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GOVERNMENT COPY

NON-PROFIT ENTERPRISE AT WORK, INC
DBA NEW CENTER
1100 NORTH MAIN STREET NO. 100
ANN ARBOR, MI 48104

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2005 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2005 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

VERY TRULY YOURS,

TADD HARBURN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2006

Prepared for	NON-PROFIT ENTERPRISE AT WORK, INC DBA NEW CENTER 1100 NORTH MAIN STREET NO. 100 ANN ARBOR, MI 48104
Prepared by	PLANTE & MORAN, PLLC 111 E. COURT ST., SUITE 1A FLINT, MI 48502-1647
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	FEBRUARY 15, 2007
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED. FOR ANY FORM IN THIS PACKAGE THAT REQUIRES MAILING, WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POSTMARKED RECEIPTS FOR PROOF OF TIMELY FILING.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

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 NON-PROFIT ENTERPRISE AT WORK, INC DBA NEW CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 NORTH MAIN STREET 100 City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48104	D Employer identification number 38-2825019 E Telephone number (734) 998-0160 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand 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.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 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 ▶ **844,887.**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	545,286.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 545,286. noncash \$)	1d	545,286.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	275,642.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4	13,083.			
	5	Dividends and interest from securities	5				
	6 a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe)	7					
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		b	Less: cost or other basis and sales expenses	8a		8b	
		c	Gain or (loss) (attach schedule)	8c			
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
Revenue	9 a	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
		Gross revenue (not including \$ of contributions reported on line 1a)	9a				
		Less: direct expenses other than fundraising expenses	9b				
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
Revenue	10 a	Gross sales of inventory, less returns and allowances	10a				
		Less: cost of goods sold	10b				
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11	10,876.				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	844,887.				
Expenses	13	Program services (from line 44, column (B))	13	605,944.			
	14	Management and general (from line 44, column (C))	14	121,662.			
	15	Fundraising (from line 44, column (D))	15	39,786.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	767,392.			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	77,495.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,038,866.			
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	33,440.			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,149,801.			

NON-PROFIT ENTERPRISE AT WORK, INC
DBA NEW CENTER

Form 990 (2005)

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	181,678.	124,145.	30,895.	26,638.
26 Other salaries and wages	229,354.	214,445.	11,799.	3,110.
27 Pension plan contributions				
28 Other employee benefits	11,448.	10,258.	86.	1,104.
29 Payroll taxes	33,701.	25,363.	6,121.	2,217.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	9,655.	5,878.	3,112.	665.
34 Telephone	5,329.	5,121.		208.
35 Postage and shipping	18,968.	17,815.	412.	741.
36 Occupancy	28,677.	28,070.	607.	
37 Equipment rental and maintenance	15,713.	10,486.	5,227.	
38 Printing and publications	19,220.	11,536.	7,684.	
39 Travel				
40 Conferences, conventions, and meetings ...	8,116.	2,988.	4,937.	191.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	55,746.	47,055.	8,691.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	149,787.	102,784.	42,091.	4,912.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	767,392.	605,944.	121,662.	39,786.

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

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** SEE STATEMENT 3

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? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a BUILDING MANAGEMENT - THE PROGRAM PROVIDES AFFORDABLE OFFICE SPACE AND SHARED RESOURCES FOR NONPROFIT TENANTS, PLUS AFFORDABLE MEETING SPACE FOR ANY NONPROFIT ORGANIZATION. TENANTS - 20 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	162,474.
b EDUCATION AND TRAINING - THE PROGRAM OFFERS MANY TRAINING AND DEVELOPMENT OPPORTUNITIES FOR BOARD MEMBERS, STAFF AND VOLUNTEERS TO INCREASE THE EXPERTISE AND EFFECTIVENESS OF PEOPLE WORKING IN NONPROFIT ORGANIZATIONS. SERVED 1158. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	85,970.
c NONPROFIT NAVIGATOR - THE PROGRAM PROVIDES UP TO 18 MONTHS OF COMPREHENSIVE, IN-DEPTH ORGANIZATIONAL COACHING AND MENTORING TO A SMALL NUMBER OF NON-PROFIT ORGANIZATIONS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	80,478.
d BOARDCONNECT - THE PROGRAM RECRUITS AND TRAINS POTENTIAL NONPROFIT BOARD MEMBERS AND HELPS MATCH THESE INDIVIDUALS TO PARTICIPATING NONPROFIT ORGANIZATIONS. TRAINED 191 INDIVIDUALS AND SERVED 110 ORGANIZATIONS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	179,046.
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	97,976.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	605,944.

