

Return of Organization Exempt From Income Tax

2005

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)

Open to Public Inspection

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

A For the 2005 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 PO BOX 807		E Telephone number 269-925-7772
		City or town, state or country, and ZIP + 4 BENTON HARBOR, MI 49023		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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 **N/A**

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

G Website: 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,960,566.**

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

SCANNED JUL 22 2006 Revenue

1303

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1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	2,826,630.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 2,826,630. noncash \$ _____)	1d		2,826,630.	
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		19,579.	
5	Dividends and interest from securities	5		23,616.	
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 STMT 1)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		79,615.	8a		
b	Less: cost or other basis and sales expenses	65,457.	8b		
c	Gain or (loss) (attach schedule)	14,158.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	14,158.	
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			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
10c	Net 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		11,126.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,895,109.	
13	Program services (from line 44, column (B))	13		1,987,675.	
14	Management and general (from line 44, column (C))	14		232,680.	
15	Fundraising (from line 44, column (D))	15		153,067.	
16	Payments to affiliates (attach schedule) SEE STATEMENT 2	16		28,015.	
17	Total expenses (add lines 16 and 44, column (A))	17		2,401,437.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		493,672.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,660,872.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		-195,097.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,959,447.	

12 615

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 1,761,687. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 6	
22	1,761,687.	1,761,687.		
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 68,076.	23,827.	30,634.	13,615.
26 Other salaries and wages	26 243,972.	119,430.	47,097.	77,445.
27 Pension plan contributions	27 15,424.	7,573.	2,935.	4,916.
28 Other employee benefits	28 39,101.	18,009.	9,632.	11,460.
29 Payroll taxes	29 23,796.	10,947.	5,873.	6,976.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 8,272.	3,605.	3,497.	1,170.
34 Telephone	34 9,104.	4,905.	3,104.	1,095.
35 Postage and shipping	35 5,603.	948.	3,692.	963.
36 Occupancy	36 30,060.	15,279.	9,854.	4,927.
37 Equipment rental and maintenance	37 15,454.	6,431.	6,460.	2,563.
38 Printing and publications	38 35,327.	80.	14,967.	20,280.
39 Travel	39 9,657.	548.	8,293.	816.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 9,302.	5,315.	2,658.	1,329.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 4	43g 98,587.	9,091.	83,984.	5,512.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,373,422.	1,987,675.	232,680.	153,067.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 5

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

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,761,687.
b FUND DISTRIBUTION SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	104,298.
c INFORMATION & REFERRAL SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,020.
d PLANNING	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	109,466.
e Other program services (attach schedule) SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,204.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,987,675.

Part IV Balance Sheets (See the instructions)

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	568,477.	46 605,279.
	47 a Accounts receivable	47a 1,564.	
	b Less: allowance for doubtful accounts	47b	47c 1,564.
	48 a Pledges receivable	48a 2,800,508.	
	b Less: allowance for doubtful accounts	48b 200,000.	48c 2,600,508.
	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	3,766.	53 3,340.
	54 Investments - securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	631,453.	54 714,139.
	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 STMT 9	57b 75,979.	57c 15,355.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	5,000.	58 5,000.	
59 Total assets (must equal line 74) Add lines 45 through 58	3,591,890.	59 3,945,185.	
Liabilities	60 Accounts payable and accrued expenses	5,815.	60 31,282.
	61 Grants payable	700,352.	61 734,658.
	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 11)	224,851.	65 219,798.
66 Total liabilities. Add lines 60 through 65)	931,018.	66 985,738.	
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	141,981.	67 177,411.
	68 Temporarily restricted	2,137,006.	68 2,387,642.
	69 Permanently restricted	381,885.	69 394,394.
	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)	2,660,872.	73 2,959,447.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,591,890.	74 3,945,185.	

Part VI Other Information (continued)		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	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.		
	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?		
	N/A		
85g			
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?		
	N/A		
85h			
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		X
88			
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>MI</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	7
91 a	The books are in care of <u>ANNA MURPHY</u> Telephone no. <u>269-925-7722</u> Located at <u>185 E. MAIN STREET, BENTON HARBOR, MI</u> ZIP + 4 <u>49023</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
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 <u>N/A</u>	92	

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

Note: Enter gross amounts unless otherwise indicated.

