

Form **990**

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 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year 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)		Room/suite	E Telephone number 616-925-7772
		PO BOX 807			F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		City or town, state or country, and ZIP + 4 BENTON HARBOR, MI 49023			

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

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

G Website: WWW.UWSM.ORG

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

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

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(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,786,478.**

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	2,702,804.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	51,833.	
	d	Total (add lines 1a through 1c) (cash \$ 2,754,637. noncash \$)	1d	2,754,637.	
	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	27,871.	
	5	Dividends and interest from securities	5		
	6a	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			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	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		
Net Assets	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	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	3,970.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,786,478.	
	13	Program services (from line 44, column (B))	13	2,173,174.	
	14	Management and general (from line 44, column (C))	14	222,083.	
	15	Fundraising (from line 44, column (D))	15	121,821.	
	16	Payments to affiliates (attach schedule) SEE STATEMENT 1	16	22,214.	
	17	Total expenses (add lines 16 and 44, column (A))	17	2,539,292.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	247,186.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,756,409.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-247,881.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,755,714.	

SCANNED JUN 01 2003 Revenue

613-14 4

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. Page 2

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 \$ 1,839,283. noncash \$	22 1,839,283.	1,839,283.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 78,851.	39,426.	23,655.	15,770.
26	Other salaries and wages	26 277,487.	156,900.	69,450.	51,137.
27	Pension plan contributions	27			
28	Other employee benefits	28 63,665.	35,076.	16,635.	11,954.
29	Payroll taxes	29 27,950.	15,400.	7,302.	5,248.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 6,193.	2,891.	2,617.	685.
34	Telephone	34 14,123.	8,407.	3,924.	1,792.
35	Postage and shipping	35 5,045.	2,216.	1,277.	1,552.
36	Occupancy	36 30,665.	17,525.	8,761.	4,379.
37	Equipment rental and maintenance	37 26,794.	14,438.	8,829.	3,527.
38	Printing and publications	38 60,601.	1,916.	37,766.	20,919.
39	Travel	39 8,649.	1,300.	5,602.	1,747.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 4,769.	2,724.	1,363.	682.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e 73,003.	35,672.	34,902.	2,429.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,517,078.	2,173,174.	222,083.	121,821.

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.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a ALLOCATIONS TO ORGANIZATIONS IN THE COMMUNITY	
(Grants and allocations \$ _____)	1,839,283.
b FUND DISTRIBUTION SERVICES	
(Grants and allocations \$ _____)	107,146.
c INFORMATION & REFERRAL SERVICES	
(Grants and allocations \$ _____)	92,564.
d PLANNING	
(Grants and allocations \$ _____)	128,101.
e Other program services (attach schedule) STATEMENT 6 (Grants and allocations \$ _____)	6,080.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,173,174.

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	1,235,774.	46 1,363,434.
	47 a Accounts receivable	47a 982.	
	b Less: allowance for doubtful accounts	47b	47c 982.
	48 a Pledges receivable	48a 2,619,998.	
	b Less: allowance for doubtful accounts	48b 204,500.	48c 2,415,498.
	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	2,666.	53 3,766.
	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 91,334.		
b Less: accumulated depreciation \$TMT 7	57b 57,279.	57c 34,055.	
58 Other assets (describe SEE STATEMENT 8)	5,000.	58 5,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,816,388.	59 3,822,735.	
Liabilities	60 Accounts payable and accrued expenses	8,868.	60 3,907.
	61 Grants payable	830,621.	61 799,611.
	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 SEE STATEMENT 9)	220,490.	65 263,503.
66 Total liabilities (add lines 60 through 65)	1,059,979.	66 1,067,021.	
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	7,182.	67 159,097.
	68 Temporarily restricted	2,340,227.	68 2,167,617.
	69 Permanently restricted	409,000.	69 429,000.
	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)	2,756,409.	73 2,755,714.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,816,388.	74 3,822,735.	

