

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

**2004****Open to Public  
Inspection****A** For the 2004 calendar year, or tax year beginning **10/01/04**, and ending **9/30/05****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**COMMUNITY HEALING CENTER**

Number and street (or P O box if mail is not delivered to street address)

**2615 STADIUM DRIVE**

Room/suite

City or town, state or country, and ZIP + 4

**KALAMAZOO****MI 49008****D** Employer identification no.  
**38-1961500****E** Telephone number**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).

**G** Website: ▶ **N/A****J** Organization type(check only one) ▶ ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000

The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

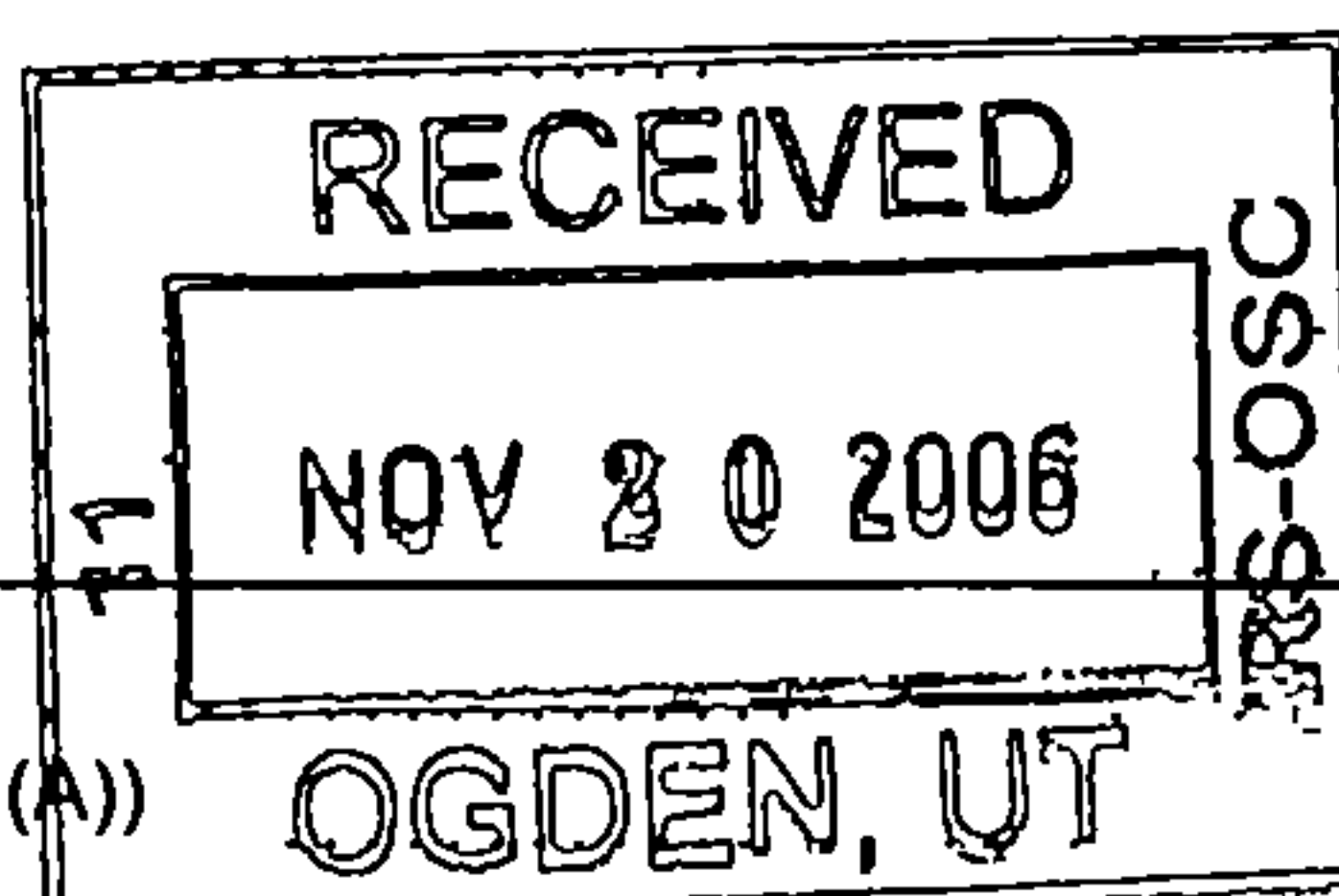
H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ 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 ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,855,439****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Direct public support	<b>1a</b>	<b>230,527</b>	
	<b>b</b>	Indirect public support	<b>1b</b>	<b>1,077,696</b>	
	<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>2,044,590</b>	
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>3,352,813</b> noncash \$ )	<b>1d</b>	<b>3,352,813</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>2,467,788</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>7,877</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>		
	<b>6a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
	<b>7</b>	Other investment income (describe <b>SEE STATEMENT 1</b> )	<b>7</b>	<b>6,375</b>	
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	
	<b>b</b>	Less cost or other basis and sales expenses		<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)		<b>8c</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>20,586</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>5,855,439</b>		
Expenses	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>5,140,339</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>879,201</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>91,688</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	Total expenses (add lines 13 and 14, column (A))	<b>17</b>	<b>6,111,228</b>	
Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-255,789</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,999,683</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,743,894</b>	



