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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 10/01/03 **, and ending** 9/30/04

B Check if applicable
- [ ] 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
MICHIANA ADDICTIONS AND PREVENTION SERVICES

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1020 MILLARD STREET

City or town, state or country, and ZIP + 4
THREE RIVERS MI 49093

D Employer ID number
38-1961500

E Telephone number
269-279-5187

F Accounting method: [ ] Cash [X] 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 I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No
(If "No," att a list See instr)

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

I Group Exemption Number ▶

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

G **Website:** ▶ N/A

J **Organization type** (check only one) ▶ [X] 501(c) (3) ◂ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,644,660

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a 30,903		
	b	Indirect public support	1b 377,005		
	c	Government contributions (grants)	1c 1,334,880		
	d	**Total** (add lines 1a through 1c) (cash $ 1,742,788 noncash $)		1d	1,742,788
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,657,846
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	348
	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 ▶ SEE STMT 1)		7	71
	8a	Gross amount from sales of assets other than inventory	(A) Securities: 8a; (B) Other:		
	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 ▶ [ ]			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	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	243,607
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	3,644,660
Expenses	13	Program services (from line 44, column (B))		13	3,413,268
	14	Management and general (from line 44, column (C))		14	603,023
	15	Fundraising (from line 44, column (D))		15	6,958
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	4,023,249
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-378,589
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	33,668
	20	Other changes in net assets or fund balances (attach explanation) SEE STMT 2		20	2,060,415
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	1,715,494

SCANNED SEP 28 2005

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For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2003)

P3

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 page 22 of 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
22 Grants and allocations (attach schedule) (cash $ non-cash $)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26	2,678,965	2,271,207	400,800	6,958
27 Pension plan contributions	27	4,559	3,875	684	
28 Other employee benefits	28	162,006	137,703	24,303	
29 Payroll taxes	29	253,396	215,386	38,010	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	112,571	95,677	16,894	
34 Telephone	34	51,267	43,577	7,690	
35 Postage and shipping	35	13,076	11,114	1,962	
36 Occupancy	36	152,973	130,026	22,947	
37 Equipment rental and maintenance	37	43,731	37,168	6,563	
38 Printing and publications	38	2,269	1,930	339	
39 Travel	39	27,706	23,548	4,158	
40 Conferences, conventions, and meetings	40	8,145	6,361	1,784	
41 Interest	41	40,505	34,429	6,076	
42 Depreciation, depletion, etc. (attach schedule)	42	10,614	9,022	1,592	
43 Other expenses not covered above (itemize): a	43a				
b SEE STATEMENT 3	43b	461,466	392,245	69,221	
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	4,023,249	3,413,268	603,023	6,958

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 page 25 of the instructions.)

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) & (4) orgs , & 4947(a)(1) trusts, but optional for others)
a PROVIDE COUNSELING, EDUCATIONAL PROGRAMS, AND REHABILITATION FACILITIES FOR THE PREVENTION AND TREATMENT OF DRUG AND ALCOHOL ABUSE. (Grants and allocations $)	3,413,268
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	0
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	3,413,268

Part IV Balance Sheets (See page 25 of 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			34,464	45	185,762
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	1,450,908			
	b Less: allowance for doubtful accounts	47b	670,000	228,601	47c	780,908
	48a Pledges receivable	48a	51,727			
	b Less: allowance for doubtful accounts	48b		51,727	48c	51,727
	49 Grants receivable			75,225	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			8,863	53	19,065
	54 Investments-securities ▶ ☐ Cost ☐ FMV				54	
	55a Investments-land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments-other (attach schedule)		SEE STMT 5		56	222,660
	57a Land, buildings, and equipment: basis	57a	2,715,331			
	b Less: accumulated depreciation (attach schedule) SEE STMT 6	57b	1,111,231	445,431	57c	1,604,100
	58 Other assets (describe ▶ SEE STMT 7)			35,888	58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			880,199	59	2,864,222
Liabilities	60 Accounts payable and accrued expenses			309,352	60	470,392
	61 Grants payable				61	
	62 Deferred revenue SEE STMT 8				62	156,755
	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) SEE WORKSHEET			377,262	64b	490,335
	65 Other liabilities (describe ▶ SEE STMT 9)			159,917	65	31,246
	66 **Total liabilities** (add lines 60 through 65)			846,531	66	1,148,728
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			-163,636	67	1,185,975
	68 Temporarily restricted			197,304	68	529,519
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			33,668	73	1,715,494
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			880,199	74	2,864,222