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DBA NEW CENTER

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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	117,627.	45	191,687.
	46 Savings and temporary cash investments	298,138.	46	286,016.
	47 a Accounts receivable	64,790.		
	b Less: allowance for doubtful accounts		29,118.	64,790.
	48 a Pledges receivable	14,750.		
	b Less: allowance for doubtful accounts			14,750.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,988.	53	8,358.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1,041,884.			
b Less: accumulated depreciation STMT 6	403,418.	659,044.	638,466.	
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	1,109,915.	59	1,204,067.	
Liabilities	60 Accounts payable and accrued expenses	21,220.	60	40,587.
	61 Grants payable		61	
	62 Deferred revenue		62	325.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 7)	49,829.	65	13,354.
66 Total liabilities. Add lines 60 through 65)	71,049.	66	54,266.	
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	381,307.	67	475,322.
	68 Temporarily restricted	657,559.	68	674,479.
	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 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)	1,038,866.	73	1,149,801.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,109,915.	74	1,204,067.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	995,962.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	151,075.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	151,075.
c	Subtract line b from line a	c	844,887.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	844,887.

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

a	Total expenses and losses per audited financial statements	a	918,467.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	151,075.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	151,075.
c	Subtract line b from line a	c	767,392.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	767,392.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 8		174,600.	7,078.	0.

NON-PROFIT ENTERPRISE AT WORK, INC
DBA NEW CENTER

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 18			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.				
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.) Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization N/A 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

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DBA NEW CENTER

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Part VI Other Information <i>(continued)</i>		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?	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 151,075.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	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?	85g	
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		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 ▶ MI		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	13
91 a	The books are in care of ▶ LIA STEVENS Telephone no. ▶ 734-998-0160 Located at ▶ 1100 NORTH MAIN STREET, ANN ARBOR, MI ZIP + 4 ▶ 48104		
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a RENTAL/USAGE FEES					185,332.
b REGISTRATION FEES					67,733.
c CONSULTING					22,577.
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			14	13,083.	
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					10,876.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		13,083.	286,518.
105 Total (add line 104, columns (B), (D), and (E))					299,601.

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).
▼	SEE STATEMENT 9

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 _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4
PLANTE & MORAN, PLLC
111 E. COURT ST., SUITE 1A
FLINT, MI 48502-1647

EIN _____
 Phone no. **(810) 767-5350**

523163 02-03-06

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 **NON-PROFIT ENTERPRISE AT WORK, INC** Employer identification number
DBA NEW CENTER **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
NONE				
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
NONE		
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
NONE		
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)?	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.) SEE STATEMENT 10	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.)

NON-PROFIT ENTERPRISE AT WORK, INC

Schedule A (Form 990 or 990-EZ) 2005 DBA NEW CENTER

38-2825019 Page 3

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.)	445,476.	331,593.	488,082.	333,277.	1,598,428.
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	277,348.	261,737.	246,927.	328,083.	1,114,095.
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	4,000.	2,036.	1,602.	869.	8,507.
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	4,416.	5,351.	SEE STATEMENT 11 4,744.	1,676.	16,187.
23 Total of lines 15 through 22	731,240.	600,717.	741,355.	663,905.	2,737,217.
24 Line 23 minus line 17	453,892.	338,980.	494,428.	335,822.	1,623,122.
25 Enter 1% of line 23	7,312.	6,007.	7,414.	6,639.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 32,462.
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 800,904.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,623,122.
d Add: Amounts from column (e) for lines: 18 8,507. 19 22 16,187. 26b 800,904.					26d 825,598.
e Public support (line 26c minus line 26d total)					26e 797,524.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 49.1352%
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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

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?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

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?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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	

NON-PROFIT ENTERPRISE AT WORK, INC

Schedule A (Form 990 or 990-EZ) 2005 **DBA NEW CENTER**

38-2825019 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 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:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

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:

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

2005

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 boxes 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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 2 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization NON-PROFIT ENTERPRISE AT WORK, INC DBA NEW CENTER	Employer identification number 38-2825019
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANN ARBOR AREA COMMUNITY FOUNDATION 425 S MAIN ST ANN ARBOR, MI 48104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BORDERS GROUP 100 PHOENIX DRIVE ANN ARBOR, MI 48108	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DTE ENERGY FOUNDATION 2000 SECOND AVE 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.)
4	FORD MOTOR COMPANY 5111 AUTO CLUB DR DEARBORN, MI 48126	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JAMES A. & FAITH KNIGHT FOUNDATION 3607 MILLER RD ANN ARBOR, MI 48103	\$ 45,000.	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., STE. 1201 KALAMAZOO, MI 49007	\$ 75,000.	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
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PFIZER GLOBAL RESEARCH <hr/> 2800 PLYMOUTH RD., <hr/> ANN ARBOR, MI 48105	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITY FOUNDATION FOR SOUTHEASTERN MI <hr/> 333 W. FORT ST. <hr/> 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.)
9	W.K. KELLOGG FOUNDATION <hr/> ONE MICHIGAN AVE EAST <hr/> BATTLE CREEK, MI 48105	\$ 79,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/>	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
RESTATEMENT OF NET ASSETS AS OF 06/30/04	33,440.
TOTAL TO FORM 990, PART I, LINE 20	33,440.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	70,404.	46,884.	23,520.	
DUES & SUBSCRIPTIONS	10,336.	7,432.	2,904.	
INSURANCE	6,314.	2,272.	4,042.	
MISCELLANEOUS	6,144.	5,135.	1,009.	
MEALS & ENTERTAINMENT	5,476.	2,793.	2,171.	512.
MARKETING & PROMOTION	18,802.	11,549.	2,853.	4,400.
PROGRAM EXPENSES	15,374.	15,374.		
JANITORIAL	11,132.	11,132.		
BAD DEBT	213.	213.		
PROFESSIONAL FEES	5,025.		5,025.	
LOSS ON DISPOSAL	567.		567.	
TOTAL TO FM 990, LN 43	149,787.	102,784.	42,091.	4,912.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN KATZ FRONING	75,000.	1,109.		76,109.
A. PROGRAM SERVICES	45,000.	666.		45,666.
B. MANAGEMENT AND GENERAL	3,750.	55.		3,805.
C. FUNDRAISING	26,250.	388.		26,638.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NEEL HAJRA	60,000.	552.		60,552.
A. PROGRAM SERVICES	51,000.	469.		51,469.
B. MANAGEMENT AND GENERAL	9,000.	83.		9,083.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LIA STEVENS	39,600.	5,417.		45,017.
A. PROGRAM SERVICES	23,760.	3,250.		27,010.
B. MANAGEMENT AND GENERAL	15,840.	2,167.		18,007.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				124,145.
TOTAL MANAGEMENT AND GENERAL				30,895.
TOTAL FUNDRAISING				26,638.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u><u>181,678.</u></u>

