

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **10/01/05**, and ending **9/30/06****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**COMMUNITY HEALING CENTER**

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

Room/suite

2615 STADIUM DRIVE

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).****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," attach a list. See instr.)

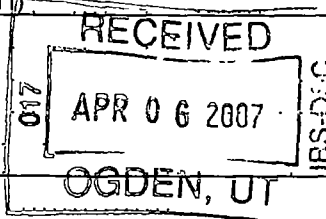
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,772,027****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	245,783		
b	Indirect public support	1b	869,755		
c	Government contributions (grants)	1c	2,566,619		
d	Total (add lines 1a through 1c) (cash \$ 3,682,157 noncash \$)	1d	3,682,157		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,003,307		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	1,383		
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 STATEMENT 1)	7	11,449		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b	918		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-918		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	SEE STMT 2			
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	73,731		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,771,109		
13	Program services (from line 44, column (B))	13	5,017,170		
14	Management and general (from line 44, column (C))	14	777,373		
15	Fundraising (from line 44, column (D))	15	114,057		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	5,908,600		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-137,491		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,743,894		
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,606,403		

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

Form 990 (2005)

SCANNED APR 25 2007 Revenue



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**Part II Statement of
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26 3,588,431	3,000,113	519,791	68,527
27 Pension plan contributions	27			
28 Other employee benefits	28 309,691	222,252	85,931	1,508
29 Payroll taxes	29 236,393	199,133	32,351	4,909
30 Professional fundraising fees	30			
31 Accounting fees	31 81,362		81,362	
32 Legal fees	32			
33 Supplies	33 170,762	152,651	10,294	7,817
34 Telephone	34 57,035	54,682	1,989	364
35 Postage and shipping	35 15,948	13,434	1,508	1,006
36 Occupancy	36 206,326	204,429		1,897
37 Equipment rental and maintenance	37 69,377	65,239	3,514	624
38 Printing and publications	38 3,702	3,559	109	34
39 Travel	39 81,848	77,443	4,391	14
40 Conferences, conventions, and meetings	40 14,873	11,694	3,178	1
41 Interest	41 67,188	17,224	49,964	
42 Depreciation, depletion, etc. (attach schedule)	42 125,565	0	125,565	
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 880,099	995,317	-142,574	27,356
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 5,908,600	5,017,170	777,373	114,057

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose?

► SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) & (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 \$) If this amount includes foreign grants, check here ☐ **5,017,170**

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

5,017,170

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing	210,221	45	84,676
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	1,047,651		
	b	Less: allowance for doubtful accounts	300,000	47c	747,651
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	40,152	48c	
	49	Grants receivable	228,098	49	227,406
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	110,219	53	129,128
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)	SEE STMT 5	128,669	56	133,500
57a	Land, buildings, and equipment: basis	2,923,608			
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 6	1,371,388	1,601,242	57c	1,552,220
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (must equal line 74). Add lines 45 through 58.	3,049,314	59	2,874,581	
Liabilities	60	Accounts payable and accrued expenses	569,503	60	559,250
	61	Grants payable		61	
	62	Deferred revenue		62	
	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	735,917	64b	708,928
65	Other liabilities (describe <input type="checkbox"/>)		65		
66	Total liabilities. Add lines 60 through 65	1,305,420	66	1,268,178	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,266,620	67	1,245,077
	68	Temporarily restricted	348,605	68	227,826
	69	Permanently restricted	128,669	69	133,500
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,743,894	73	1,606,403
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	3,049,314	74	2,874,581

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part V-A

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

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Yes	No
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► 15

75b		X
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75c		X
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75d		X
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Yes	No
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76		X
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77		X
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78a	X
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78b		
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79	X
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80a	X
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81a

