

**Return of Organization Exempt From Income Tax**

**2006**

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 2006 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>	
		CLINTON HEALTH FOUNDATION		38-2578596	
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
		805 S. OAKLAND STREET			(989) 227-3396
City or town, state or country, and ZIP + 4				<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
ST. JOHNS, MI 48879				<input type="checkbox"/> Other (specify) _____	

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

H and I are not applicable to section 527 organizations.

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

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

**G Website:** N/A

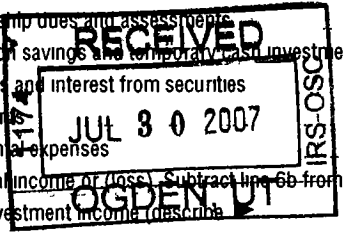
**J Organization type** (check only one)  501(c) ( 3 ) (Insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12: 102,307.

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	27,333.	
	<b>c</b> Indirect public support (not included on line 1a)	1c		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 27,333. noncash \$ )	1e	27,333.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4	4,460.	
	<b>5</b> Dividends and interest from securities	5		
	<b>6 a</b> Gross rental income	6a		
	<b>b</b> Less: rental expenses	6b		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			
<b>7</b> Other investment income (describe)	7			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
		8c		
<b>b</b> Less: cost or other basis and sales expenses	8b			
<b>c</b> Gain or (loss) (attach schedule)	8c			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	70,514.	
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	16,384.	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c	54,130.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	85,923.		
Expenses	<b>13</b> Program services (from line 44, column (B))	13	39,327.	
	<b>14</b> Management and general (from line 44, column (C))	14	13,315.	
	<b>15</b> Fundraising (from line 44, column (D))	15	44,590.	
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17	97,232.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	<11,309.>		
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,352,950.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	<1,341,641.>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	0.	



SCANNED AUG 13 2007

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>30,672</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30,672.	30,672.	STATEMENT 4	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>	21,338.	2,774.	4,268.	14,296.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	8,840.	1,149.	1,768.	5,923.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a-27	2,130.	277.	426.	1,427.
<b>29</b> Payroll taxes	2,309.	300.	462.	1,547.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees	9,250.	1,203.	1,850.	6,197.
<b>33</b> Supplies	1,015.	133.	203.	679.
<b>34</b> Telephone				
<b>35</b> Postage and shipping	1,380.	179.	276.	925.
<b>36</b> Occupancy	2,728.	355.	546.	1,827.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	138.	18.	28.	92.
<b>40</b> Conferences, conventions, and meetings	1,309.	170.	262.	877.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> MISCELLANEOUS	976.	128.	196.	652.
<b>b</b> CONTRACTED SERVICES	11,688.	1,519.	2,338.	7,831.
<b>c</b> INSURANCE	2,153.	280.	431.	1,442.
<b>d</b> DUES AND MEMBERSHIPS	1,206.	157.	241.	808.
<b>e</b> LICENSES AND FEES	100.	13.	20.	67.
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	97,232.	39,327.	13,315.	44,590.

**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? ► SEE STATEMENT 5	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.)	
<b>a</b> GENERAL CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS (I.E., CLINTON MEMORIAL HOSPITAL) AND EDUCATIONAL SCHOLARSHIPS GIVEN TO 12 STUDENTS PURSUING HEALTH RELATED CAREERS.	
(Grants and allocations \$ 30,672. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	39,327.
<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</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	39,327.

**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	55,883.	45	
	46 Savings and temporary cash investments	927,809.	46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		660.	47c
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities			54a
	b Investments - other securities			54b
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation			55c	
56 Investments - other	SEE STATEMENT 6	422,956.	56	0.
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation			57c	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		1,407,308.	59	0.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	4,270.	60	
	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	
	65 Other liabilities (describe ▶ _____)		65	
66 <b>Total liabilities.</b> Add lines 60 through 65		54,358.	66	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,072,121.	67	0.
	68 Temporarily restricted	125,589.	68	0.
	69 Permanently restricted	155,240.	69	0.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,352,950.	73
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,407,308.	74	0.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total revenue is 85,923.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total expenses are 97,232.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. One row is filled with 'SEE STATEMENT 7'.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	23		
<b>b</b> 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? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
<b>c</b> 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 the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.	75c		X
<b>d</b> Does the organization have a written conflict of interest policy?	75d		X

**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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

**Part VI Other Information** (See the instructions.) Yes No

<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76				X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77				X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a				X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b				
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X			
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X			
<b>b</b> If "Yes," enter the name of the organization <b>SEE STATEMENT 8</b>					
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt					
<b>81 a</b> Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.			
<b>b</b> Did the organization file Form 1120-POL for this year?	81b				X

Part VI Other Information (continued)

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? 82a Yes No X
82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
83b N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
84b N/A
85 a 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a
85b N/A
85c N/A
85d N/A
85e N/A
85f N/A
85g
85h N/A
86 a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
86b N/A
87 a 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
87b N/A
88 a 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 88a X
88b 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. 89b X
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? X
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X
90 a List the states with which a copy of this return is filed MI 90b 2
91 a The books are in care of KATHY PRICE, ACCOUNTING MANAGER Telephone no. 989-227-3372
Located at 805 S. OAKLAND STREET, ST. JOHNS, MI ZIP + 4 48879
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.

