwest Michigan recognizes that, especially in our pluralistic society, funding recipients will have underlying values and principles that may vary from one organization to another. The United Way of Southwest Michigan will strive to keep an open door to consider funding for all of them. As good stewards of our donor's contributions, our concern is with a given organization's ability to produce measurable results that: Nurture Children & Youth; Strengthen Families; Support Older Individuals; &/or Foster Independence.

I, {print name} _____, have read the proposed By-Laws revision and hereby vote:

_____ In favor of the changes as outlined above.

_____ Against the changes outlined above.

_____ Choose not to vote, but hereby assign my proxy to be counted with the majority of the Board Members voting on April 5, 2001.

{signature} _____ {date} _____

The following proposed changes incorporate volunteers into the existing Ethics Policy and should meet the national membership criteria of *“Adheres to a locally developed and adopted code of ethics for volunteers & staff....”*.

If you will be unable to attend our meeting due to Spring Break, please review the proposed change and send this ballot back to the United Way in the envelope provided prior to the Board Meeting.

I, {print name} _____,
have read the proposed Ethics Policy revision and hereby vote:

_____ In favor of the changes as outlined above.

_____ Against the changes outlined above.

_____ Choose not to vote, but hereby assign my proxy to be counted with the majority of the Board Members voting on April 5, 2001.

{signature} _____ {date} _____

United Way Board of Directors-Directory

TERM	CLASS	FIRST NAME	LAST NAME	UNITED WAY TITLE	COMPANY	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE	FAX	E MAIL
3X	2002	Jeff	Curry	REGIONAL INITIATIVES		P O Box 308	Notre Dame	IN	46556-0308	218 239-8404		bankerman44@yahoo.com
1L**	2002	Patrick	Furner	Labor Representative	MEA S-CJF	P O Box 229	Bremen Springs	MI	49103	471 7705	471 3880	plumer@mea.org
2*	2002	Harry	Gosselt		Retired WFC	1524 Lupine	St. Joseph	MI	49085	428-0340		barbara_a_hell@gmail.com
2*	2002	Barbara	Hall	IMMEDIATE PAST CHAIR	Whitpool Foundation	2000 M-63 Mail Drop 3106	Benton Harbor	MI	49022	923 5583	925-0154	john_jamick@emfbnd.com
1**	2002	John	Janick	BOARD CHAIR	Bank One	PO Box 308	Benton Harbor	MI	49023-0308	826-4704	471 2901	matthews@gatewaypro.com
1A	2002	Ron	Matthews	Agency Representative	Retired SW MI Labor Council	P O Box 272	Bremen Springs	MI	49085	983 5729/580-8004		spasula@courthouse.co.bernan.mi.us
1L**	2002	John	Olexa	LABOR CHAIR	Bremen County House	823 Lion's Park	St. Joseph	MI	49085	983-7111 X8610	471 3686	spitman@andrews.edu
1*	2002	Hon. Angela	Pasula	COMMUNITY ASSESSMENT CHAIR	Andrews University	811 Port Street	Bremen Springs	MI	49104	471-6135		senfing@btcau.com
1*	2002	Sharon	Pittman	BRAND STEWARDSHIP	The Brookview School	US 31	Harbert	MI	49115	426-8503		
1**	2002	Tanya	Ryskind	COMMUNICATIONS & MARKETING	Berrian Teachers Credit Union	13089 Poets Path Box 401	St. Joseph	MI	49085	983-6357		
2**	2002	Lynn	Warner			2920 Lakeview	St. Joseph	MI	49085		983-3445	
2**	2003	Demetra	Andreasen		University Relations	Andrews University US 31	Benton Springs	MI	49104	471-6313	471-6650	
1**	2003	Edwin	Enrich		American Electric Power	6213 E Napier	Benton Harbor	MI	49022	944-4835	926-0671	
1L*	2003	John	Holmes	Labor Representative	UAW Local 383/Bosch	254 Massner	Benton Harbor	MI	49022	428-6391/826-8314 (h)	428-6396	raddded2@civitasbank.com
1**	2003	Don	Raddo	1st VICE CHAIR/TREASURER	5th/3rd Bank	PO Box 48	St. Joseph	MI	49085	982 7510	982 7467	volunteercenter@qtm.net
1A*	2003	Kathy	Rosow	Agency Representative	Volunteer Center	1213 Oak Street	Bremen Springs	MI	49103	616-683-5464	616-683 1220	
1L***	2003	Marlin (Red)	Weaver Jr	Labor Representative	UAW Local 357	9566 Mathew Street	Bridgeport	MI	49108	616-465 5485	827 5028	ewhineh1@ford.com
1*	2003	Pete	Whitehead	2nd VICE CHAIR	Atlantic Automotive	1285 N Crystal	Benton Harbor	MI	49022	927-8311		
1	2003	James	Mitroy	2002 Campaign Chair	Chemical Bank Shoreline	823 Riverview Dr	Benton Harbor	MI	49022	934 1015	934 1058	Jim.mitroy@shorelinebank.com
1L**	2004	Dennis	Boldt	Labor Representative	UAW Local 357	P O Box 252	Baroda	MI	49101-0252	422 2207	428-6712	
2L**	2004	Ardelle	Brown	Labor Representative	Lake Michigan College	607 W 4th Street Apt 2	Buchanan	MI	49107	428 7687/428-6461	926-1856	
2**	2004	Bob	Harrison		The Link	400 Clock Rd	Benton Harbor	MI	49022	926-4086	983-5934	tomczyk@qtm.net
2A**	2004	Rick	Pahl	Agency Representative	Shoreline Bank	2002 S State Street	St. Joseph	MI	49085	983 5465	983-3790	wallace@parnet.net
2*	2004	Jim	Tomczyk	RESOURCE DEPLOYMENT	Center Wallace Mortgage	730 Pleasant Street	St. Joseph	MI	49127	983-8918		
2*	2004	Jon	Wallace	RESOURCE DEVELOPMENT	Express 1	420 W Main Street	Buchanan	MI	49085	862 5626		
1*	2004	Mike	Welch	VOLUNTEER DEVELOPMENT	Office of Michigan Works	P O Box 210	Buchanan	MI	49107	685-2700 Ext. 231		
1*	2004	Edward	Woods III			185 E Main St. Ste 303	Benton Harbor	MI	49022	927-1064		
1**	2004	Jim	Zeher	UWGN Board Liaison	Fifth Third Bank	210 E Main Street	Niles	MI	49120	616-687 3309		

A=Agency
L=Labor
X=Ex-Office
* =1 year term
** =2 year term
*** =3 year term