81b	X
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85g			
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 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, 2005 (See instructions.)	90b	146
91a	The books are in care of MIKE PIOCH 2615 STADIUM DRIVE Located at KALAMAZOO, MI	Telephone no.	49008
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?	91b	X
c	If "Yes," enter the name of the foreign country	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CLIENT AND INSURANCE					1,348,811
b MEDICAID					565,879
c OTHER					1,500
d ALCOHOL TAX					87,117
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,383	
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			1	11,449	
100 Gain or (loss) from sales of assets other than inventory					-918
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			1	8,929	
c MISC. REVENUE			1	63,599	
d RESTRICTED - CAPITAL CAMPAIGN			1	1,203	
e					
104 Subtotal (add columns (B), (D), and (E))		0		86,563	2,002,389
105 Total (add line 104, columns (B), (D), and (E))					2,088,952

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 8

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

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

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

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Sally Reames</i>		Date 10/3/2007	
Paid Preparer's Use Only	Type or print name and title Sally Reames, Executive Director			
	Preparer's signature <i>[Signature]</i>	Date 10/3/07	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)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005**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

COMMUNITY HEALING CENTER

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

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for

professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over

\$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2005

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 expenses 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
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,352,813	2,169,839	1,854,433	1,970,679	9,347,764
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	2,467,788	1,630,029	1,612,007	1,790,892	7,500,716
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,877	851	703	1,368	10,799
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 9	26,961	42,617	75,209	147,855	292,642
23 Total of lines 15 through 22	5,855,439	3,843,336	3,542,352	3,910,794	17,151,921
24 Line 23 minus line 17	3,387,651	2,213,307	1,930,345	2,119,902	9,651,205
25 Enter 1% of line 23	58,554	38,433	35,424	39,108	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	193,024
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	26c	9,651,205
d Add: Amounts from column (e) for lines: 18 <u>10,799</u> 19 _____		▶	26d	303,441
22 <u>292,642</u> 26b _____		▶	26e	9,347,764
e Public support (line 26c minus line 26d total)		▶	26f	96.8559%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: **N/A**

(2004) (2003) (2002) (2001)

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

(2004) (2003) (2002) (2001)

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(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-														
<table border="0"> <tr> <td>If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is-	The lobbying nontaxable amount is-													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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 through c 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 through c h.)

Yes	No	Amount

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

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2005
For calendar year 2005, or tax year beginning 10/01/05 , and ending 9/30/06		
Name COMMUNITY HEALING CENTER		Employer Identification Number 38-1961500

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

Name of lender	Relationship to disqualified person
(1) FIRST NATIONAL BANK	
(2) KEYSTONE BANK -LINE OF CREDIT	
(3) USDA	
(4) FIFTH-THIRD BANK	
(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) BUILDING	MORTGAGE
(2) BUILDING AND OTHER ASSETS	OPERATIONS
(3) HOUSE	MORTGAGE
(4) AUTOMOBILE	AUTOMOBILE LOANS
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	155,571	152,913
(2)	442,000	429,277
(3)	125,749	123,634
(4)	12,597	3,104
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	735,917	708,928

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

<u>Description</u>	<u>Amount</u>
INVESTMENT RETURN	\$ 11,449
TOTAL	\$ 11,449

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Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
LASER PRINTER	PURCHASE			12/11/89	9/30/06	\$	1,391	\$ 1,391	\$
REFRIGERATOR	PURCHASE			6/06/90	9/30/06		150	150	
POSTAGE MACHINE	PURCHASE			8/30/90	9/30/06		876	876	
486 CUSTOM COMPUTER	PURCHASE			10/25/96	9/30/06		1,250	1,250	
COMPAQ LAPTOP	PURCHASE			9/30/97	9/30/06		2,139	2,139	
GATEWAY COMPUTER	PURCHASE			6/13/99	9/30/06		2,200	2,200	
COMPAQ PROSIGNIA	PURCHASE			12/19/99	9/30/06		1,370	1,370	
CAMPAQ COMPUTER	PURCHASE			7/13/00	9/30/06		2,036	2,036	
27 IN QUASAR TV	PURCHASE			9/30/95	9/30/06		938	938	
USED PHONE SYSTEM	PURCHASE			11/10/04	9/30/06		2,500	1,582	-918
TOTAL						\$ 0	\$ 14,850	\$ 13,932	\$ -918

