

# 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.

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning **and ending**

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**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) 227-3396**

**F** Accounting method  Cash  Accrual  
 Other (specify) **▶**

**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 chooses to file a return, be sure to file a complete return. **Some states require a complete return**

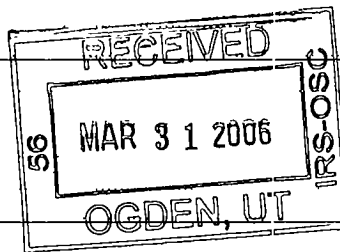
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 197,867.**

**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 **▶ N/A**  
**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 **▶ N/A**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, and similar amounts received:				
a	Direct public support	1a	149,681.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 149,681. noncash \$ )	1d	149,681.		
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	36,602.		
5	Dividends and interest from securities	5			
6 a	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 <b>▶ LOSS ON SALE OF MUTUAL FUNDS</b> )	7	<1,902.>		
8 a	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 \$ 72,881. of contributions reported on line 1a)	9a	13,486.		
b	Less: direct expenses other than fundraising expenses	9b	27,197.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<13,711.>		
10 a	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	170,670.		
13	Program services (from line 44, column (B))	13	214,168.		
14	Management and general (from line 44, column (C))	14	16,977.		
15	Fundraising (from line 44, column (D))	15	55,843.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	286,988.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<116,318.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,434,554.		
20	Other changes in net assets or fund balances (attach explanation)	20	34,714.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,352,950.		



SCANNED APR 24 2006

**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

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 \$ <u>203,134.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 203,134.	203,134.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 31,386.	4,080.	6,277.	21,029.
26 Other salaries and wages	26 9,939.	1,292.	1,988.	6,659.
27 Pension plan contributions	27			
28 Other employee benefits	28 5,106.	664.	1,022.	3,420.
29 Payroll taxes	29 3,569.	464.	713.	2,392.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 10,486.	1,363.	2,097.	7,026.
33 Supplies	33 2,224.	363.	559.	1,302.
34 Telephone	34			
35 Postage and shipping	35 1,359.	179.	276.	904.
36 Occupancy	36 4,092.	532.	818.	2,742.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 2,783.	419.	645.	1,719.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a MISCELLANEOUS	43a 1,484.	193.	297.	994.
b CONTRACTED SERVICES	43b 9,261.	1,204.	1,852.	6,205.
c INSURANCE	43c 850.	110.	170.	570.
d DUES AND MEMBERSHIPS	43d 1,044.	136.	209.	699.
e LICENSES AND FEES	43e 271.	35.	54.	182.
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)	44 286,988.	214,168.	16,977.	55,843.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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? ► <b>SEE STATEMENT 4</b>	<b>Program Service Expenses</b> (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.)	
<b>a GENERAL CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS (I.E., CLINTON MEMORIAL HOSPITAL) AND EDUCATIONAL SCHOLARSHIPS GIVEN TO 10 STUDENTS PURSUING HEALTH RELATED CAREERS.</b>	
(Grants and allocations \$ <b>203,134.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>214,168.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ►	<b>214,168.</b>

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	101,404.	45 55,883.	
	46 Savings and temporary cash investments	1,032,714.	46 927,809.	
	47 a Accounts receivable	47a 660.		
	b Less allowance for doubtful accounts	47b	47c 660.	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	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	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 5	422,956.	56 422,956.	
57 a Land, buildings, and equipment basis	57a 24,824.			
b Less accumulated depreciation	57b 24,824.	57c		
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		1,557,074.	59 1,407,308.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	72,432.	60 4,270.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	50,088.	64b 50,088.	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
<b>66 Total liabilities.</b> Add lines 60 through 65)		122,520.	66 54,358.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,036,822.	67 1,072,121.	
	68 Temporarily restricted	242,492.	68 125,589.	
	69 Permanently restricted	155,240.	69 155,240.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		1,434,554.	73 1,352,950.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,557,074.	74 1,407,308.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	232,719.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	34,714.	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) <b>CLINTON SERVICES CORPORATION REVENUE</b>	<b>b4</b>	138.	
	Add lines b1 through b4			<b>b</b> 34,852.
<b>c</b>	Subtract line b from line a			<b>c</b> 197,867.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) <b>SPECIAL EVENTS EXPENSE</b>	<b>d2</b>	<27,197.>	
	Add lines d1 and d2			<b>d</b> <27,197.>
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines c and d			<b>e</b> 170,670.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	316,538.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) <b>SEE STATEMENT 6</b>	<b>b4</b>	29,550.	
	Add lines b1 through b4			<b>b</b> 29,550.
<b>c</b>	Subtract line b from line a			<b>c</b> 286,988.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines c and d			<b>e</b> 286,988.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 7		31,386.	0.	0.
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. Row 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? Row 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Row 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Row 76: Did the organization engage in any activity not previously reported to the IRS? Row 77: Were any changes made in the organizing or governing documents? Row 78a: Did the organization have unrelated business gross income of \$1,000 or more? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction of the organization? Row 80a: Is the organization related (other than by association with a statewide membership, governing bodies, trustees, officers, etc., to any other organization)? Row 80b: If "Yes," enter the name of the organization. Row 81a: Enter direct or indirect political expenditures. Row 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)		Yes	No
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? 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.)		X
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 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		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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?		
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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.		
89 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
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
89 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 ▶ MI		
90 b	Number of employees employed in the pay period that includes March 12, 2005		1
91 a	The books are in care of ▶ LINDA CURTIS, EXECUTIVE DIRECTOR Telephone no ▶ 989-227-3396 Located at ▶ 805 S. OAKLAND STREET, ST. JOHNS, MI ZIP + 4 ▶ 48879		
91 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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		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)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
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	36,602.	
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	<1,902.>	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<13,711.>
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.		34,700.	<13,711.>
105 Total (add line 104, columns (B), (D), and (E))					20,989.

