

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002**

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 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

C Name of organization  
**NON-PROFIT ENTERPRISE AT WORK, INC**  
**DBA NEW CENTER**

D Employer identification number  
**38-2825019**

E Telephone number  
**(734) 998-0160**

F Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1100 NORTH MAIN STREET 101**

City or town, state or country, and ZIP + 4  
**ANN ARBOR, MI 48104**

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 \_\_\_\_\_  
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 Web site: **WWW.NEW.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.

I Enter 4-digit GEN \_\_\_\_\_

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **741,355.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	1a	Direct public support	488,082.	
	b	1b	Indirect public support		
	c	1c	Government contributions (grants)		
	d	1d	Total (add lines 1a through 1c) (cash \$ <b>488,082.</b> noncash \$ _____)	488,082.	
	2	2	Program service revenue including government fees and contracts (from Part VII, line 93)	246,927.	
	3	3	Membership dues and assessments		
	4	4	Interest on savings and temporary cash investments	1,602.	
	5	5	Dividends and interest from securities		
	6a	6a	Gross rents		
	b	6b	Less: rental expenses		
	c	6c	Net rental income or (loss) (subtract line 6b from line 6a)		
7	7	Other investment income (describe _____)			
Revenue	8	8 a Gross amount from sale of assets other than inventory		(A) Securities	(B) Other
		8a			
		8b			
		8c			
d	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))			
Revenue	9	9 Special events and activities (attach schedule)			
		a	9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	
		b	9b	Less: direct expenses other than fundraising expenses	
c	9c	Net income or (loss) from special events (subtract line 9b from line 9a)			
Revenue	10	10 a Gross sales of inventory, less returns and allowances		10a	
		b	10b	Less: cost of goods sold	
		c	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	
11	11	Other revenue (from Part VII, line 103)	4,744.		
12	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	741,355.		
Expenses	13	13	Program services (from line 44, column (B))	486,300.	
	14	14	Management and general (from line 44, column (C))	139,201.	
	15	15	Fundraising (from line 44, column (D))	178.	
	16	16	Payments to affiliates (attach schedule)		
	17	17	Total expenses (add lines 16 and 44, column (A))	625,679.	
Net Assets	18	18	Excess or (deficit) for the year (subtract line 17 from line 12)	115,676.	
	19	19	Net assets or fund balances at beginning of year (from line 73, column (A))	845,666.	
	20	20	Other changes in net assets or fund balances (attach explanation)	0.	
	21	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	961,342.	

223001 01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

**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 \$ _____ noncash \$ _____	22			
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	0.	0.	0.
26	Other salaries and wages	26	329,218.	246,191.	83,027.
27	Pension plan contributions	27			
28	Other employee benefits	28	15,119.	11,282.	3,837.
29	Payroll taxes	29	25,715.	19,572.	6,143.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	4,477.	2,845.	1,632.
34	Telephone	34	5,136.	5,136.	
35	Postage and shipping	35	20,454.	19,209.	1,245.
36	Occupancy	36			
37	Equipment rental and maintenance	37	17,404.	16,536.	868.
38	Printing and publications	38	17,113.	14,610.	2,503.
39	Travel	39	5,339.	1,456.	3,883.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	37,075.	34,255.	2,820.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 1</b>	43e	148,629.	115,208.	33,243.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	625,679.	486,300.	139,201.

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 2**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<b>BUILDING MANAGEMENT-THE ORGANIZATION PROVIDES LOW-COST OFFICE SPACE AND CONFERENCE ROOM RENTALS TO NONPROFIT ORGANIZATIONS. THE ORGANIZATION HAD 22 TENANTS AND RENTED CONFERENCE ROOMS TO 1775 CLIENTS.</b> (Grants and allocations \$ _____)	106,862.
b	<b>CONSULTING-THE ORGANIZATION PROVIDES LOW COST MANAGEMENT CONSULTING TO NONPROFIT ORGANIZATIONS. PROVIDED SERVICE TO 43 CLIENTS.</b> (Grants and allocations \$ _____)	56,398.
c	<b>EDUCATION AND TRAINING-THE ORGANIZATION PROVIDES WORKSHOPS AND INFORMATION TO NONPROFIT ORGANIZATIONS AND VOLUNTEERS. PROVIDED SERVICE TO APPROXIMATELY 1408 CLIENTS.</b> (Grants and allocations \$ _____)	137,071.
d	<b>ADVOCACY AND OUTREACH-THIS COMMUNITY RECOGNITION PROGRAM AWARDED 69 CLIENTS FOR EXCELLENCE IN NONPROFIT MANAGEMENT.</b> (Grants and allocations \$ _____)	37,209.
e	Other program services (attach schedule) <b>STATEMENT 3</b> (Grants and allocations \$ _____)	148,760.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	486,300.