	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	
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					19,579.
96 Dividends and interest from securities					23,616.
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			18	14,158.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					11,126.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		14,158.	54,321.
105 Total (add line 104, columns (B), (D), and (E))					68,479.

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 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

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

(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	%			
	%			
	%			
	%			

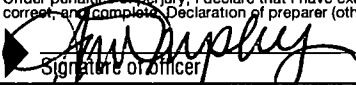
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(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)

Please Sign Here: 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:  Date: 5/30/06 ANNA MURPHY, EXECUTIVE DIRECTOR

Preparer's signature: DAVID SCHAFFER, C.P.A. Date: 05/30/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SCHAFFER & LAYHER, PLLC, 805 VAN BRUNT ST. JOSEPH, MI 49085

Phone no.: (269) 983-0131

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 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

2005

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>JERRY SIRK</u> <u>1219 SUMMER STREET, BENTON HARBOR, MI</u>	40.00	51,656.		

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

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(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 other contractors receiving over \$50,000 for other 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-A, 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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,719,840.	2,754,637.	2,956,907.	3,101,307.	11,532,691.
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	2,698.	3,970.	12,244.	29,926.	48,838.
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	37,957.	27,871.	38,201.	53,205.	157,234.
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	2,760,495.	2,786,478.	3,007,352.	3,184,438.	11,738,763.
24 Line 23 minus line 17	2,757,797.	2,782,508.	2,995,108.	3,154,512.	11,689,925.
25 Enter 1% of line 23	27,605.	27,865.	30,074.	31,844.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 233,799.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,617,819.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,689,925.
d Add: Amounts from column (e) for lines: 18 157,234. 19 _____ 22 _____ 26b 2,617,819.					26d 2,775,053.
e Public support (line 26c minus line 26d total)					26e 8,914,872.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 76.2612%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
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 2001 through 2004, 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.

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.)		

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	

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	

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	

2005 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	032985	SL	5.00	16	173.			173.	173.		0.
3	CHAIR & CALCULATOR	041585	SL	5.00	16	252.			252.	252.		0.
4	TYPEWRITER	043085	SL	5.00	16	771.			771.	771.		0.
10	FOUR DRAWER FILE	010186	SL	5.00	16	152.			152.	152.		0.
11	2 PROJECTORS	030187	SL	5.00	16	2,020.			2,020.	2,020.		0.
13	OFFICE CHAIR #209	063089	SL	5.00	16	249.			249.	249.		0.
14	CABINETS #211, 212	063089	SL	5.00	16	368.			368.	368.		0.
15	COMPUTER EQUIP #210, 213-219	063089	SL	5.00	16	371.			371.	371.		0.
18	OFFICE	063091	SL	10.00	16	2,223.			2,223.	2,220.		0.
19	REFRIGERATOR	063091	SL	5.00	16	250.			250.	250.		0.
25	OFFICE PARTITIONS	121593	SL	10.00	16	1,000.			1,000.	1,000.		0.
28	I & R SOFTWARE	020194	SL	3.00	16	1,675.			1,675.	1,675.		0.
29	I & R SOFTWARE	040194	SL	3.00	16	2,000.			2,000.	2,000.		0.
30	SOFTWARE	122195	SL	3.00	16	5,969.			5,969.	5,969.		0.
33	PHONE SYSTEM	120195	SL	5.00	16	7,308.			7,308.	7,308.		0.
39	16MB SIMMS COMPUTER	071097	SL	5.00	16	1,913.			1,913.	1,913.		0.
40	LASERJET PRINTER	031497	SL	5.00	16	780.			780.	780.		0.
41	OFFICE CHAIR	062298	SL	5.00	16	647.			647.	647.		0.

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	110698	SL	5.00	16	820.			820.	820.		0.
	2 G6-300 GATEWAY	071698	SL	3.00	16	2,808.			2,808.	2,808.		0.
43	COMPUTERS	071698	SL	3.00	16	3,418.			3,418.	3,418.		0.
	2 G6-350 GATEWAY	071698	SL	3.00	16	4,173.			4,173.	4,173.		0.
44	COMPUTERS	122099	SL	3.00	16	5,000.			5,000.	5,000.		0.
	ALR 7200 GATEWAY	011001	SL	5.00	16	2,925.			2,925.	2,438.		487.
45	COMPUTER	011001	SL	5.00	16	5,311.			5,311.	4,248.		1,063.
46	CAMPAIGN SOFTWARE	011001	SL	5.00	16	6,797.			6,797.	5,436.		1,361.
47	UPGRADE PHONE SYSTEM	011001	SL	5.00	16	2,310.			2,310.	1,848.		462.
48	866 GATEWAY DESKTOP	011001	SL	5.00	16	3,334.			3,334.	2,668.		666.
49	GATEWAY SERVER	121203	SL	5.00	16	26,317.			26,317.	5,702.		5,263.
50	GATEWAY NOTEBOOK					91,334.		0.	91,334.	66,677.	0.	9,302.
51	CP 340 PC PROJECTOR											
52	TWO DP-4520H PANASONIC COPIER											
	* TOTAL 990 PAGE 2 DEPR											