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2004)

SCANNED DEC 14 2006

18



**Part II Statement of**

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	3,850,634	3,319,866	478,712	52,056
27 Pension plan contributions	27				
28 Other employee benefits	28	274,264	255,644	17,232	1,388
29 Payroll taxes	29	332,115	289,224	38,127	4,764
30 Professional fundraising fees	30				
31 Accounting fees	31	31,169		31,169	
32 Legal fees	32				
33 Supplies	33	151,382	134,209	13,405	3,768
34 Telephone	34	56,752	52,686	3,588	478
35 Postage and shipping	35	14,912	11,884	2,492	536
36 Occupancy	36	187,490	179,712	6,236	1,542
37 Equipment rental and maintenance	37	79,807	65,555	13,242	1,010
38 Printing and publications	38	593	579	14	
39 Travel	39	57,861	54,541	3,292	28
40 Conferences, conventions, and meetings	40	17,122	12,644	4,461	17
41 Interest	41	61,341	18,255	43,086	
42 Depreciation, depletion, etc (attach schedule)	42	123,321		123,321	
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 2	43b	872,465	745,540	100,824	26,101
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	6,111,228	5,140,339	879,201	91,688

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 3

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 FAMILY COUNSELING AS WELL AS COUNSELING, EDUCATIONAL PROGRAMS, AND REHABILITATION FACILITIES FOR THE PREVENTION AND TREATMENT OF DRUG AND ALCOHOL ABUSE. (Grants and allocations \$ _____ )	5,140,339
b (Grants and allocations \$ _____ )	
c (Grants and allocations \$ _____ )	
d (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,140,339

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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
<b>A s s e t s</b>	<b>45</b>	Cash-non-interest-bearing		185,762	45	210,221
	<b>46</b>	Savings and temporary cash investments			46	
	<b>47a</b>	Accounts receivable	47a 1,510,713			
	<b>b</b>	Less: allowance for doubtful accounts	47b 780,000	675,137	47c	730,713
	<b>48a</b>	Pledges receivable	48a 40,152			
	<b>b</b>	Less: allowance for doubtful accounts	48b	71,410	48c	40,152
	<b>49</b>	Grants receivable		203,309	49	228,098
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	<b>51a</b>	Other notes and loans receivable (attach schedule)	51a			
	<b>b</b>	Less: allowance for doubtful accounts	51b		51c	
	<b>52</b>	Inventories for sale or use			52	
	<b>53</b>	Prepaid expenses and deferred charges		46,735	53	110,219
	<b>54</b>	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	<b>55a</b>	Investments-land, buildings, and equipment: basis	55a			
	<b>b</b>	Less: accumulated depreciation (attach schedule)	55b		55c	
<b>56</b>	Investments-other (attach schedule)	SEE STMT 4	140,868	56	128,669	
<b>57a</b>	Land, buildings, and equipment basis	57a 2,860,099				
<b>b</b>	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 5</b>	57b 1,258,857	1,627,268	57c	1,601,242	
<b>58</b>	Other assets (describe <input type="checkbox"/> )			58		
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		2,950,489	59	3,049,314	
<b>L i a b i l i t i e s</b>	<b>60</b>	Accounts payable and accrued expenses		379,239	60	569,503
	<b>61</b>	Grants payable			61	
	<b>62</b>	Deferred revenue			62	
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	<b>64a</b>	Tax-exempt bond liabilities (attach schedule)			64a	
	<b>b</b>	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>		509,206	64b	735,917
	<b>65</b>	Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 6</b> )		62,361	65	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)		950,806	66	1,305,420	
<b>N F e u n d  A s s e t s  B a s e l i n e s</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	<b>67</b>	Unrestricted		1,458,081	67	1,266,620
	<b>68</b>	Temporarily restricted		419,308	68	348,605
	<b>69</b>	Permanently restricted		122,294	69	128,669
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	<b>70</b>	Capital stock, trust principal, or current funds			70	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund			71	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds			72	
	<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,999,683	73	1,743,894
	<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		2,950,489	74	3,049,314

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.