NON-PROFIT ENTERPRISE AT WORK, INC  
DBA NEW CENTER

**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	16,980.	45	88,755.	
	46 Savings and temporary cash investments	70,361.	46	171,964.	
	47 a Accounts receivable	47a 23,484.			
	b Less: allowance for doubtful accounts	47b	27,197.	47c	23,484.
	48 a Pledges receivable	48a 100,000.			
	b Less: allowance for doubtful accounts	48b	151,805.	48c	100,000.
	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		342.	52	342.
	53 Prepaid expenses and deferred charges		2,516.	53	15,319.
	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 1,006,466.				
b Less: accumulated depreciation	57b 374,288.	657,925.	57c	632,178.	
58 Other assets (describe <input type="checkbox"/> )			58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		927,126.	59	1,032,042.	
Liabilities	60 Accounts payable and accrued expenses	24,815.	60	19,182.	
	61 Grants payable		61		
	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 4 )		56,645.	65	51,518.
66 <b>Total liabilities</b> (add lines 60 through 65)		81,460.	66	70,700.	
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	62,171.	67	152,156.	
	68 Temporarily restricted	783,495.	68	809,186.	
	69 Permanently restricted		69		
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		845,666.	73	961,342.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		927,126.	74	1,032,042.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	▶ a	927,890.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ <u>186,535.</u>		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	▶ b	186,535.
c	Line a minus line b	▶ c	741,355.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	▶ d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	▶ e	741,355.

a	Total expenses and losses per audited financial statements	▶ a	812,214.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ <u>186,535.</u>		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	▶ b	186,535.
c	Line a minus line b	▶ c	625,679.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	▶ d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	▶ e	625,679.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No Form 990 (2002)

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DBA NEW CENTER

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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? N/A	78b	
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 _____ 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	186,535.
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? N/A	84b	
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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.		
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	88	X
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	89b	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>MICHIGAN</u>		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	14
91	The books are in care of <u>LIA STEVENS</u> Telephone no <u>734-998-0160</u>		

Located at 1100 NORTH MAIN STREET, ANN ARBOR, MI

ZIP + 4 48104

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

223041  
01-22-03

Form 990 (2002)

**Part VII Analysis of Income-Producing Activities** (See page 31 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	
93 Program service revenue:					
a RENTAL TO NONPROFIT					
b ORGANIZATIONS					168,029.
c REGISTRATION FEES					63,659.
d CONSULTING					15,239.
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			14	1,602.	
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					4,744.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,602.	251,671.
105 Total (add line 104, columns (B), (D), and (E))					253,273.

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 32 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).
▼	SEE STATEMENT 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of 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 page 33 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).

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: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: \_\_\_\_\_ Date: NOV 10 2002 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) address and ZIP + 4: BKR DUPUIS & RYDEN  
2245 S. STATE STREET SUITE 2000  
ANN ARBOR, MICHIGAN 48104

EIN: \_\_\_\_\_ Phone no.: (734) 747-8863

**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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **NON-PROFIT ENTERPRISE AT WORK, INC  
DBA NEW CENTER** Employer identification number **38: 2825019**

**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
SUSAN KATZ FRONING 1100 N. MAIN, STE 102, ANN ARBOR, MI	PRESIDENT 50	67,000.		
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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying, substantial contributors, property, and grants. Includes a 'Note' section and 'SEE STATEMENT 8' references.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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...
6 [ ] A school...
7 [ ] A hospital or a cooperative hospital service organization...
8 [ ] A Federal, state, or local government or governmental unit...
9 [ ] A medical research organization...
10 [ ] An organization operated for the benefit of a college or university...
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public...
11b [ ] A community trust...
12 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts...
13 [ ] An organization that is not controlled by any disqualified persons...

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes question 14: An organization organized and operated to test for public safety.