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	79,615.	65,457.	0.	14,158.
TO FORM 990, PART I, LINE 8	79,615.	65,457.	0.	14,158.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
UNITED WAY OF AMERICA		
PURPOSE OF PAYMENT		AMOUNT
DUES		28,015.
TOTAL TO FORM 990, PART I, LINE 16		28,015.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
DONOR DESIGNATED CONTRIBUTIONS-FASB 136	-212,866.
CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION-FASB136	-2,936.
UNREALIZED GAIN ON SECURITIES	14,417.
UNREALIZED GAIN ON SECURITIES	6,288.
TOTAL TO FORM 990, PART I, LINE 20	-195,097.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
GRANT SUBCONTRACTED SERVICES	26.	26.		
DUES	22,265.	618.	21,647.	
MISC ADMINISTRATIVE VOLUNTEER & STAFF DEVELOPMENT/TRAINING	27,487.	30.	27,374.	83.
OTHER PROFESSIONAL FEES	26,021.	5,681.	15,764.	4,576.
	22,788.	2,736.	19,199.	853.
TOTAL TO FM 990, LN 43	98,587.	9,091.	83,984.	5,512.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANNA MURPHY	68,076.			68,076.
A. PROGRAM SERVICES	23,827.			23,827.
B. MANAGEMENT AND GENERAL	30,634.			30,634.
C. FUNDRAISING	13,615.			13,615.
TOTAL PROGRAM SERVICES				23,827.
TOTAL MANAGEMENT AND GENERAL				30,634.
TOTAL FUNDRAISING				13,615.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				68,076.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	MILESTONES OF SOUTHWEST MICHIGAN		NONE	129,930.
	BERRIEN CO CANCER SERVICE		NONE	122,981.
	RIVERWOOD CENTER		NONE	17,876.
	CHILD & FAMILY SERV OF MI		NONE	104,405.
	SALV ARMY-BENTON HARBOR		NONE	159,706.
	GIRLS SCOUTS OF SINGING SANDS		NONE	53,530.
	SW MI COUNCIL-BOY SCOUTS		NONE	115,593.

YMCA OF ST JOSEPH-BENTON HARBOR	NONE	152,789.
AMER RED CROSS BERRIEN CO CHAPTER	NONE	60,261.
GATEWAY INC	NONE	71,242.
THE SAMARITAN CENTER	NONE	43,533.
LINK CRISIS INTERVENTION CTR	NONE	122,417.
SW MI VOLUNTEER CENTER	NONE	75,600.
SALV ARMY-NILES	NONE	3,667.
YMCA OF NILES-BUCHANAN	NONE	21,193.
EMERGENCY SHELTER SERVICE	NONE	87,199.
SENIOR VOLUNTEER PROGRAM	NONE	16,021.
SOUTHWEST MICHIGAN COMMUNITY ACTION	NONE	16,289.
LASALLE COUNCIL-BOY SCOUTS	NONE	9,098.
BERR CO GUARDIANSHIP SER	NONE	33,236.
SENIOR NUTRITION SERVICES	NONE	18,444.
CAPITAL VENTURE/MISC GRANTS	NONE	326,677.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1761687.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SWMI.INFO PROJECT		6,204.
TOTAL TO FORM 990, PART III, LINE E		6,204.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

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.	1,000.	0.
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.	1,913.	0.
LASERJET PRINTER	780.	780.	0.
OFFICE CHAIR	647.	647.	0.
DIGITAL CAMERA	820.	820.	0.
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.	5,000.	0.
UPGRADE PHONE SYSTEM	2,925.	2,925.	0.