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

N/A

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

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

N/A

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 10				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule-see page 28 of the instructions.

Part VI Other Information (See page 28 of 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
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 ☐ exempt or ☐ 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
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?	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			
83a	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? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
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? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) 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			
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
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	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			
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 81			
91	The books are in care of ▶ SALLY REAMES Telephone no. ▶ 269-279-5187 Located at ▶ THREE RIVERS, MICHIGAN ZIP + 4 ▶ 49093			
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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by sec 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a SEE STATEMENT 11					1,657,846
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	348	
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			14	71	
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 SEE STATEMENT 12				243,607	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		244,026	1,657,846
105 Total (add line 104, columns (B), (D), and (E))				▶	1,901,872

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
●	SEE STATEMENT 13

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Please

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.

[redacted] President 9/8/05 Date

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2003

Name of the organization
MICHIANA ADDICTIONS AND PREVENTION SERVICES

Employer identification number
38-1961500

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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

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

DAA

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.)	1		X
	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.			
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expiration if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	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.)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,854,433	1,970,679	1,094,391	882,413	5,801,916
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	1,612,007	1,790,892	498,623	372,921	4,274,443
18 Gross income from interest, dividends, amounts received from payment 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	703	1,368	888	1,037	3,996
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits 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 14	75,209	147,855	76,687	75,175	374,926
23 Total of lines 15 through 22	3,542,352	3,910,794	1,670,589	1,331,546	10,455,281
24 Line 23 minus line 17	1,930,345	2,119,902	1,171,966	958,625	6,180,838
25 Enter 1% of line 23	35,424	39,108	16,706	13,315	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 123,617

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 6,180,838

d Add: Amounts from column (e) for lines: 18 3,996 19 _____ 22 374,926 26b _____ ▶ 26d 378,922

e Public support (line 26c minus line 26d total) ▶ 26e 5,801,916

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 93.8694 %

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

(2002) (2001) (2000) (1999)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2002) (2001) (2000) (1999)

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 on 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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 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 9 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.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-	41		
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		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 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.)			

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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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:

(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		

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2003, or tax year beginning 10/01/03 , and ending 9/30/04

2003

Name: MICHIANA ADDICTIONS AND PREVENTION SERVICES

Employer Identification Number: 38-1961500

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	FIFTH THIRD BANK	
(2)	FIFTH THIRD BANK - LINE OF CREDIT	
(3)	KEYSTONE BANK -LINE OF CREDIT	
(4)	USDA	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		OPERATIONS
(2)		OPERATIONS
(3)		OPERATIONS
(4)		OPERATIONS
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		319,262	160,398
(2)		58,000	70,000
(3)			132,319
(4)			127,618
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		377,262	490,335

Federal Statements

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
INVESTMENT INCOME	$ 71
TOTAL	$ 71

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
MERGER WITH GUIDANCE CLINIC EFFECTIVE 7/1/04	$ 2,060,415
TOTAL	$ 2,060,415