Form 990 (2004)

COMMUNITY HEALING CENTER

38-1961500

Page 4

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	5,855,439
<b>b</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>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	5,855,439
<b>d</b>	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) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	5,855,439

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

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	6,111,228
<b>b</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>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	6,111,228
<b>d</b>	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) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	6,111,228

**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 7				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule-see page 28 of the instructions

▶ ☐ Yes ☒ No

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
<b>77</b>	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
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
<b>80a</b>	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>b</b>	If "Yes," enter the name of the organization <span style="float: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions	81a	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	81b	X
<b>82a</b>	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>b</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	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</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
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members	85c	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	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
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	87a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	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
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">0</span> ; section 4912 <span style="float: right;">0</span> ; section 4955 <span style="float: right;">0</span>		
<b>b</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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0</span>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0</span>		
<b>90a</b>	List the states with which a copy of this return is filed <span style="float: right;">NONE</span>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	120
<b>91</b>	The books are in care of <span style="float: right;">Telephone no <span style="float: right;">ZIP + 4</span></span> Located at <span style="float: right;">ZIP + 4</span>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <span style="float: right;">and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">92</span></span>		



**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a SEE STATEMENT 8

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

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 COLLECTION AGENCY PROGRAM SER

c MISC. REVENUE

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 9

**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 Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer <i>Sally Beames</i>		Date 11-13-06	
Paid Preparer's Use Only	Type or print name and title Sally Beames, Executive Director			
	Preparer's signature <i>[Signature]</i>	Date 11/3/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W) P00310303
	Firm's name (or yours if self-employed), address, and ZIP + 4 SEBER TANS, PLC 555 W. CROSSTOWN PARKWAY, STE 304 KALAMAZOO, MI 49008	EIN 20-0503877	Phone no 269-343-8180	

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**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

Employer identification number

COMMUNITY HEALING CENTER

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 empl ben plans & deferred comp	(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.

Schedule A (Form 990 or 990-EZ) 2004



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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	<b>X</b>
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> 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.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,169,839	1,854,433	1,970,679	1,094,391	7,089,342
<b>16</b> Membership fees received					0
<b>17</b> 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	1,630,029	1,612,007	1,790,892	498,623	5,531,551
<b>18</b> 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	851	703	1,368	888	3,810
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets <b>STMT 10</b>	42,617	75,209	147,855	76,687	342,368
<b>23</b> Total of lines 15 through 22	3,843,336	3,542,352	3,910,794	1,670,589	12,967,071
<b>24</b> Line 23 minus line 17	2,213,307	1,930,345	2,119,902	1,171,966	7,435,520
<b>25</b> Enter 1% of line 23	38,433	35,424	39,108	16,706	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 148,710
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 2000 through 2003 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 7,435,520
d Add Amounts from column (e) for lines 18 3,810 19 22 342,368 26b					26d 346,178
e Public support (line 26c minus line 26d total)					26e 7,089,342
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.3443%
<b>27 Organizations described on line 12:</b> 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:	(2003)	(2002)	(2001)	(2000)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003)	(2002)	(2001)	(2000)	N/A
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 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
<b>29</b> 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?	<b>29</b>		
<b>30</b> 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?	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>		
<b>35</b> 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	<b>35</b>		



**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												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>														
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>														
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>														
<b>39</b> Other exempt purpose expenditures	<b>39</b>														
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>														
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-															
<table border="0"> <tr> <td><b>If the amount on line 40 is-</b></td> <td><b>The lobbying nontaxable amount is-</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>	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	<b>41</b>		
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>														
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														
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>														
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>														
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>														

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount





Forms <b>990 / 990-PF</b>		<b>Mortgages and Other Notes Payable</b>		<b>2004</b>	
		For calendar year 2004, or tax year beginning		10/01/04	, and ending 9/30/05
Name <b>COMMUNITY HEALING CENTER</b>					Employer Identification Number <b>38-1961500</b>

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

Name of lender	Relationship to disqualified person
(1) <b>FIRST NATIONAL BANK</b>	
(2) <b>FIFTH THIRD BANK - LINE OF CREDIT</b>	
(3) <b>KEYSTONE BANK -LINE OF CREDIT</b>	
(4) <b>USDA</b>	
(5) <b>FIFTH-THIRD BANK</b>	
(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)				