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).
101	GOLF OUTING TO RAISE MONIES TO SUPPORT AND ASSIST THE FUNCTIONS OF CLINTON MEMORIAL HOSPITAL AS PROVIDED IN THE ARTICLES OF INCORPORATION
101	ANNUAL DINNER 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 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
SEE STATEMENT 9	%			
	%			
	%			
	%			

**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: *Diadas A Curtis* Date: *3-27-06* Type or print name and title: *Linda A Curtis - EXEC DIRECTOR*

Paid Preparer's Use Only

Preparer's signature: *Acron M. Jones* Date: *03/23/06* Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address and ZIP + 4: **ABRAHAM & GAFFNEY, P.C.**  
**3511 COOLIDGE ROAD, SUITE 100**  
**EAST LANSING, MI 48823**

EIN: *38-2771117* Phone no.: *(517) 351-6836*



**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

**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

**2005**

Name of the organization <b>CLINTON HEALTH FOUNDATION</b>	Employer identification number <b>38 2578596</b>
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**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				
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Total number of other employees paid over \$50,000 ▶		0		

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

**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		
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Total number of other contractors receiving over \$50,000 for other services ▶		0

**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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
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?		<b>X</b>
b Lending of money or other extension of credit?		<b>X</b>
c Furnishing of goods, services, or facilities?		<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
e Transfer of any part of its income or assets?		<b>X</b>
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.)	<b>X</b>	
b Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
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?		<b>X</b>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

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

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 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
<b>CLINTON MEMORIAL HOSPITAL ASSOCIATION</b>	<b>7</b>

- 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. **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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 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	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: (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: (2004) _____ (2003) _____ (2002) _____ (2001) _____		
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 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?		
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.)		
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	
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	
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.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
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 (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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

- 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 )

Yes	No	Amount
		0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
  - (i)** Cash
  - (ii)** Other assets
- b** Other transactions
  - (i)** Sales or exchanges of assets with a noncharitable exempt organization
  - (ii)** Purchases of assets from a noncharitable exempt organization
  - (iii)** Rental of facilities, equipment, or other assets
  - (iv)** Reimbursement arrangements
  - (v)** Loans or loan guarantees
  - (vi)** Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received **N/A**

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule. **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GOLF OUTING	64,393.	53,897.	10,496.	15,890.	<5,394.>	
ANNUAL DINNER	21,974.	18,984.	2,990.	11,307.	<8,317.>	
TO FM 990, PART I, LINE 9	86,367.	72,881.	13,486.	27,197.	<13,711.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION	AMOUNT			
UNREALIZED GAIN-UNRESTRICTED	34,714.			
TOTAL TO FORM 990, PART I, LINE 20	34,714.			