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
CONTRACTUAL - MERGER EXPENSE	153,607	130,566	23,041	
CONTRACT LABOR	129,396	109,987	19,409	
MEALS	87,672	74,521	13,151	
INSURANCE	78,545	66,763	11,782	
ADVERTISING	14,735	12,525	2,210	
EQUIPMENT LEASES	12,166	10,341	1,825	
PAYROLL PROCESSING FEE	7,425	6,311	1,114	
ADMIN VEHICLE EXP	4,246	3,609	637	
MEMBERSHIPS & DUES - ALLOC	4,137	3,516	621	
WOMENS VAN EXP	3,614	3,072	542	
CLIENT INCENTIVES	3,167	2,692	475	
MISCELLANEOUS	3,130	2,660	470	
OTHER SERVICES	234	199	35	
EMERGENCY SUPPLIES & NEEDS	161	137	24	
ROOF SIT EXPENSES	86	73	13	
LICENCES & FEES	20	17	3	
GOLF OUTING EXPENSES	13	11	2	
CASH OVER/SHORT - TR	17	14	3	
TRANSITION GC - 6575	-40,905	-34,769	-6,136	
TOTAL	$ 461,466	$ 392,245	$ 69,221	$ 0

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

PROVIDE COUNSELING, EDUCATION AND REHABILITATION FOR THE PREVENTION AND TREATMENT OF DRUG AND ALCOHOL ABUSE.

Federal Statements

Statement 5 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
KZO FDN GC BLDG RESERVE	$	$ 80,495	
KZO FDN GC BENEFICIAL INTEREST		142,165	
TOTAL	$ 0	$ 222,660	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING	$ 583,502	$ 138,071	$ 1,811,626	$ 27,516
BUILDING IMPROVEMENTS - MILLA			51,362	574,793
LEASEHOLD IMPROVEMENTS			98,702	5,014
PURCHASED EQUIPMENT			542,935	6,083
SOFTWARE LICENSES			36,430	469,767
DONATED EQUIPMENT			2,200	3,336
VEHICLES			46,941	1,907
HOPE HOUSE FURNISHINGS			1,362	470
KALAMAZOO FURNISHINGS			11,347	2,263
A/D BUILDINGS				1,732
A/D - BUILDING				18,350
A/D BUILDING IMPROVEMENTS				
A/D LEASEHOLD IMPROVEMENTS				
A/D PURCHASED EQUIPMENT				
A/D SOFTWARE LICENSES				
A/D DONATED EQUIPMENT				
A/D HH FUNISHINGS				
A/D KALAMAZOO FURNISHINGS				
A/D - GC FURNISHINGS				
A/D VEHICLES				

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment (continued)

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND	$	$	$ 112,426	$
TOTAL	$ 583,502	$ 138,071	$ 2,715,331	$ 1,111,231

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
RECEIVABLE FROM OPERATING ACCOUNT	$ 35,888	$
TOTAL	$ 35,888	$ 0

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

Description	Beginning of Year	End of Year
DEF. REV. - UW - ST. JOE COUNTY	$	$ 19,500
DEF. REV. - CHILDREN'S TRUST FUND		12,521
DEF. REV. - VOCA		47,401
DEF. REV. - HEALTHY START		5,771
DEF. REV. - GKUW - GILMORE		71,562
TOTAL	$ 0	$ 156,755

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

Description	Beginning of Year	End of Year
ADVANCE FROM CSAS	$ 124,029	$
PAYABLE TO OPERATING ACCOUNT	35,888	
N/P - AUTOMOBILE WS		14,006
N/P - SUBARU - ADM		17,240
TOTAL	$ 159,917	$ 31,246

