

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)

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

A For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NONPROFIT 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: Cash
 Accrual Other (specify)

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

H and are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number

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

G Website: WWW.NEW.ORG

J Organization type
(check only one) 501(c) (3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **824,844**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a				
	b Direct public support (not included on line 1a)	1b	572,011			
	c Indirect public support (not included on line 1a)	1c				
	d Government contributions (grants) (not included on line 1a)	1d				
	e Total (add lines 1a through 1d) (cash \$ 570,467 noncash \$ 1,544)	1e			572,011	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			235,121	
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4			14,767	
	5 Dividends and interest from securities	5				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c					
7 Other investment income (describe)	7					
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
		8a				
	b Less: cost or other basis and sales expenses	8b				
	c Gain or (loss) (attach schedule)	8c				
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
		b Less: direct expenses other than fundraising expenses	9b			
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11			2,945		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			824,844		
Expenses	13 Program services (from line 44, column (B))	13			817,094	
	14 Management and general (from line 44, column (C))	14			205,553	
	15 Fundraising (from line 44, column (D))	15			43,642	
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses. Add lines 16 and 44, column (A)	17			1,066,289	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			-241,445	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,149,801	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20			-14,642	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			893,714	

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. (See the instructions.)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 2	25a	152,956	67,388	50,615
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	482,604	428,792	53,291
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	34,754	27,700	4,999
29 Payroll taxes	29	47,442	37,145	7,593
30 Professional fundraising fees	30	7,186	7,186	
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	11,316	6,341	4,825
34 Telephone	34	5,610	4,120	980
35 Postage and shipping	35	16,008	14,436	1,286
36 Occupancy	36	28,244	28,244	
37 Equipment rental and maintenance	37	19,488	11,808	7,680
38 Printing and publications	38	11,497	10,889	547
39 Travel	39			
40 Conferences, conventions, and meetings	40	14,913	8,538	5,739
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	46,739	33,002	13,737
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 3	43a	187,532	131,505	54,261
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,066,289	817,094	205,553

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 (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**

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 BOARDCONNECT - THE PROGRAM RECRUITS AND TRAINS POTENTIAL NONPROFIT BOARD MEMBERS AND HELPS MATCH THESE INDIVIDUALS TO PARTICIPATING NONPROFIT ORGANIZATIONS. 208 INDIVIDUALS, 69 NONPROFITS AND 24 BOARDS TRAINED; 52 NEW BOARD MEMBERS MATCHED.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

315,141

b BUILDING MANAGEMENT - THE PROGRAM PROVIDES AFFORDABLE OFFICE SPACE AND SHARED RESOURCES FOR NONPROFIT TENANTS, PLUS AFFORDABLE MEETING SPACE FOR ANY NONPROFIT ORGANIZATION. TENANTS - 18

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

172,180

c NPSERV - THE PROGRAM PROVIDES TECHNOLOGY-BASED SUPPORT SERVICES THAT COMBINE KEY CAPACITY-BUILDING FUNCTIONS (TECHNOLOGY INFRASTRUCTURE, DATA MANAGEMENT, AND SPECIALIZED STAFFING) FOR NONPROFITS. CONVERTED AND ASSUMED OPERATION OF THE IT INFRASTRUCTURES OF 6 NONPROFITS REPRESENTING 77 USERS.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

149,945

d SEE STATEMENT 5

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

164,866

e Other program services (attach schedule) SEE STMT 6

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

14,962

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

817,094

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)		(B)
		Beginning of year		End of year
Assets	45 Cash-non-interest-bearing	191,687	45	58,514
	46 Savings and temporary cash investments	286,016	46	182,126
	47a Accounts receivable	13,003		
	b Less: allowance for doubtful accounts		47c	13,003
	48a Pledges receivable	74,774		
	b Less: allowance for doubtful accounts	5,000	48c	69,774
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,358	53	14,794
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	1,001,126		
	b Less: accumulated depreciation (attach schedule) SEE STATEMENT 7	380,772	57c	620,354
58 Other assets, including program-related investments (describe ►		58		
59 Total assets (must equal line 74). Add lines 45 through 58	1,204,067	59	958,565	
Liabilities	60 Accounts payable and accrued expenses	40,587	60	55,700
	61 Grants payable		61	
	62 Deferred revenue SEE STATEMENT 8	325	62	4,792
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 9	13,354	65	4,359
	66 Total liabilities. Add lines 60 through 65	54,266	66	64,851
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	475,322	67	220,407
	68 Temporarily restricted	674,479	68	673,307
	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 and column (B) must equal line 21)	1,149,801	73	893,714
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,204,067	74	958,565