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
GRANTS	CLINTON MEMORIAL HOSPITAL	805 S. OAKLAND STREET, ST. JOHNS, MI 48879	AFFILIATE	193,134.	
SCHOLARSHIPS	KATELIN SCHERER	12810 UPTON ROAD, BATH, MI 48808	NONE	1,000.	
SCHOLARSHIPS	LINDSAY WIEBER	11793 SILVERSPRING DRIVE, DEWITT, MI 48820	NONE	1,000.	
SCHOLARSHIPS	JONATHAN THELEN	1113 S. WACUSTA ROAD, ST. JOHNS, MI 48879	NONE	1,000.	
SCHOLARSHIPS	JONATHAN KOENIGSKNECHT	701 W. BALDWIN STREET, ST. JOHNS, MI 48879	NONE	1,000.	
SCHOLARSHIPS	NICHOLE FINNILA	10866 NORTH DRIVE, FOWLER, MI 48835	NONE	1,000.	
SCHOLARSHIPS	NICHOLAS J RADEMACHER	4051 S. GROVE ROAD, ST. JOHNS, MI 48879	NONE	1,000.	

SCHOLARSHIPS	LINDSEY M. SIMON	4458 N. WACOUSTA ROAD, FOWLER, MI 48835	NONE	1,000.
SCHOLARSHIPS	THEODORE KELBEL	1221 S. SWEGLES ROAD, ST. JOHNS, MI 48879	NONE	1,000.
SCHOLARSHIPS	DAWN POHL	PO BOX 396, WESTPHALIA, MI 48894	NONE	1,000.
SCHOLARSHIPS	DENISE YOUNG-BEAN	4623 TAFT ROAD, ST. JOHNS, MI 48879	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				203,134.

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

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EXPLANATION

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

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FORM 990 OTHER INVESTMENTS STATEMENT 5

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

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FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 6

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DESCRIPTION	AMOUNT
CLINTON SERVICES CORPORATION EXPENSES	2,353.
SPECIAL EVENTS EXPENSE	27,197.
TOTAL TO FORM 990, PART IV-B	29,550.



FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NANCY BARNARD P.O. BOX 536 ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
ED BRUUN 2900 HANNAH BLVD EAST LANSING, MI 48823	BOARD MEMBER 0.50	0.	0.	0.
LINDA CURTIS P.O. BOX 27 ST. JOHNS, MI 48879	EXECUTIVE DIRECTOR 35.00	31,386.	0.	0.
JAMES FEDEWA 6180 LAKEVIEW CIRCLE DIMONDALE, MI 48821	BOARD MEMBER 0.50	0.	0.	0.
WILLIAM HOLLEY P.O. BOX 27 OVID, MI 48866	BOARD MEMBER 0.50	0.	0.	0.
CINDY KNIGHT 808 N. OAKLAND STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
JOHN LEHMAN 210 W. PINE STREET WESTPHALIA, MI 48894	BOARD MEMBER 0.50	0.	0.	0.
DANIEL MATSON 202 E. WASHINGTON STREET DEWITT, MI 48820	BOARD MEMBER 0.50	0.	0.	0.
WILLIAM MCCARTHY 107 REX LANE ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
MOLLY MINNICK 120 E. WALKER STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
ROBIN MOTZ 3443 EAST TOWNSEND ROAD ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.

WILMA PARADISE 508 EAST STRURGIS ST. JOHNS, MI 48879	SECRETARY 0.50	0.	0.	0.
DONALD RADEMACHER 307 OAK STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
CRAIG BISHOP 201 N. CLINTON AVE. ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
JEFF SILM 800 SOUTH US 27 ST. JOHNS, MI 48879	CHAIRMAN 0.50	0.	0.	0.
KATHY PRICE 805 S. OAKLAND STREET ST. JOHNS, MI 48879	TREASURER 0.50	0.	0.	0.
JOHN THELEN 205 N. SWEGLES STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
BRUCE FANDEL 916 W. STATE STREET ST. JOHNS, MI 48879	VICE CHAIRMAN 0.50	0.	0.	0.
CURTIS L. KECK 304 E. GIBBS STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
GARY REETZ 1215 E. MICHIGAN AVE. LANSING, MI 48909	BOARD MEMBER 0.50	0.	0.	0.
JOHN SCHUSTER, MD 901 S. OAKLAND STREET ST. JOHNS, MI 48879	BOARD MEMBER 0.50	0.	0.	0.
JOSEPH WALD P.O. BOX 30480 LANSING, MI 48909	BOARD MEMBER 0.50	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

31,386.	0.	0.
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FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 8

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

CLINTON MEMORIAL HOSPITAL ASSOCIATION

X

CLINTON SERVICES CORPORATION

X

FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 9

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CLINTON SERVICES CORPORATION

ADDRESS

805 S. OAKLAND STREET, ST. JOHNS, MI 48879

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
38-2494110	100.00%	BUILDING RENTAL	138.	71,308.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10  
PART III, LINE 3A

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