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
WORKERS COMP - ADM	1,317		1,317	
PAYROLL PROCESSING FEES	10,455		10,455	
PENALTIES	2,500		2,500	
LICENCES AND FEES - ADMIN	2,119		2,119	
MEMBERSHIPS & DUES - ALLOC	2,410		2,410	
LIAB INS - ADM	-22,447		-22,447	
ADVERTISING- MKTG - ADM	22,462		22,462	
MISCELLANEOUS EXPENSE - ADMIN	1,815		1,815	
ADMIN VEHICLE EXP	6,334		6,334	
BAD DEBTS	337,286		337,286	
CASH OVER/SHORT - KZOO	-213		-213	
ADMINISTRATION ALLOCATION	-169,403		-169,403	
INDIRECT COST ALLOC	-4,860		-4,860	
WORKERS COMP - GCFUND	11			11
LIAB INS - GCFUND	371			371
CONTRACTUAL TECH. - GCFUND	69			69
EQUIPMENT LEASE - GCFUND	152			152
MISC. EXPENSE - GCFUND	2			2
WORKERS COMP - GCSPREAD	587		587	
LIAB INS - GCSPREAD	844		844	
ADVERTISING / MKTG. - GCSPREA	-208		-208	
ADVERTISING /CLASS. - GCSPREA	216		216	
ADVERTISING-CLASSIFIEDS-ADM	370		370	
CONTRACTUAL-THERAPIST ALLOC	-750		-750	
CONTRACTUAL - TECH - GCSPREAD	371		371	
CONTRACTUAL - TECHNICAL - ADM	822		822	
CONTRACTUAL - B&G BH	25		25	
CONTRACTUAL - LEGAL	372		372	
CONTRACTUAL - OTHER ADM	2,082		2,082	
MISC. EXPENSE - STURGIS	86		86	
MISC. EXPENSE - ALLOC	116		116	
ALLOCATED - BAD DEBTS	-337,286		-337,286	
CASH SHORT - OVER ADMIN	4		4	
LIAB INS - GCROOFSIT	101			101
ADVERTISING - TELE - GCFUND	2,503			2,503
ADVERTISING / MKTG - ROOFSIT	18,212			18,212
CONTRACTUAL B&G - GCFUND	381			381
CONTRACTUAL - OTHER - GCFUND	11			11
EQUIPMENT LEASE - ROOFSIT	842			842
MISC. EXPENSE - ROOFSIT	168			168
ADMINISTRATIVE ALLOC - GCFUND	4,533			4,533
WORKERS COMPENSATION	42,127	42,127		
CONTRACT THERAPIST	151,355	151,355		
MEALS, CLIENT	112,970	112,970		
INCENTIVES	15,270	15,270		
MEMBERSHIPS & DUES	295	295		
LIABILITY INSURANCE	28,893	28,893		
ADVERTISING	42,754	42,754		
CONTRACTUAL	134,583	134,583		
EQUIPMENT LEASE	18,128	18,128		
MISCELLANEOUS EXPENSE	1,404	1,404		

