

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 CLINTON HEALTH FOUNDATION
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 805 S. OAKLAND STREET
 City or town, state or country, and ZIP + 4
 ST. JOHNS, MI 48879

D Employer identification number
 38-2578596

E Telephone number
 (989) 224-6881

F Accounting method Cash Accrual
 Other (specify)

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? N/A Yes No
 (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **405,173.**

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

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

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

Line	Description	Amount	Amount
1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	347,481.
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 347,481. noncash \$)	1d	347,481.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	25,469.
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 GAIN ON SALE OF MUTUAL FUNDS)	7	21,339.
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	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
8d		8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 50,773. of contributions reported on line 1a)	9a	10,884.
b	Less direct expenses other than fundraising expenses	9b	15,212.
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<4,328.>
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	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	389,961.
13	Program services (from line 44, column (B))	13	188,585.
14	Management and general (from line 44, column (C))	14	22,693.
15	Fundraising (from line 44, column (D))	15	62,199.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	273,477.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	116,484.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,291,473.
20	Other changes in net assets or fund balances (attach explanation)	20	26,597.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,434,554.

SCANNED JUN 03 2005

RECEIVED
MAY 05 2005
1176
ODDEN UT

12 913

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 Page 2

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 \$173,646, noncash \$)	173,646.	173,646.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	24,589.	3,197.	4,918.	16,474.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits	17,041.	2,215.	3,408.	11,418.
29	Payroll taxes	1,881.	245.	376.	1,260.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	12,440.	1,617.	2,488.	8,335.
33	Supplies	1,995.	123.	190.	1,682.
34	Telephone				
35	Postage and shipping	2,694.	350.	539.	1,805.
36	Occupancy	3,851.	501.	770.	2,580.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	1,416.	184.	283.	949.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	MISCELLANEOUS	1,201.	276.	134.	791.
b	CONTRACTED SERVICES	29,006.	5,748.	8,844.	14,414.
c	INSURANCE	1,999.	260.	400.	1,339.
d	DUES AND MEMBERSHIPS	1,492.	194.	298.	1,000.
e	LICENSES AND FEES	226.	29.	45.	152.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	273,477.	188,585.	22,693.	62,199.

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

What is the organization's primary exempt purpose? SEE STATEMENT 3		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)		
a	GENERAL CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS (I.E., CLINTON MEMORIAL HOSPITAL) AND EDUCATIONAL SCHOLARSHIPS GIVEN TO 10 STUDENTS PURSUING HEALTH RELATED CAREERS. (Grants and allocations \$ 173,646.)	188,585.
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)	188,585.

Part IV Balance Sheets

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	100,586.	45	101,404.
	46 Savings and temporary cash investments	936,565.	46	1,032,714.
	47 a Accounts receivable			
	47 b Less allowance for doubtful accounts	1,311.	47c	
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts	640.	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
55 b Less accumulated depreciation		55c		
56 Investments - other SEE STATEMENT 5	422,956.	56	422,956.	
57 a Land, buildings, and equipment basis	24,824.			
57 b Less accumulated depreciation	24,824.	57c		
58 Other assets (describe ▶)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,462,058.	59	1,557,074.	
Liabilities	60 Accounts payable and accrued expenses	119,954.	60	72,432.
	61 Grants payable	543.	61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	50,088.	64b	50,088.
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	170,585.	66	122,520.	
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	932,414.	67	1,036,822.
	68 Temporarily restricted	203,819.	68	242,492.
	69 Permanently restricted	155,240.	69	155,240.
	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)	1,291,473.	73	1,434,554.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,462,058.	74	1,557,074.

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

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 10 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	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		
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? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed MICHIGAN		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 1		
91	The books are in care of LINDA CURTIS, EXECUTIVE DIRECTOR Telephone no 989-224-6881		
	Located at 805 S. OAKLAND STREET, ST. JOHNS, MI ZIP + 4 48879		
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 N/A		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	25,469.	
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			18	21,339.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<4,328.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		46,808.	<4,328.>
105 Total (add line 104, columns (B), (D), and (E))					42,480.