Securty provided by borrower	Purpose of loan
(1) <b>BUILDING</b>	<b>MORTGAGE</b>
(2) <b>BUILDING AND OTHER ASSETS</b>	<b>OPERATIONS</b>
(3) <b>BUILDING AND OTHER ASSETS</b>	<b>OPERATIONS</b>
(4) <b>HOUSE</b>	<b>MORTGAGE</b>
(5) <b>AUTOMOBILE</b>	<b>AUTOMOBILE LOANS</b>
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	158,279	155,571
(2)	70,000	
(3)	132,319	442,000
(4)	126,328	125,749
(5)	22,280	12,597
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	509,206	735,917

Federal Statements

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

Description	Amount
INVESTMENT RETURN	\$ 6,375
TOTAL	\$ 6,375



**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
WORKERS COMP - ADMIN	2,983		2,983	
PAYROLL PROCESSING FEES	11,372		11,372	
PENALTIES	685		685	
COLLECTION AGENCY FEES	873		873	
LICENCES & FEES - ADMIN	963		963	
MEMBERSHIPS & DUES - ALLOC	2,075		2,075	
LIAB INS - ADM	14,899		14,899	
ADVERTISING	46,244		23,396	22,848
CONTRACTUAL	7,623		6,883	740
EQUIPMENT LEASE - ADM	668		668	
FURN & EQUIP - JGCHC	1,622		1,622	
MISCELLANEOUS EXPENSE	2,270		2,270	
COMPUTER EQUIPMENT - GCSPRE	-9,907		-9,907	
COMPUTER EQUIPMENT - TR	1,280		1,280	
ADMIN VEHICLE EXP	5,112		5,112	
BAD DEBTS	395,987		395,987	
CASH OVER/SHORT	-23		-23	
CONTRACTUAL - MERGER EXPENSE	16,183		16,183	
ADMINISTRATION ALLOCATION	-375,950		-375,950	
INDIRECT COST ALLOC	-547		-547	
WORKERS COMP - GCFUND	367			367
LIAB INS	556			556
EQUIPMENT LEASE - GCFUND	36			36
MISC. EXPENSE - GCFUND	327			327
COMPUTER EQUIPMENT - GCFUND	312			312
ADMIN ALLOCATION	915			915
WORKERS COMPENSATION	31,409	31,409		
CONTRACT THERAPIST	22,170	22,170		
MEALS, CLIENT	103,075	103,075		
INCENTIVES	11,769	11,769		
MEMBERSHIPS & DUES	470	470		
LIABILITY INSURANCE	32,306	32,306		
ADVERTISING	24,098	24,098		
CONTRACTUAL	112,207	112,207		
EQUIPMENT LEASE	18,466	18,466		
MISCELLANEOUS EXPENSE	1,814	1,814		
COMPUTER EQUIPMENT	8,710	8,710		
WOMENS VAN EXP	2,567	2,567		
CASH OVER/SHORT	21	21		
ADMINISTRATION ALLOCATION	375,911	375,911		
INDIRECT COST ALLOC - KCISF2	547	547		
TOTAL	\$ 872,465	\$ 745,540	\$ 100,824	\$ 26,101

## Federal Statements

### Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

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



**Federal Statements****Statement 4 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
KZO FDN GC BENEFICIAL INTEREST	\$ 140,868	\$ 128,669	
TOTAL	\$ 140,868	\$ 128,669	

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING-MILLARD	\$ 1,811,626	\$	\$ 126,000	\$
BUILDING IMPROVEMENTS - MILLA	51,362		51,362	
LEASEHOLD IMPROVEMENTS	98,702		165,800	
PURCHASED EQUIPMENT	576,065		140,422	
SOFTWARE LICENSES	37,262		9,596	
DONATED EQUIPMENT	2,200		2,200	
VEHICLES	46,941		46,941	
HOPE HOUSE FURNISHINGS	1,362		1,362	
KALAMAZOO FURNISHINGS	24,859		24,859	
A/D BUILDING-MILLARD		35,078		22,051
A/D - BUILDING-STADIUM		566,457		618,554
A/D BUILDING IMPROVEMENTS		6,753		8,492
A/D LEASEHOLD IMPROVEMENTS		12,819		20,813
A/D PURCHASED EQUIPMENT		470,079		91,796
A/D SOFTWARE LICENSES		9,057		6,645
A/D DONATED EQUIPMENT		2,200		2,200
A/D HH FUNISHINGS		665		859
A/D KALAMAZOO FURNISHINGS		4,691		8,242
A/D VEHICLES		27,738		37,126
BUILDING-HOPE HOUSE			121,335	
BUILDING-STADIUM DRIVE			1,564,290	
EQUIPMENT-STADIUM			438,143	
TECHNOLOGY EQUIPMENT			24,763	
TECHNOLOGY EQUIPMENT-STADIUM			30,600	
A/D BUILDING-HOPE HOUSE				20,590
A/D EQUIPMENT-STADIUM				407,481
A/D TECHNOLOGY EQUIPMENT				2,278
A/D TECHNOLOGY EQUIPMENT-STADIUM				11,730
LAND	112,426		14,000	
LAND-STADIUM DRIVE			98,426	
TOTAL	\$ 2,762,805	\$ 1,135,537	\$ 2,860,099	\$ 1,258,857