NON-PROFIT ENTERPRISE AT WORK, INC

Schedule A (Form 990 or 990-EZ) 2002 DBA NEW CENTER

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**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	333,277.	377,848.	299,115.	303,018.	1,313,258.
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	328,083.	405,762.	354,434.	376,286.	1,464,565.
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	869.	3,136.	2,320.	4,294.	10,619.
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	1,676.	594.	393.	6,886.	9,549.
23 Total of lines 15 through 22	663,905.	787,340.	656,262.	690,484.	2,797,991.
24 Line 23 minus line 17	335,822.	381,578.	301,828.	314,198.	1,333,426.
25 Enter 1% of line 23	6,639.	7,873.	6,563.	6,905.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e) line 24					26a 26,669.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 84,993.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,333,426.
d Add: Amounts from column (e) for lines: 18 10,619. 19 22 9,549. 26b 84,993.					26d 105,161.
e Public support (line 26c minus line 26d total)					26e 1,228,265.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.1135%
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					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 1998 through 2001, 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 )		
<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 -														
	<table border="0"> <tr> <td style="padding-right: 20px;">If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </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	41	
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 (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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 11 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:

- 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)

Yes	No	Amount
		0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question ID, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If 'Yes,' complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

Schedule A

Identification of Excess Contributions  
Included on Part IV-A, Line 26b

2002

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
FORD MOTOR COMPANY	70,000.	43,331.
AMERITECH	65,000.	38,331.
WARNER-LAMBERT	30,000.	3,331.

Total Excess Contributions to Schedule A Line 26b 84,993.

22317 1/05-01-02

**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

**2002**

Name of organization

NON-PROFIT ENTERPRISE AT WORK, INC  
DBA NEW CENTER

Employer identification number

38-2825019

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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization NON-PROFIT ENTERPRISE AT WORK, INC DBA NEW CENTER	Employer identification number 38-2825019
--	--

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM AND DOROTHY O'NEIL FOUNDATION 30195 CHAGRIN BLVD. SUITE 310 CLEVELAND, OH 44114	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	JAMES A. & FAITH KNIGHT FOUNDATION 180 LITTLE LAKE DR. STE 6B ANN ARBOR, MI 48103	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	ANN ARBOR AREA COMMUNITY FOUNDATION 30 N. MAIN STREET ANN ARBOR, MI 48106	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	DTE ENERGY FOUNDATION 2000 SECOND AVE. 1046WCB DETROIT, MI 48226	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	PFIZER 235 E. 42ND ST. NEW YORK, NEW YORK 10017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	THE POWER FOUNDATION 136 E. MICHIGAN AVE., SUITE 1201 KALAMAZOO, MI 49007	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization  
**NON-PROFIT ENTERPRISE AT WORK, INC**  
**DBA NEW CENTER**

Employer identification number

**38-2825019**

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FORD MOTOR COMPANY FUND  ONE AMERICAN ROAD, STE 335  DEARBORN, MI 48126	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
8	ELIZABETH E. KENNEY FUND  PO BOX 6002  PASADENA, CA 91102	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
9	THE SBC FOUNDATION  CHASE MANHATTAN BANK DELAWARE  WILMINGTON, DE	\$ 60,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>



**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>NON-PROFIT ENTERPRISE AT WORK, INC DBA NEW CENTER</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>38-2825019</b>
---	---	---

**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter amount from line 29		
8 Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7		
9 Tentative deduction Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	37,075.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17 lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr.	22	37,075.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** Listed Property (Include automobiles certain other vehicles cellular telephones certain computers and property used for entertainment, recreation or amusement)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21 page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See instructions for vehicles used by corporate officers directors or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year:					
43 Amortization of costs that began before your 2002 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	44,735.	39,456.	5,279.	
DUES & SUBSCRIPTIONS	10,345.	7,959.	2,386.	
INSURANCE	6,006.		6,006.	
MISCELLANEOUS	2,940.	57.	2,883.	
MEALS & ENTERTAINMENT	3,942.	3,912.		30.
ALLOCATION OF OCCUPANCY COSTS	0.	<6,738.>	6,738.	
MARKETING & PROMOTION	19,306.	13,628.	5,530.	148.
TRAINING	91.	91.		
PROGRAM EXPENSES	21,069.	21,069.		
JANITORIAL	9,889.	9,889.		
UTILITIES	25,885.	25,885.		
BAD DEBT	96.		96.	
PROFESSIONAL FEES	4,325.		4,325.	
<b>TOTAL TO FM 990, LN 43</b>	<b>148,629.</b>	<b>115,208.</b>	<b>33,243.</b>	<b>178.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