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
WOMENS VAN EXP	\$ 3,196	\$ 3,196	\$	\$
CASH OVER/SHORT	60,937	60,937		
INDIRECT COST ALLOC - KCISF2	4,860	4,860		
CONTRACT THERAPIST - KCISF	1,820	1,820		
LICENSES & FEES-TR	960	960		
LICENCES AND FEES - TRIOP	401	401		
LICENSES & FEES-ST	754	754		
LICENSES & FEES-GILMORE	771	771		
LICENSES & FEES-GIL-DET	2,214	2,214		
LICENSES & FEES-GIL-RES	2,430	2,430		
LICENSES & FEES-BH	600	600		
LICENSES & FEES-NI	754	754		
LICENSES & FEES-PP	171	171		
LICENCES AND FEES - GCPPOP	258	258		
LICENSES AND FEES - GCEIP	1,082	1,082		
LICENSES AND FEES - GCCAS	1,480	1,480		
LICENSES AND FEES - GCSAOP	608	608		
LICENSES AND FEES - GCSAIOP	806	806		
MEMBERSHIPS & DUES - STRIOP	130	130		
ADVERTISING-MKTG - TRIOP	779	779		
ADVERTISING - MKTG - DOE	212	212		
CONTRACT-TECHNICAL-HIV STUDY	11	11		
CONTRACTUAL - TECHNICAL METH	148	148		
CONTRACT-TECHNICAL-WS KZOO	30	30		
CONTRACT-TECHNICAL-DOE	72	72		
CONTRACT-B&G-DOE	400	400		
EQUIPMENT LEASE - STRIOP	80	80		
EQUIPMENT LEASE-HIV STUDY	121	121		
EQUIPMENT LEASE-DOE	159	159		
COLLECTION AGENCY FEES	57	57		
MISC EXP - DOE	10	10		
COMPUTER EQUIPMENT - DOE	33	33		
BAD DEBTS - THREE RIVERS	13,108	13,108		
BAD DEBTS - STURGIS	4,937	4,937		
BAD DEBTS - GILMORE	39,384	39,384		
BAD DEBTS - BH	10,627	10,627		
BAD DEBTS - NILES	12,059	12,059		
BAD DEBTS - PP	11,185	11,185		
BAD DEBTS - EU	165,986	165,986		
ADMIN ALLOC - DOE	5,485	5,485		
ADMIN ALLOC - HIV STUDY	1,052	1,052		
ADMINISTRATION ALLOCATION - P	5,617	5,617		
ADMIN ALLOC - PREVENTION	2,833	2,833		
ADMINISTRATION ALLOCATION - W	2,765	2,765		
ADMIN ALLOC - WS	2,765	2,765		
ADMINISTRATION ALLOC- KZOO	31,728	31,728		
ADMINISTRATION ALLOCATION - N	3,535	3,535		
ADMINISTRATIVE ALLOC - KZOO D	30,641	30,641		
ADMIN ALLOCATION - GCEIP	7,606	7,606		
ADMIN ALLOCATION - GCCAC	1,677	1,677		
ADMINISTRATIVE ALLOC - GCPPP	8,204	8,204		

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
TOTAL	\$ <u>880,099</u>	\$ <u>995,317</u>	\$ <u>-142,574</u>	\$ <u>27,356</u>

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Statement 4 - 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.

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

Description	Beginning of Year	End of Year	Basis of Valuation
KZO FDN GC BENEFICIAL INTEREST	\$ 128,669	\$ 133,500	
TOTAL	\$ 128,669	\$ 133,500	

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING-MILLARD	\$ 126,000	\$	\$ 126,000	\$
BUILDING IMPROVEMENTS	51,362		59,811	
LEASEHOLD IMPROVEMENT	165,800		192,761	
PURCHASED EQUIPMENT	140,422		128,710	
SOFTWARE LICENSES	9,596		14,854	
DONATED EQUIPMENT	2,200			
VEHICLES	46,941		46,941	
HOPE HOUSE FURNISHINGS	1,362		1,362	
KALAMAZOO FURNISHINGS	24,859		27,728	
A/D BUILDING-MILLARD		22,051		25,200
AD BUILDING-STADIUM		618,554		670,651
A/D BUILDING IMPROVEMENTS		8,492		10,919
A/D LEASEHOLD IMPROVEMENT		20,813		30,097
A/D PURCHASED EQUIPMENT		91,796		96,914
A/D SOFTWARE LICENSES		6,645		9,473
A/D DONATED EQUIPMENT		2,200		
A/D HH FURNISHINGS		859		1,054
A/D KALAMAZOO FURNISHINGS		8,242		11,948
A/D VEHICLES		37,126		44,965
BUILDING-HOPE HOUSE	121,335		121,335	
BUILDING-STADIUM DRIVE	1,564,290		1,564,291	
EQUIPMENT-STADIUM	438,143		437,205	
TECHNOLOGY EQUIPMENT	24,763		41,866	
TECHNOLOGY EQUIPMENT-STADIUM	30,600		33,318	
A/D BUILDING-HOPE HOUSE		20,590		25,002
A/D EQUIPMENT-STADIUM		407,481		418,381
A/D TECHNOLOGY EQUIPMENT		2,278		8,436
A/D TECH EQUIP-STADIUM		11,730		18,348
BUILDING IMPROVEMENTS			15,000	
LAND-MILLARD	14,000		14,000	
LAND-STADIUM DRIVE	98,426		98,426	
TOTAL	\$ 2,860,099	\$ 1,258,857	\$ 2,923,608	\$ 1,371,388