Federal Statements

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

Name	Comp	Benefits	Expenses	Title	Average Hrs	Address	City, State, Zip
SALLY REAMES	70,129	3,153	0	ADMINISTRATO	40	1020 MILLARD ST	THREE RIVERS MI 49093
ERIK KROGH	0	0	0	PRESIDENT	1	2430 LOMOND	KALAMAZOO MI 49008
ROBERT MCCARTHY	0	0	0	VICE PRESIDE	1	6847 TROTWOOD	PORTAGE MI 49002
WILLIAM SMITH	0	0	0	TREASURER	1	12332 HOFFMAN RD	THREE RIVERS MI 49093
DAVID ARTLEY	0	0	0		1	201 W KALAMAZOO AVE	KALAMAZOO MI 49007
ARLAN WENDZEL	0	0	0		1	108 BURKE AVE	THREE RIVERS MI 49093
RALPH JONES	0	0	0		1	225 PARSONS ST	KALAMAZOO MI 49007
WILLIAM GRIFFIN	0	0	0		1	143 E MICHIGAN AVE	KALAMAZOO MI 49007
PETER CRODEN	0	0	0		1	1925 LAKEVIEW DR	PORTAGE MI 49081
LISSA HARTRIDGE	0	0	0		1	3723 SONGBIRD LN	KALAMAZOO MI 49008
JANICE BROWN	0	0	0		1	1220 HOWARD ST	KALAMAZOO MI 49008
FRED EINSPAHR	0	0	0		1	2128 CRANE	KALAMAZOO MI 49008
MEGHAN WINEKA	0	0	0	SECRETARY	1	920 EGLESTON	KALAMAZOO MI 49001

Federal Statements

Statement 11 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
LCCMICHILD, NILES, OP		$		$	$ 525
CMH, MICHCHILD, TR, OP					495
CMH, MICHCHILD, SOP, OP					225
CMH, MICHCHILD, GCSA, OP					525
CMH, MICHCHILD, SOP, IOP					1,995
ABW, TR, OP					1,620
ABW, SOP, OP					3,720
ABW, BH, OP					4,882
ABW, NLS, OP					4,650
ABW, PP, OP					240
ABW, TR, OP					855
ABW, SOP, IOP					9,215
ABW, DETOX					2,530
ABW, RESIDENTIAL					8,575
ABW, BH, IOP					8,500
ABW, NLS, IOP					4,710
ABW, PP, IOP					1,235
ABW, GCSA, OP					5,355
ABW, GCSA, IOP					10,450
CLIENT REVENUE TR/ PRIVATE					64,578
PRIVATE PAY, STUR, OP					54,639
CLIENT REVENUE PREVENTION					1,780
CLIENT REVENUE WOMENS SP					100
CLIENT HOPE REVENUE					6,704
CLIENT RENT - NB					19,781
PRIVATE PAY, KZOO, OP					162,752
PRIVATE PAY, BH, OP					72,900
PRIVATE PAY, NILES, OP					73,077
PRIVATE PAY, PP, OP					31,160
PRIVATE PAY, THR, IOP					25,083
PRIVATE PAY, STU, IOP					15,205
PRIVATE PAY, KZOO, IOP					75,025
PRIVATE PAY, BH, IOP					15,161
PRIVATE PAY, NILES, IOP					32,894
PRIVATE PAY, PP, IOP					20,311
PRIVATE PAY, KZOO, RESIDENT					339,743
PRIVATE PAY, KZOO, DETOX					110,706
SPEC, SOP, IOP					190
SPEC, TR, OP					705
SPEC, KZOO, OP					795
SPEC, TR, IOP					1,520
SPEC, KZOO, IOP					2,280
SPEC, KZOO, RESIDENTIAL					3,850
SPEC, SOP, IOP					460
MEDICAID REVENUE TR/OP					16,590
MEDICAID, STUR, OP					17,424
MEDICAID, KZOO, OP					48,372
MEDICAID, BH, OP					23,843
MEDICAID, NILES, OP					20,415
MEDICAID, PP, OP					1,905
MEDICAID, THR, IOP					21,455
MEDICAID, STUR, IOP					32,012
MEDICAID, KZOO, IOP					43,605

Federal Statements

Statement 11 - Form 990, Part VII, Line 93 - Program Service Revenue (continued)