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

EXPLANATION

NEW'S MISSION IS TO HELP NONPROFITS SUCCEED BY STRENGTHENING NONPROFIT MANAGEMENT AND OFFERING SOLUTIONS TO ISSUES FACING OUR NONPROFIT COMMUNITY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
INFORMATION SERVICES		60,735.
WEBCONNECT		37,241.
TOTAL TO FORM 990, PART III, LINE E		97,976.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	53,000.	0.	53,000.
BUILDING & IMPROVEMENTS	824,547.	296,433.	528,114.
FURNITURE & FIXTURES	71,836.	38,884.	32,952.
LIBRARY	53,980.	47,810.	6,170.
COMPUTER HARDWARE & SOFTWARE	38,521.	20,291.	18,230.
TOTAL TO FORM 990, PART IV, LN 57	1,041,884.	403,418.	638,466.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
SECURITY DEPOSITS PAYABLE	5,420.
LEASE PAYABLE	7,934.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	13,354.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 8
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL SAGINAW 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	CHAIR 1.50	0.	0.	0.
TIMOTHY R. DAMSCHRODER 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	VICE CHAIR 1.50	0.	0.	0.
JUDY WALKER 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TREASURER 1.50	0.	0.	0.
PHYLLIS DONALDSON ADAMS 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
JOYCE HUNTER 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
JANINE JOHNSON 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
MARTHA DARLING 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	SECRETARY 1.50	0.	0.	0.
CAROL KNIGHT-DRAIN 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
DAVID PARSIGIAN 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
SUSAN POLLAY 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
ASHISH SARKAR 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.

JIM VICK 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
ROBERT GUENZEL 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
TIM O'BRIEN 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
FRED SHELL 1100 N. MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
SUSAN KATZ FRONING 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	PRESIDENT/CEO 55.00	75,000.	1,109.	0.
NEEL HAJRA 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	COO 40.00	60,000.	552.	0.
LIA STEVENS 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	DIRECTOR OF ADMIN/FACILITY 40.00	39,600.	5,417.	0.
ROYAL CASWELL 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
JEFFERSON PORTER 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 0.50	0.	0.	0.
HONORABLE KURTIS T. WILDER 1100 N MAIN STREET, NO. 100 ANN ARBOR, MI 48104	TRUSTEE 1.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		174,600.	7,078.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO PROVIDE OFFICE SPACE AND FACILITIES AT LOW COST TO NONPROFIT ORGANIZATIONS. RENTAL REVENUES AND SERVICE FEES REPRESENT RENT AND USAGE FEES CHARGED TO THE TENANTS.
93B	THE ORGANIZATION PROVIDES WORKSHOPS AND CONFERENCES AT MINIMAL COST TO PARTICIPANTS DEALING WITH NONPROFIT ISSUES.

93C THE ORGANIZATION PROVIDES CONSULTING SERVICES AT MINIMAL COST TO
PARTICIPANTS DEALING WITH NONPROFIT ISSUES.

103A MISCELLANEOUS INCOME FROM ORGANIZATIONAL ACTIVITIES.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10
PART III, LINE 3A

SEE ATTACHED INFORMATION OBTAINED FROM ORGANIZATION'S WEBSITE AND ATTACHED
SCHEDULE OF SCHOLARSHIPS AWARDED

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	4,416.	5,351.	4,744.	1,676.
TOTAL TO SCHEDULE A, LINE 22	4,416.	5,351.	4,744.	1,676.

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

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

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

Table with 5 columns: Line number, Description, Amount, and Total. Includes lines 1-13 for Section 179 election details.

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.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

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

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

NON-PROFIT ENTERPRISE AT WORK, INC

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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone 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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the 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 2005 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44