5 866 GATEWAY DESKTOP	5,311.	5,311.	0.
GATEWAY SERVER	6,797.	6,797.	0.
GATEWAY NOTEBOOK	2,310.	2,310.	0.
CP 340 PC PROJECTOR	3,334.	3,334.	0.
TWO DP-4520H PANASONIC COPIER	26,317.	10,965.	15,352.
TOTAL TO FORM 990, PART IV, LN 57	91,334.	75,979.	15,355.

FORM 990 OTHER ASSETS STATEMENT 10

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 11

DESCRIPTION	AMOUNT
DEPOSITS FROM COALITION	6,125.
DUE TO DESIGNATED AGENCIES	212,866.
OTHER ACCRUALS	807.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	219,798.

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	714,139.
TO FORM 990, LINE 54, COL B		714,139.

2006 Board of Directors

LAST NAME	FIRST NAME	COMPANY	ADDRESS	CITY	ST	ZIP CODE	TELEPHONE	FAX	E-MAIL
Bly	David	Horizon Bank	811 Ship Street	St Joseph	MI	49085-0048	982-3200		dbly@accesshorizon.com
Boldt	Dennis	DA Dodd	P O Box 1131	Benton Harbor	MI	49023-1131	926-7873		dadodd@parrett.net
Gallay	Erni	Lakeland Regional Health System	1234 Napier Avenue	St Joseph	MI	49085	428-2220	428-0290	egallay@lakelandregional.org
Godush	Jim	The Radio Stations of SW Michigan	508 E Napier Ave	Benton Harbor	MI	49022	925-1111		gifford@wsim.com
Hahn	John	SW MI Labor Council	4800 Birch Court	Stevensville	MI	49127	983-6595		jmgo123@aol.com
Hall	Jim	MI Carpenter's Apprenticeship & Training Fund	P O Box 259	Stevensville	MI	49127	429-2272	429-2273	jmhahn@amentech.net
Hodgson	Barbara	Whirlpool Foundation	2000 M-63, Mail Drop 3106	Benton Harbor	MI	49022	923-5683	925-0154	barbara_a_hall@email.whirlpool.com
Holloway	John	Assistant City Manager	700 Broad Street	St Joseph	MI	49085	983-5541		hodgson@sjcity.com
Janick	Maj Jack	Salvation Army BH Corps	P O Box 1044	Benton Harbor	MI	49023-1044	927-1353	927-0401	jack_holloway@usc.salvationarmy.org
Kraemer	John	National City	4657 Niles Rd	St Joseph	MI	49085	429-6420		john_kraemer@nationalcity.com
Raddie	Sandy	Chemical Bank Shoreline	PO Box 459	Coloma	MI	49038-459	468-3179	468-5639	sandy_kraemer@chemicalbankmi.com
Remers	Don	Horizon Bank	811 Ship Street	St Joseph	MI	49085-0048	982-3200		donraddie@msn.com
Ruell	Randy	Fifth Third Bank	830 Pleasant Street	St Joseph	MI	49085	(269) 982-7540	(269) 982-7451	randy_reimers@53.com
Schmidt	Fred	UWUA LOCAL 150	01990 62nd Street	South Haven	MI	49090	253-4313		fsruell@cmsenergy.com
Siegel	Dr. Carole	St Joseph Public Schools	2214 S State St	St Joseph	MI	49085	982-4621		cschmidt@sischools.org
Stover	Jeff	BCISD	711 St Joseph Street	Benton Harbor	MI	49103	471-7725	471-2941	jsiegel@remc11.k12.mi.us
Vargo	Dale	Public Safety Education Program	P O Box 789	Saint Joseph	MI	49085-0789	208-0462	468-6649	dale_psep@yahoo.com
Wallace	Sharon	Piante & Moran, LLP	511 Renaissance Dr, Ste 120	St Joseph	MI	49085	982-6071	982-2800	Sharon.Vargo@plante Moran.com
Warner	Jon	Carter-Wallace Mortgage	421 Main St	St Joseph	MI	49085	982-5626	982-1619	harrison@lmc.cc.mi.us
Weich	Lynn	Benton Teachers Credit Union	P O Box 106	St Joseph	MI	49085-0106	983-6357	983-3445	lynnw@btcu.com
Weich	Mike	Express-1 Inc	P O Box 210	Buchanan	MI	49107	695-2700 Ext 231	695-7458	mike@express-1.com