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
MEDICAID, BH, IOP		$		$	$ 42,575
MEDICAID, NILES, IOP					22,990
MEDICAID, PP, IOP					4,940
MEDICAID, KZOO, RESIDENTIAL					156,625
MEDICAID, CSAS, KZOO, DETOX					51,520
MEDICAID, KZOO, RES					66,802
MEDICAID, WS CASE MGMT					29,400
MEDICAID, LCC, DETOX - KZOO					21,600
MEDICAID, LCC, OP - KZOO					350
MEDICAID, LCC, IOP - KZOO					1,495
EIP - BH - OP					2,684
EIP - NILES - OP					9,009
EIP - BH - IOP					9,930
EIP - NILES - IOP					6,830
AWARENESS REV. PREVENT					3,485
SDA - NB					12,418
W/O - THREE RIVERS					-6,714
W/O - STURGIS					-28,887
W/O - KALAMAZOO					-240,970
W/O - BENTON HARBOR					-18,191
W/O - NILES					-41,839
W/O - PAW PAW					-20,369
ALCOHOL TAX REVENUE - TR					29,138
ALCOHOL TAX REVENUE - SOP					29,138
ALCOHOL TAX REVENUE - PREV					10,000
ALCOHOL TAX REVENUE - WS					3,000
COLLECTION AGENCY REVENUE -					1,316
COLLECTION AGENCY REVENUE -					1,146
COLLECTION AGENCY REVENUE					20
CLIENT & INSURANCE FEES					67,108
MEDICAID					3,975
TOTAL		$ 0		$ 0	$ 1,657,846

Federal Statements

Statement 12 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
MERGER ASSISTANCE REVENUE		$	1	$ 228,806	$
MISC. REVENUE - KZOO RES/DE			1	5,743	
MISC. REVENUE - KZOO OP/IOP			1	3,340	
MISC. REVENUE - DETOX			1	2,263	
MISC REVENUE TR			1	776	
MISC. INCOME			1	735	
MISC. REVENUE-STUR			1	492	
MISC. REVENUE - BH			1	447	
MISC. REVENUE - NILES			1	427	
MISC. REVENUE - PREV			1	396	
MISC REVENUE WOMENS SPEC			1	226	
MISC. REVENUE - PP			1	221	
MISC. REVENUE - HH			1	170	
MISC REVENUE - ADM			1	110	
MISC. REVENUE - NB			1	-545	
TOTAL		$ 0		$ 243,607	$ 0

Statement 13 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	THE INCOME REPORTED ON THESE LINES REPRESENTS FEES FROM
93B	COUNSELING AND REHABILITATION SERVICES PERFORMED AND
93C	MISCELLANEOUS ITEMS NOT SPECIFIC TO A CATEGORY. ALL
93D	REVENUE IS DIRECTLY RELATED TO OR A RESULT OF COUNSELING
93E	AND REHABILITATION SERVICES - THE PRIMARY PURPOSE OF THE ORGANIZATION.
103	STATE REVENUE RECEIVED FROM ALCOHOL TAX AND OTHER REVENUES NOT SPECIFIC TO A PROGRAM

Federal Statements

Statement 14 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2002	2001	2000	1999
OTHER	$ 75,209	$ 147,855	$ 76,687	$ 75,175
TOTAL	$ 75,209	$ 147,855	$ 76,687	$ 75,175

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization MICHIANA ADDICTIONS AND PREVENTION SERVICES	Employer identification number 38-1961500
	Number, street, and room or suite no. If a P.O. box, see instructions. 1020 MILLARD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. THREE RIVERS MI 49093	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 5/16/05 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning 10/01/03 , and ending 9/30/04 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 1/27/05

For Paperwork Reduction Act Notice, see Instruction

DAA

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization MICHIANA ADDICTIONS AND PREVENTION SERVICES		Employer identification number 38-1961500
	Number, street, and room or suite no. If a P O. box, see instructions. 1020 MILLARD STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr. THREE RIVERS MI 49093		

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ▶ ☐ . If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15/05

5 For calendar year _____ , or other tax year beginning 10/01/03 and ending 9/30/04 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, it required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 5/10/05

Notice to Applicant-To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

☐ Other _____ COPY

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name SEBER TANS, PLC
	Number and street (include suite, room, or apt no.) Or a P.O. box number 555 W. CROSSTOWN PARKWAY, STE 304
	City or town, province or state, and country (including postal or ZIP code) KALAMAZOO MI 49008