### Form

# **Return of Organization Exempt From Income Tax**

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

OMETNO. 1545-0047
7000
1 1191 <b>4X</b>
This Form is
Open to Public
Open to 1 date

Department of the Treasury

<u>nternal</u>	Revenu	ie Service	Note: The organization may i	nave to use a copy of this	retu	rn (o sausiy	state reporting ret	uirer	nems.	Inspec	HUH
\ Fo	r the	1998 ċale	ndar year, OR tax year period	beginning		, 1	998, and ending			, 1	9
	eck if:	Please	C Name of organization	•			***	D E	mployer id	entification n	umber
$\Box$	Change of	ge of use IRS							• •		
	iddress nitial	label or	WILLIAM J. CLINTO	N PRESIDENT!	Δ1	FOUNT	DATION	3	1-158	20204	
<u>—</u> П 1	eturn	print or							31-1580204		
	Final return	type.	Number and street (or P.O. box if r	nail is not delivered to stre	eet ac	aaress)	Room/suite	E T	elephone i	number	
		See						١,			
، لــــا	Amended return		P.O. BOX 1104					(		<del>, -</del>	
	required	Instruc- tions.	City or town, state or country, and 2	IP + 4				Fo	heck 🕨 📗	if exemption	application
:	state		LITTLE ROCK, AR 7	2203						is pending	
3 Tvn	reporting) se of ar	danization	→ X Exempt under section		ert nu	ımber) OR	section 4	947(	a)(1) none	exempt char	itable trust
			exempt organizations and 4947(a)(1) no								
			return filed for affiliates?				ther box in H is ch			ter four-digit	
n (a)	is uns	sa yroup	return med for animates:	· · · · · · · · · · · · · · · · · · ·	7 140					iter rour-aigit	
							p exemption numb	_		<u> </u>	
		-	ne number of affiliates for which this i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		ounting method:	_	casn	Accru	al
(c)	is this a		irn filed by an organization covered by a group ru				Other (specify)				
	eck her		if the organization's gross receipts								RS;
but	if it red	ceived a F	orm 990 Package in the mail, it sho	uld file a return without fil	nanci	al data, So	me states requi	re a	complet	e return.	
			nay be used by organizations with gr								
Part			Expenses, and Changes in Net								
			ons, gifts, grants, and similar amoun			<u> </u>					
			olic support		1a	•	3,050,000				
					1 b		3,000,000	'፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟			
		•	ublic support		-			-	ĺ		
			ent contributions (grants)		1c			-			
	d	Total (add	d lines 1a through 1c) (attach sched					1000			
		(cash \$	3,050,000. noncas	h \$		)		1 d		3,050	<u>,000.</u>
	2										
	3	-						3		•	
			n savings and temporary cash investi					4	•		
			· -					5		33	429.
	1							××			720.
			s			<del></del>		-			
	l .	Less; rental expenses									
as.	ſ	c Net rental income or (loss) (subtract line 6b from line 6a)						6c	ļ <u>.</u>		
Revenue	7	Other inve	estment Income (describe	•			)	. 7	<u> </u>		
δ	8 a	Gross am	ount from sale of assets other	(A) Securities	$\square$	(B)	Other	- ‱			
R		than inver	ntory		8a			_			
			t or other basis and sales expenses		8 b		·	_			
<b>6</b>	c	Gain or (lo	oss) (attach schedule)		8c						
80	l .	•	or (loss) (combine line 8c, columns (A	) and (B))				8 d			
22	9	<del>-</del>	ents and activities (attach schedule)		• • •			***		•.	•
lo O	l	•	•								
જ			enue (not including \$		ا ۱						
=		contribution	ons reported on line 1a)		9a			-			
MAY	b	Less; dire	ct expenses other than fundraising ex	cpenses	9 b			_			
	c	Net incom	ie or (loss) from special events (subl	tract line 9b from line 9a)	. • :			9 c			
SCANNED	10a	Gross sal	es of inventory, less returns and allow	ances	10a			_			
	b	Less: cost	t of goods sold		ноь				1		
7			fit or (loss) from sales of inventory (		tline	-10b from l	ne 10al	10c			
	11		enue (from Part VII, line 103)	•	11 3	ECEN	/ED' · · i · ·	11			
( <u>)</u>		Tatal nas	tende (nom Fait vii, line 103)	7 04 0- 40443			<u></u>	12	-	3,083	120
	12	Total rev	/enue (add lines 1d, 2, 3, 4, 5, 6c,	r, ou, sc, 10c, and 11) •1				$\top$	<b> </b>	0,000	740,
ທູ	13	Program s	services (from line 44, column (B)) . ent and general (from line 44, column (D))		·M2	14 · (() (d) .	1999 · 171 · ·	13	<del>                                     </del>	A 4 A	000
ıse	14	Managem	ent and general (from line 44, colum	n (C))				14	<u> </u>	149	209.
Sen	15	Fundraisi	ng (from line 44, column (D))		- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	الانتهاض الانت	. 17	15	<u> </u>		<del></del>
Expenses	16	Payments	ng (from line 44, column (D))		. Y	UDEN	ار ا 	16			
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	17		penses (add lines 16 and 44, colum					17		149	209.
Ţ.	18		(deficit) for the year (subtract line 1)							2,934	
et Assets	19		s or fund balances at beginning of ye								NONE
As	l										11011
et	20		inges in net assets or fund balances						<del> </del>	2 024	220
Z	21	Net asset	s or fund balances at end of year (co	ompine lines 18, 19, and 2	(U)			ZT	!	2,934	<u> </u>