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ N/A

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 N/A

**Part VII Analysis of Income-Producing Activities** (See 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	4,460.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					54,130.
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.		4,460.	54,130.
105 Total (add line 104, columns (B), (D), and (E))					58,590.

**Note:** Line 105 plus line 1e, 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	Nature of business
SEE STATEMENT 9	%	
	%	
	%	
	%	

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract with a disqualified person?

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes	No

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

**Please Sign Here**

Signature of officer: *Kathy A. Price* Date: 7/26/07

Type or print name and title: *Treasurer*

**Paid Preparer's Use Only**

Preparer's signature: *Ann M. Jones* Date: 07/24/07 Check if self-employed:

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

Preparer's SSN or PTIN (See Gen. Inst. X): 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

**2006**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 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		
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
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 10	X	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
<b>b</b>	Did the organization make any taxable distributions under section 4966?		X
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ►		0
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		0.
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		0.
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
CLINTON MEMORIAL HOSPITAL ASSOCIATION	38-1358172	7		X	18,672.
<b>Total</b>					<b>18,672.</b>

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	<b>26a</b>	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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	N/A
e Public support (line 26c minus line 26d total)	<b>26e</b>	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	N/A %

<b>27</b> 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. (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	N/A
d Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	N/A
e Public support (line 27c total minus line 27d total)	<b>27e</b>	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	<b>27f</b>	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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	
<hr/> <hr/> <hr/>			
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 10 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 13 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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.

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 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

	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>

**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

(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	63,569.		63,569.	15,804.	47,765.	
ANNUAL DINNER	6,945.		6,945.	580.	6,365.	
TO FM 990, PART I, LINE 9	70,514.		70,514.	16,384.	54,130.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION			AMOUNT	
UNREALIZED GAIN-UNRESTRICTED			41,984.	
TRANSFER OF NET ASSETS TO CLINTON MEMORIAL HOSPITAL			<1,383,625.>	
TOTAL TO FORM 990, PART I, LINE 20			<1,341,641.>	

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LINDA CURTIS	21,338.			21,338.
A. PROGRAM SERVICES	2,774.			2,774.
B. MANAGEMENT AND GENERAL	4,268.			4,268.
C. FUNDRAISING	14,296.			14,296.
TOTAL PROGRAM SERVICES				2,774.
TOTAL MANAGEMENT AND GENERAL				4,268.
TOTAL FUNDRAISING				14,296.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				21,338.

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

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANTS CLINTON MEMORIAL HOSPITAL 805 S. OAKLAND STREET ST. JOHNS, MI 48879	18,672.
SCHOLARSHIPS BREANNA BETZ 1204 SCHAVEY ROAD DEWITT, MI 48820	1,000.
SCHOLARSHIPS ALLISON FILLWOCK 1730 E. KINLEY ROAD SAINT JOHNS, MI 48879	1,000.
SCHOLARSHIPS BETH HENNING 703 S. SWEGLES STREET ST. JOHNS, MI 48879	1,000.
SCHOLARSHIPS SHAUNDA JUBB 6215 CLISE ROAD BATH, MI 48808	1,000.
SCHOLARSHIPS THEODORE KELBEL 1221 S. SWEGLES ROAD SAINT JOHNS, MI 48879	1,000.
SCHOLARSHIPS MOLLY MILLER 5006 E. CENTERLINE ROAD SAINT JOHNS, MI 48879	1,000.
SCHOLARSHIPS NICHOLAS J. RADEMACHER 4051 S. GROVE ROAD SAINT JOHNS, MI 48879	1,000.
SCHOLARSHIPS ASHLEY SHIREY 13577 UPTON RD. BATH, MI 48808	1,000.

SCHOLARSHIPS  
JONATHAN THELEN  
1113 S. WACOUSTA ROAD  
SAINT JOHNS, MI 48879

1,000.

SCHOLARSHIPS  
TYCHELE TURNER  
11345 PRICE ROAD  
FOWLER, MI 48835

1,000.

SCHOLARSHIPS  
JONATHAN WELTER  
212 N. THIRD STREET  
ELSIE, MI 48831

1,000.

SCHOLARSHIPS  
TRACY WIRTH  
5484 COUNTY FARM ROAD  
SAINT JOHNS, MI 48879

1,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

30,672.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

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

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN AFFILIATE	COST	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		0.

FORM 990 PART V-A - LIST OF CURRENT 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	21,338.	0.	0.
JAMES FEDEWA 6180 LAKEVIEW CIRCLE DIMONDALE, MI 48821	BOARD MEMBER 0.50	0.	0.	0.
WILLIAM HOLLEY 731 JACK G VESTABURG, MI 48891	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 1212 LINCOLNSHIRE DRIVE 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 926 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.
BILL ROESER 805 S. OAKLAND STREET ST. JOHNS, MI 48879-2253	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>21,338.</u>	<u>0.</u>	<u>0.</u>

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		

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.



# 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>CLINTON HEALTH FOUNDATION</b>	Employer identification number <b>38-2578596</b>
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. <b>805 S. OAKLAND STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. JOHNS, MI 48879</b>	

**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 ▶ **KATHY PRICE, ACCOUNTING MANAGER**  
Telephone No. ▶ **989-227-3372** 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2006** 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

<b>3a</b> 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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.