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	887,234
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	62,390	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	62,390
c	Subtract line b from line a		c	824,844
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	
e	Total revenue (Part I, line 12). Add lines c and d		e	824,844

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

a	Total expenses and losses per audited financial statements		a	1,128,679
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1	62,390	
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	62,390
c	Subtract line b from line a		c	1,066,289
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	
e	Total expenses (Part I, line 17). Add lines c and d		e	1,066,289

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 10				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 14		
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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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
78a	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	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 1,544		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85a N/A		
	85b N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
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) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	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) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	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, 2006 (See instructions.)	90b	19
91a	The books are in care of LIA STEVENS 1100 NORTH MAIN STREET Located at ANN ARBOR, MI	Telephone no. 734-998-0160 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)? If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

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**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RENTAL/USAGE FEES					188,358
b REGISTRATIONS FEES					28,683
c CONSULTING					18,080
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	14,767	
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					
b MISCELLANEOUS					2,945
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		14,767	238,066
105 Total (add line 104, columns (B), (D), and (E))					252,833

Note: Line 105 plus line 1e, 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).
9	SEE STATEMENT 11

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

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.

Please Sign Here	Signature of officer SUSAN KATZ FRONING Type or print name and title	Date PRESIDENT & CEO
-------------------------	---	------------------------------------

Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 WEIDMAYER, SCHNEIDER, RAHAM & BENNETT 635 SOUTH MAPLE P.O. BOX 2389 ANN ARBOR, MI 48106-2389	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00447547 EIN 38-2172611 Phone no. 734-662-2522
---------------------------------	--	------	---	--

**SCHEDULE A
(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

2006

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

NONPROFIT 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 2 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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

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

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 ▶

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 ▶

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>			
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 12</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year u _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____</p>			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					u

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	545,286	445,476	331,593	488,082	1,810,437
16 Membership fees received					0
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	275,642	277,348	261,737	246,927	1,061,654
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	13,083	4,000	2,036	1,602	20,721
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 13	10,876	4,416	5,351	4,744	25,387
23 Total of lines 15 through 22	844,887	731,240	600,717	741,355	2,918,199
24 Line 23 minus line 17	569,245	453,892	338,980	494,428	1,856,545
25 Enter 1% of line 23	8,449	7,312	6,007	7,414	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	37,131
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	790,421
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	1,856,545
d Add: Amounts from column (e) for lines: 18 <u>20,721</u> 19 _____ 22 <u>25,387</u> 26b <u>790,421</u>	26d	836,529
e Public support (line 26c minus line 26d total)	26e	1,020,016
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	54.9416 %

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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

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

		N/A	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?	29		
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?	30		
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?	31		
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.)				
34a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) and (b) for affiliated group totals and completion status.

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 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for calendar year (2006-2003) and Total, and rows for lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
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.)

Table with columns for Yes, No, and Amount, corresponding to items a-i.

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 13 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:

	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
N/A			

52a 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:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

05850 Nonprofit Enterprise at Work, Inc.

38-2825019

FYE: 6/30/2007

Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Deprec</u>	<u>Gain/ -Loss</u>
BIBLIOGRAPHY DISPOSAL PURCHASE			VARIOUS	12/12/06	\$	\$	\$	\$
PAINTING OF COMMON AREAS PURCHASE			2/27/99	6/30/07				
TOTAL					\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
RESTATEMENT FOR 2006	\$ -14,642
TOTAL	\$ <u>-14,642</u>

Federal Statements**Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
NEEL HAJRA			
COMPENSATION	42,675	28,450	
BENEFIT PLAN CONTRIBUTION	327	218	
SUSAN KATZ FRONING			
COMPENSATION	24,000	21,600	34,400
BENEFIT PLAN CONTRIBUTION	386	347	553
 TOTAL	 \$ <u>67,388</u>	 \$ <u>50,615</u>	 \$ <u>34,953</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CONTRACT SERVICES	54,549	49,839	4,710	
DUES & SUBSCRIPTIONS	10,769	6,831	3,938	
INSURANCE	6,227	2,351	3,876	
MISCELLANEOUS	10,198	1,120	9,078	
MEALS & ENTERTAINMENT	3,594	795	2,799	
MARKETING & PROMOTION	49,975	33,046	15,163	1,766
PROGRAM EXPENSES	23,976	23,251	725	
JANITORIAL	14,271	14,271		
BAD DEBT	3,110		3,110	
PROFESSIONAL FEES	5,800		5,800	
LOSS ON DISPOSAL	5,062		5,062	
	1	1		
TOTAL	\$ 187,532	\$ 131,505	\$ 54,261	\$ 1,766

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

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

Statement 5 - Form 990, Part III, Line d - Statement of Program Service AccomplishmentsDescription