## EXPLANATION

TO PROVIDE FACILITIES, EDUCATIONAL PROGRAMS, CONSULTING AND LEADERSHIP TO  
NONPROFIT ARTS AND HUMAN SERVICE ORGANIZATIONS.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 3
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
INFORMATION SYSTEMS AND SUPPORT		46,121.
BOARD		44,145.
TECHNOLOGY		46,233.
PUBLICATIONS		12,261.
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>148,760.</b>

NON-PROFIT ENTERPRISE AT WORK, INC DBA N

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FORM 990 OTHER LIABILITIES STATEMENT 4

DESCRIPTION	AMOUNT
SECURITY DEPOSITS PAYABLE	4,937.
REFUNDABLE ADVANCES	46,581.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	51,518.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM G. MILLIKEN, JR. 1100 N MAIN STREET, NO. 101 ANN ARBOR, MI 48104	CHAIR 2	0.	0.	0.
DEBRA POLICH 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	SECRETARY 2	0.	0.	0.
ROBERT J. MARTEL 1100 N MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
JAMES BALMER 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
ALBERT M. BERRIZ 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
LETITIA J. BYRD 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
JOAN CHESLER 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
PETER B. CORR 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.

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TIMOTHY R. DAMSCHRODER 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
MARTHA DARLING 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE .5	0.	0.	0.
JOE FITZSIMMONS 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
JAMES P. FRENZA 1100 N MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
ROBERT GUENZEL 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
MICHAEL F. NOLD 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
SUSAN POLLAY 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
PAUL SAGINAW 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	VICE CHAIR 2	0.	0.	0.
MARGARET TALBURTT 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
JIM VICK 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
CYNTHIA WILBANKS 1100 N. MAIN STREET, NO. 101 ANN ARBOR, MI 48104	TRUSTEE 0.5	0.	0.	0.
GEORGE BOREL 101 N. MAIN ST 6TH FLOOR ANN ARBOR, MI 48104	TREASURER 2	0.	0.	0.
PHYLLIS DONALDSON ADAMS 315 E EISENHOWER PKWY STE 100 ANN ARBOR, MI 48108-3306	TRUSTEE 0.5	0.	0.	0.



SCHEDULE A	OTHER INCOME			STATEMENT 9
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	1,676.	594.	393.	6,886.
TOTAL TO SCHEDULE A, LINE 22	1,676.	594.	393.	6,886.



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## Scholarship Opportunities

### Overview

NEW is pleased to offer scholarship opportunities for the Fall 2003 workshop series. **The application deadline for scholarships is August 18, 2003.** Your organization can apply by filling out the [online](#) application form. **Please note that this is the only application cycle for all workshops held from September to December, 2003.**

### Instructions

Through the generosity of our sponsors, NEW is able to offer scholarships to support workshop participation. The scholarship process is competitive. To be sure that your application receives consideration, please do the following:

- Make sure your organization meets the eligibility criteria of at least one of our funders:
  - **City of Ann Arbor:** Awards scholarships for nonprofits that receive funding in fiscal year 2003-2004 from the City of Ann Arbor, Community Development Department.
  - **Junior League of Ann Arbor:** Funds scholarships for nonprofit organizations operating in Washtenaw County with a focus on at-risk women and girls.
  - **Washtenaw County:** Funds scholarships for nonprofit organizations operating in Washtenaw County.
- Complete only one [online Workshop Scholarship Application](#) for your agency.
- Make certain your application is complete. Incomplete applications will not be considered.
- **Review, print and keep a hard copy of your application.** The online application process will result in a page with your application details, which states "Print for Your Records". That is the page that you should print.
- Press the *Submit* button on the online application form to ensure that we receive your application.
- Meet the August 18, 2003, 5 p.m. deadline. Requests received after the deadline will not be reviewed.

### Notification

You will be notified of scholarship awards by August 29, 2003 via US mail. Please do not register separately for classes for which you submit a scholarship application. You will have the option to submit a paid registration once the scholarship process is complete.

### Your Commitment



Scholarship Opportunities

Non-Profit Enterprise At Work, Inc  
#38-2825019

Sch A, Part III,  
Line 3

By submitting and accepting a scholarship, your agency agrees to do the following:

- Return a signed copy of the scholarship notification letter to confirm acceptance.
- Attend the workshop(s) for which a scholarship was received and accepted.
- Notify NEW at least 3 business days in advance if you are unable to attend a workshop for which you accept a scholarship
- Acknowledge the scholarship contribution by NEW and the appropriate funder in agency newsletters or reports to the community.
- If requested, submit an official letter to NEW acknowledging receipt of this award and describing what contributions the workshop(s) made to your work and organization.