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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MICHIGAN	90b	10
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of <input type="checkbox"/> MARTIN GOLOB III Telephone no. <input type="checkbox"/> 616-925-7722		
Located at <input type="checkbox"/> 185 E. MAIN STREET, BENTON HARBOR, MI		ZIP + 4 <input type="checkbox"/> 49023	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	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					27,871.
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					3,970.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	31,841.
105 Total (add line 104, columns (B), (D), and (E))					31,841.

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 page 34 of the instructions.)

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

RECEIVED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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
OGDEN, UT	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I, Martin Golob, preparer, certify that the accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

Date 5-10-04 Preparer's signature Martin Golob President

Date _____ Check if _____ Preparer's SSN or PTIN _____

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

2003

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
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 i of Part VI-B.) 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.		X
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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,956,907.	3,101,307.	2,914,723.	2,572,030.	11,544,967.
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	12,244.	29,926.	10,141.	2,454.	54,765.
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	38,201.	53,205.	57,396.	26,323.	175,125.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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	3,007,352.	3,184,438.	2,982,260.	2,600,807.	11,774,857.
24 Line 23 minus line 17	2,995,108.	3,154,512.	2,972,119.	2,598,353.	11,720,092.
25 Enter 1% of line 23	30,074.	31,844.	29,823.	26,008.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					234,402.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					2,341,764.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					11,720,092.
d Add: Amounts from column (e) for lines: 18 <u>175,125.</u> 19 _____ 22 _____ 26b <u>2,341,764.</u>					2,516,889.
e Public support (line 26c minus line 26d total)					9,203,203.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					78.5250%
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					
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					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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/>			
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/>			
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	

2003 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	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.
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.
18	OFFICE	063091SL		10.00	16	2,223.			2,223.	2,220.		0.
19	REFRIGERATOR	063091SL		5.00	16	250.			250.	250.		0.
25	OFFICE PARTITIONS	121593SL		10.00	16	1,000.			1,000.	908.		92.
28	I & R SOFTWARE	020194SL		3.00	16	1,675.			1,675.	1,675.		0.
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.
39	16MB SIMMS COMPUTER	071097SL		5.00	16	1,913.			1,913.	1,913.		0.
40	LASERJET PRINTER	031497SL		5.00	16	780.			780.	780.		0.
41	OFFICE CHAIR	062298SL		5.00	16	647.			647.	581.		66.

2003 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
42	DIGITAL CAMERA	110698SL		5.00	16	820.			820.	683.		137.
	2 G6-300 GATEWAY											
43	COMPUTERS	071698SL		3.00	16	2,808.			2,808.	2,808.		0.
	2 G6-350 GATEWAY											
44	COMPUTERS	071698SL		3.00	16	3,418.			3,418.	3,418.		0.
	ALR 7200 GATEWAY											
45	COMPUTER	071698SL		3.00	16	4,173.			4,173.	4,173.		0.
46	CAMPAIGN SOFTWARE	122099SL		3.00	16	5,000.			5,000.	5,000.		0.
47	UPGRADE PHONE SYSTEM	102500SL		5.00	16	2,925.			2,925.	1,268.		585.
48	5 866 GATEWAY DESKTOP	011001SL		5.00	16	5,311.			5,311.	2,124.		1,062.
49	GATEWAY SERVER	011001SL		5.00	16	6,797.			6,797.	2,718.		1,359.
50	GATEWAY NOTEBOOK	011001SL		5.00	16	2,310.			2,310.	924.		462.
51	CP 340 PC PROJECTOR	011001SL		5.00	16	3,334.			3,334.	1,334.		667.
	TWO DP-4520H PANASONIC											
52	COPIER	121203SL		5.00	16	26,317.			26,317.			439.
	* TOTAL 990 PAGE 2					91,334.		0.	91,334.	52,410.	0.	4,869.
	DEPR											

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 1

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
UNITED WAY OF AMERICA		
PURPOSE OF PAYMENT		AMOUNT
DUES		22,214.
TOTAL TO FORM 990, PART I, LINE 16		22,214.