RESOURCECONNECT - THE PROGRAM PROVIDES NONPROFITS WITH A VARIETY OF ONLINE AND OFFLINE RESOURCES. PROVIDED DIRECT GUIDANCE AND CONSULTATION TO OVER 560 INDIVIDUALS REPRESENTING APPROXIMATELY 270 ORGANIZATIONS. THE ONLINE RESOURCE DATABASE RECEIVED OVER 70,000 PUBLIC PAGE VIEWS AND COMPILED OVER 1,000 RESOURCES FOR NONPROFITS. THE ONLINE TRAINING CALENDAR INCLUDED NEARLY 900 TRAINING OPPORTUNITIES AND RECEIVED OVER 18,000 PUBLIC PAGE VIEWS. THE ONLINE MONTHLY NEWSLETTER RECEIVED 23,000 PUBLIC PAGE VIEWS AND INCLUDED OVER 800 REGULAR SUBSCRIBERS. THE NONPROFIT DIRECTORY INCLUDED 448 PARTICIPATING ORGANIZATIONS AND RECEIVED NEARLY 144,000 PUBLIC PAGE VIEWS.

Statement 6 - Form 990, Part III, Line e - Other Program ServicesDescription

NONPROFIT NAVIGATOR - THE PROGRAM PROVIDES UP TO 18 MONTHS OF COMPREHENSIVE, IN-DEPTH ORGANIZATIONAL COACHING AND MENTORING TO A SMALL NUMBER OF NONPROFIT ORGANIZATIONS.

Federal Statements**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING & IMPROVEMENTS	\$ 824,547	\$ 296,433	\$ 822,359	\$ 310,431
FURNITURE & FIXTURES	71,836	38,884	87,704	48,165
LIBRARY	53,980	47,810	0	0
COMPUTER HARDWARE & SOFTWARE	38,521	20,291	38,063	22,176
LAND	53,000		53,000	
TOTAL	\$ 1,041,884	\$ 403,418	\$ 1,001,126	\$ 380,772

Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 325	\$ 4,792
TOTAL	\$ 325	\$ 4,792

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
SECURITY DEPOSITS PAYABLE	\$ 5,420	\$
LEASE PAYABLE	7,934	4,359
TOTAL	\$ 13,354	\$ 4,359

Federal Statements**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PAUL SAGINAW 1205 OLIVIA ANN ARBOR MI 48104	CHAIR	.54	0	0	0
JUDY WALKER 3601 PLYMOUTH RD ANN ARBOR MI 48105	TREASURER	.58	0	0	0
PHYLLIS DONALDSON ADAMS 2723 S STATE STREET ANN ARBOR MI 48104	TRUSTEE	.42	0	0	0
JOYCE HUNTER 1676 COBURN DRIVE ANN ARBOR MI 48108	TRUSTEE	.19	0	0	0
MARTHA DARLING 3340 EAST DOBSON PLACE ANN ARBOR MI 48105	SECRETARY	.54	0	0	0
CAROL KNIGHT-DRAIN 4594 MORNINGSTAR WAY ANN ARBOR MI 48103	TRUSTEE	.19	0	0	0
JIM VICK 1015 W CROSS STREET YPSILANTI MI 48197	TRUSTEE	.19	0	0	0
FRED SHELL 5599 GREAT HAWK CIRCL ANN ARBOR MI 48105	TRUSTEE	.31	0	0	0
SUSAN KATZ FRONING 1100 N MAIN STREET, SUITE 100 ANN ARBOR MI 48104	PRES/CEO	50	80,000	1,286	0

Federal Statements**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
NEEL HAJRA 1100 N MAIN STREET, SUITE 100 ANN ARBOR MI 48104	COO	40	71,125	545	0
ROYAL CASWELL, III 320 N MAIN STREET, SUITE 200 ANN ARBOR MI 48104	TRUSTEE	.29	0	0	0
JEFFERSON PORTER 3003 S STATE STREET ANN ARBOR MI 48109	TRUSTEE	.35	0	0	0
HONORABLE KURTIS T WILDER 3020 W GRAND BLVD DETROIT MI 48202	VICE CHAIR	.67	0	0	0
LEON BUNCH 4548 BOXWOOD COURT ANN ARBOR MI 48108	TRUSTEE	.25	0	0	0
AARON DWORKIN 1710 WELLS ANN ARBOR MI 48104	TRUSTEE	.31	0	0	0

Statement 11 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
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.

Statement 12 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

<u>Description</u>
SEE ATTACHED

Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MISCELLANEOUS	\$ 10,876	\$ 4,416	\$ 5,351	\$ 4,744
TOTAL	\$ 10,876	\$ 4,416	\$ 5,351	\$ 4,744