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)
101	GOLF OUTING TO RAISE MONIES TO SUPPORT AND ASSIST THE FUNCTIONS OF CLINTON MEMORIAL HOSPITAL AS PROVIDED IN THE ARTICLES OF INCORPORATION

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
CLINTON SERVICES CORPORATION, 805 S. OAKLAND ST., ST. JOHNS #38-2494110	100%	BUILDING RENTAL	128	73,523

Part X Information Regarding Transfers Associated

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, for any health insurance policy for any individual who is a disqualified person?
- 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 provided to the preparer.

Signature of officer: *Shado A. Custis* Date: *11/11/05*

Paid Preparer's Use Only

Preparer's signature: *Anna M. Stone*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ABRAHAM & GAFFNEY, P.C**
108 SPRING ST.
ST. JOHNS, MI 48879

423161 01-13-05

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization

CLINTON HEALTH FOUNDATION

Employer identification number

38 2578596

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

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

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

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

Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

SEE STATEMENT 11

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
CLINTON MEMORIAL HOSPITAL ASSOCIATION	7

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. **N/A**
 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
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	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

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.	(2003)	(2002)	(2001)	(2000)	
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)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c	N/A
d Add: Line 27a total _____ and line 27b total _____				27d	N/A
e Public support (line 27c total minus line 27d total)				27e	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? 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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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	
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	61,657.	50,773.	10,884.	15,212.	<4,328.>
TO FM 990, PART I, LINE 9	<u>61,657.</u>	<u>50,773.</u>	<u>10,884.</u>	<u>15,212.</u>	<u><4,328.></u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
----------	----------------------------------------------	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN-UNRESTRICTED	26,597.
UNREALIZED GAIN-TEMP. RESTRICTED	-
TOTAL TO FORM 990, PART I, LINE 20	<u>26,597.</u>

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
----------	----------------------------------------------------------------	-----------	---

EXPLANATION

ESTABLISHED FOR THE PURPOSE OF RECEIVING AND ADMINISTERING FUNDS TO SUPPORT CHARITABLE PURPOSES AND PUBLIC WELFARE OF THE COMMUNITY.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
----------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS	CLINTON MEMORIAL HOSPITAL	805 S. OAKLAND STREET, ST. JOHNS, MI 48879	AFFILIATE	163,646.
SCHOLARSHIPS	PAULA BENSON	2418 N DEWITT ROAD, ST. JOHNS, MI 48879	NONE	1,000.
SCHOLARSHIPS	CHRISTOPHER JOHN ALBERT CORNELL	10100 S WILLIAMS ROAD, DEWITT, MI 48820	NONE	1,000.
SCHOLARSHIPS	TED KELBEL	1221 S SWEGELS STREET, ST. JOHNS, MI 48879	NONE	1,000.

SCHOLARSHIPS	ERIN MCELROY	1201 W CENTERLINE RD, ST. JOHNS, MI 48879	NONE	1,000.
SCHOLARSHIPS	TERRY J. MITCHELL	2101 N. HARMON ROAD, OVID, MI 48866	NONE	1,000.
SCHOLARSHIPS	NICHOLAS J RADEMACHER	4051 S. GROVE ROAD, ST. JOHNS, MI 48879	NONE	1,000.
SCHOLARSHIPS	ANGELA D SIMON	669 N. MAIN STREET, FOWLER, MI 48835	NONE	1,000.
SCHOLARSHIPS	LINDSEY M. SIMON	4458 N. WACOUSTA ROAD, FOWLER, MI 48835	NONE	1,000.
SCHOLARSHIPS	LEAH B. TARRANT	14723 NICHOLS RD, BATH, MI 48808	NONE	1,000.
SCHOLARSHIPS	TYCHELE NAOMI TURNER	11345 PRICE ROAD, FOWLER, MI 48835	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>173,646.</u>