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Statement 7 - Form 990, Part V-A - 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	0	92,572	0	0
FRED EINSPAHR	KALAMAZOO MI 49008	2128 CRANE	CHAIR	0	0	0	0
PETER CRODEN	PORTAGE MI 49002	1925 LAKEVIEW DR	VICE CHAIR	0	0	0	0
ARLAN WENDZEL	THREE RIVERS MI 49093	16550 BURKE AVE		0	0	0	0
RALPH JONES	KALAMAZOO MI 49007	225 PARSONS ST		0	0	0	0
WILLIAM GRIFFIN	KALAMAZOO MI 49007	148 E MICHIGAN AVE	SECRETARY	0	0	0	0
LISSA HARTRIDGE	KALAMAZOO MI 49008	3723 SONGBIRD LN		0	0	0	0
DARIN CARANCI	KALAMAZOO MI 49007	107 WEST MICHIGAN AVE	TREASURER	0	0	0	0
JANICE BROWN	KALAMAZOO MI 49008	1220 HOWARD ST		0	0	0	0
ROBIN BAKER	CONSTANTINE MI 49042	14936 ROBERTS SHORE DRIVE		0	0	0	0
WILL ATKINSON	KALAMAZOO MI 49008	4315 DUKE ST., APT. A2		0	0	0	0
MARIETTE LEMEUX	KALAMAZOO MI 49007	162 E. MICHIGAN AVE.		0	0	0	0
DR. KATHY JACKSON	KALAMAZOO MI 49006	1003 PINEHURST BLVD.		0	0	0	0
JUDGE WILLIAM G. SCHMA	KALAMAZOO MI 49007	227 W. MICHIGAN AVE.		0	0	0	0
OTTO KREUZER	PORTAGE MI 49024	1522 HOLIDAY		0	0	0	0
JAMES DYKE	VICKSBURG MI 49097	6781 E. V AVE.		0	0	0	0

Federal Statements**Statement 8 - Form 990, Part VIII - Relationship of Activities**

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

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

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
OTHER	\$ <u>26,961</u>	\$ <u>42,617</u>	\$ <u>75,209</u>	\$ <u>147,855</u>
TOTAL	\$ <u>26,961</u>	\$ <u>42,617</u>	\$ <u>75,209</u>	\$ <u>147,855</u>

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005Attachment
Sequence No **67**

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

Name(s) shown on return

COMMUNITY HEALING CENTERIdentifying 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 the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
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 instr	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 2004 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 2006. 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.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	100,363

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

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	17,378
18	If you are electing 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 2005 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		5,258	3.0	HY	200DB	1,753
b 5-year property		19,822	5.0	HY	200DB	3,963
c 7-year property		2,869	7.0	HY	200DB	410
d 10-year property						
e 15-year property		26,960	15.0	HY	150DB	1,348
f 20-year property		23,449	20.0	HY	150DB	880
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 2005 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 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	126,095
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.

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DAA

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

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

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

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

Section B-Information on Use of Vehicles

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

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year					43
					1,308
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,308