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ADVANCE FROM CSAS	\$ 62,361	\$
TOTAL	\$ 62,361	\$ 0

## Federal Statements

11/3/2006 3:57 PM

### Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
SALLY REAMES	THREE RIVERS MI 49093	1020 MILLARD ST	ADMINISTRATO		70,129	3,153	0
ERIK KROGH	KALAMAZOO MI 49008	2430 LOMOND	CHAIR		0	0	0
FRED EINSPAHR	KALAMAZOO MI 49008	2128 CRANE	VICH CHAIR		0	0	0
PETER CRODEN	PORTAGE MI 49002	1925 LAKEVIEW DR	TREASURER		0	0	0
WILLIAM SMITH	THREE RIVERS MI 49093	12332 HOFFMAN ROAD	SECRETARY		0	0	0
ARLAN WENDZEL	THREE RIVERS MI 49093	16550 BURKE AVE			0	0	0
RALPH JONES	KALAMAZOO MI 49007	225 PARSONS ST			0	0	0
WILLIAM GRIFFIN	KALAMAZOO MI 49007	148 E MICHIGAN AVE			0	0	0
LISSA HARTRIDGE	KALAMAZOO MI 49008	3723 SONGBIRD LN			0	0	0
DARIN CARANCI	KALAMAZOO MI 49007	107 WEST MICHIGAN AVE			0	0	0
JANICE BROWN	KALAMAZOO MI 49008	1220 HOWARD ST			0	0	0
ROBIN BAKER	CONSTANTINE MI 49042	14936 ROBERTS SHORE DRIVE			0	0	0
WILL ATKINSON	KALAMAZOO MI 49008	1000 OLIVER ST #324			0	0	0



## Federal Statements

### Statement 8 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
CLIENT PROGRAM SERVICE REVE		\$		\$	\$ 120,501
PRIVATE PAY PROGRAM SERVICE					2,013,372
AWARENESS REV. PREVENT					10,045
W/O - PROGRAM SERVICE REVEN					-432,999
ALCOHOL TAX PROGRAM SERVICE					78,873
MEDICAID PROGRAM SERVICE RE					677,996
TOTAL		\$ 0		\$ 0	\$ 2,467,788

### Statement 9 - 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 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2003	2002	2001	2000
OTHER	\$ 42,617	\$ 75,209	\$ 147,855	\$ 76,687
TOTAL	<u>\$ 42,617</u>	<u>\$ 75,209</u>	<u>\$ 147,855</u>	<u>\$ 76,687</u>



## Federal Statements

### Statement 11 - Form 4562, Line 40 - Amortization

Description	Amort Beg Date	Amortizable Amount	Code Sec	Period/ Percent	Current Yr Amortization
PEACHTREE	10/11/04	\$ 565	0	3.0	\$ 188
MCAFEE	10/31/04	770	0	3.0	257
STANDARD OPERATING FIREWALL	10/31/04	1,599	0	3.0	533
TOTAL		<u>\$ 2,934</u>			<u>\$ 978</u>

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

**2004**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**COMMUNITY HEALING CENTER**

Identifying number

**38-1961500**

Business or activity to which this form relates

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

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instructions)	14	5,805
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	105,572

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	10,167
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		20,209	5.0	HY	200DB	4,043
c 7-year property		1,250	7.0	HY	200DB	179
d 10-year property						
e 15-year property		67,098	15.0	HY	S/L	2,237
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see page 8 of the instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	128,003
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)



## COMMUNITY HEALING CENTER

38-1961500

Form 4562 (2004)

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles )

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)								<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use (see page 8 of the instructions):											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use (see page 8 of the instructions):											
		%					S/L-				
		%					S/L-				
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								<b>28</b>			
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1									<b>29</b>		

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions ) <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):					
SEE STATEMENT 11		2,934			978
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b> 345
<b>44</b> Total. Add amounts in column (f) See page 12 of the instructions for where to report					<b>44</b> 1,323