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN AFFILIATE	COST	422,956.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>422,956.</u>

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
CLINTON SERVICES CORPORATION REVENUE	128.
TOTAL TO FORM 990, PART IV-A	<u>128.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
CLINTON SERVICES CORPORATION EXPENSES			25,932.
SPECIAL EVENTS EXPENSE			15,212.
TOTAL TO FORM 990, PART IV-B			41,144.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
SPECIAL EVENTS EXPENSE			<15,212.>
TOTAL TO FORM 990, PART IV-A			<15,212.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
----------	---------------------------------------------------------------------	-----------	---

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
NANCY BARNARD P.O. BOX 536 ST. JOHNS, MI 48879	.25	0.	0.	0.
ED BRUNN 2900 HANNAH BLVD EAST LANSING, MI 48823	.25	0.	0.	0.
LINDA CURTIS P.O. BOX 27 ST. JOHNS, MI 48879	EXECUTIVE DIRECTOR 35	24,589.	0.	0.
JAMES FEDEWA 11363 W. PRICE ROAD FOWLER, MI 48835	.25	0.	0.	0.
WILLIAM HOLLEY P.O. BOX 27 OVID, MI 48866	.25	0.	0.	0.

CLINTON HEALTH FOUNDATION

38-2578596

CINDY KNIGHT 808 N. OAKLAND STREET ST. JOHNS, MI 48879	.25	0.	0.	0.
JOHN LEHMAN 210 W. PINE STREET WESTPHALIA, MI 48894	.25	0.	0.	0.
DANIEL MATSON 202 E. WASHINGTON STREET DEWITT, MI 48820	.25	0.	0.	0.
WILLIAM MCCARTHY 107 REX LANE ST. JOHNS, MI 48879	.25	0.	0.	0.
MOLLY MINNICK 120 E. WALKER STREET ST. JOHNS, MI 48879	.25	0.	0.	0.
ROBIN MOTZ 3443 EAST TOWNSEND ROAD ST. JOHNS, MI 48879	.25	0.	0.	0.
WILMA PARADISE 508 EAST STRURGIS ST. JOHNS, MI 48879	.25	0.	0.	0.
DONALD RADEMACHER 307 OAK STREET ST. JOHNS, MI 48879	.25	0.	0.	0.
J. ERIC SILM 3553 WEST PARKS ROAD ST. JOHNS, MI 48879	.25	0.	0.	0.
JEFF SILM 800 SOUTH US 27 ST. JOHNS, MI 48879	.25	0.	0.	0.
THOMAS J STOUT, D.O. 1055 SOUTH US 27 ST. JOHNS, MI 48879	.25	0.	0.	0.
JOHN THELEN 104 E. CASS STREET ST. JOHNS, MI 48879	.25	0.	0.	0.
BRUCE FANDEL 916 W. STATE STREET ST. JOHNS, MI 48879	.25	0.	0.	0.

CURTIS L. KECK
 304 E. GIBBS STREET .25 0. 0. 0.
 ST. JOHNS, MI 48879

TOTALS INCLUDED ON FORM 990, PART V 24,589. 0. 0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
 PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CLINTON MEMORIAL HOSPITAL ASSOCIATION	X	
CLINTON SERVICES CORPORATION		X

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
 PART III, LINE 3

EDUCATIONAL SCHOLARSHIPS ARE MADE AVAILABLE TO ANY CLINTON COUNTY RESIDENT PURSUING AN EDUCATION IN HEALTH-RELATED FIELD.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization CLINTON HEALTH FOUNDATION	Employer identification number 38-2578596
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 805 S. OAKLAND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. JOHNS, MI 48879	

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

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ LINDA CURTIS, EXECUTIVE DIRECTOR
 Telephone No ▶ 989-224-6881 FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2004 or
 ▶ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.