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

DESCRIPTION	AMOUNT
DONOR DESIGNATED CONTRIBUTIONS-FASB 136	-247,881.
TOTAL TO FORM 990, PART I, LINE 20	-247,881.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
GRANT SUBCONTRACTED SERVICES	19,708.	19,708.		
DUES	17,487.	583.	16,904.	
MISC ADMINISTRATIVE VOLUNTEER & STAFF DEVELOPMENT/TRAINING	1,364.	53.	1,290.	21.
OTHER PROFESSIONAL FEES	17,363.	7,151.	8,579.	1,633.
	17,081.	8,177.	8,129.	775.
TOTAL TO FM 990, LN 43	73,003.	35,672.	34,902.	2,429.

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	151,000.
	BERRIEN CO CANCER SERVICE		NONE	138,000.
	RIVERWOOD CENTER		NONE	20,500.
	CHILD & FAMILY SERV OF MI		NONE	121,113.
	SALV ARMY-BENTON HARBOR		NONE	178,895.
	GIRLS SCOUTS OF SINGING SANDS		NONE	59,124.
	SW MI COUNCIL-BOY SCOUTS		NONE	129,069.
	YMCA OF ST JOSEPH-BENTON HARBOR		NONE	173,352.
	AMER RED CROSS BERRIEN CO CHAPTER		NONE	72,000.
	GATEWAY INC		NONE	81,417.
	THE SAMARITAN CENTER		NONE	49,923.
	LINK CRISIS INTERVENTION CTR		NONE	138,461.
	SW MI VOLUNTEER CENTER		NONE	70,050.

SALV ARMY-NILES	NONE	4,000.
BIG BROTHERS/SISTERS	NONE	2,203.
YMCA OF NILES-BUCHANAN	NONE	25,898.
EMERGENCY SHELTER SERVICE	NONE	100,000.
SENIOR VOLUNTEER PROGRAM	NONE	19,500.
LASALLE COUNCIL-BOY SCOUTS	NONE	10,116.
BERR CO GUARDIANSHIP SER	NONE	36,250.
SENIOR NUTRITION SERVICES	NONE	20,554.
CAPITAL VENTURE/MISC GRANTS	NONE	237,858.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1839283.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 6

DESCRIPTION

GRANTS AND ALLOCATIONS

EXPENSES

SWMI.INFO PROJECT

6,080.

TOTAL TO FORM 990, PART III, LINE E

6,080.

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 REFRIGERATOR	2,223.	2,220.	3.
OFFICE PARTITIONS	250.	250.	0.
I & R SOFTWARE	1,000.	1,000.	0.
I & R SOFTWARE	1,675.	1,675.	0.
I & R SOFTWARE	2,000.	2,000.	0.
SOFTWARE	2,000.	2,000.	0.
PHONE SYSTEM	5,969.	5,969.	0.
16MB SIMMS COMPUTER	7,308.	7,308.	0.
LASERJET PRINTER	1,913.	1,913.	0.
OFFICE CHAIR	780.	780.	0.
DIGITAL CAMERA	647.	647.	0.
2 G6-300 GATEWAY COMPUTERS	820.	820.	0.
2 G6-350 GATEWAY COMPUTERS	2,808.	2,808.	0.
ALR 7200 GATEWAY COMPUTER	3,418.	3,418.	0.
CAMPAIGN SOFTWARE	4,173.	4,173.	0.
UPGRADE PHONE SYSTEM	5,000.	5,000.	0.
5 866 GATEWAY DESKTOP	2,925.	1,853.	1,072.
GATEWAY SERVER	5,311.	3,186.	2,125.
GATEWAY NOTEBOOK	6,797.	4,077.	2,720.
CP 340 PC PROJECTOR	2,310.	1,386.	924.
TWO DP-4520H PANASONIC COPIER	3,334.	2,001.	1,333.
TOTAL TO FORM 990, PART IV, LN 57	26,317.	439.	25,878.
TOTAL TO FORM 990, PART IV, LN 57	91,334.	57,279.	34,055.

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
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DESCRIPTION	AMOUNT
DEPOSITS FROM COALITION	13,380.
DUE TO DESIGNATED AGENCIES	247,881.
OTHER ACCRUALS	2,242.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	263,503.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
DONOR DESIGNATED CONTRIBUTIONS	247,881.
TOTAL TO FORM 990, PART IV-A	247,881.