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Part | Statement of

•	Functional Expenses and se	<b>1</b> 0000000	1			uons on page 17.)
	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 noncash)	22				
23	Specific assistance to individuals (attach schedule)	23			_	
24	Benefits paid to or for members (attach schedule)	24	NONE			
25	Compensation of officers, directors, etc.		NONE		F 000	
26 27	Other salaries and wages Pension plan contributions	26	5,000.		5,000.	
2 <i>1</i> 28	Other employee benefits	27 28				
20 29	Payroll taxes	29	448.		448.	
30	Professional fundraising fees	30	440.		440.	
31	Accounting fees	31				
32	Legal fees	32	104,903.		104,903.	
33	Supplies	33	104,000.		104,303.	
34	Telephone	34		<del> </del>		
35	Postage and shipping	35	17.		17.	
36	Occupancy	36		, , , , , , , , , , , , , , , , , , ,		
37	Equipment rental and maintenance	37		,		
38	Printing and publications	38				
39	Travel	39	1,209.		1,209.	
40	Conferences, conventions, and meetings .	40				
41	Interest	41				
42		42				
43	Other expenses (itemize): a STMT 2	43a	37,632.		37,632.	
þ	) 	43b				
C		43c				
. d	 	43d		-		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	43e 44	149,209.	· · · · · · · · · · · · · · · · · · ·	149,209.	
<b>le</b> p	orting of Joint Costs Did you report in	colu	mn (B) (Program servic			
Repedu f "Y (iii) t Pa Wha	corting of Joint Costs Did you report in cational campaign and fundraising solicit es," enter (i) the aggregate amount of these joint he amount allocated to Management and general III Statement of Program Serut III organization's primary exempt purpose organizations must describe their exempt programizations	coluitation	mn (B) (Program service?  sts \$  Accomplishment: SEE STATEME e achievements in a clea	; (ii) the amount allo ; and (iv) the amount s(See Specific NT 3	cated to Program services allocated to Fundraising \$ Instructions on pag	e 20.) Program Service Expenses (Required for 501(c)(3) and
Repedu f "Y (iii) t Pa Wha All of corga	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these jour he amount allocated to Management and generated in the second section of Program Secution is the organization's primary exempt purpose	coluitation' int coseral \$ rvice ?  urposeurs a	mn (B) (Program service?  sts \$  Accomplishment: SEE STATEME e achievements in a clea	; (ii) the amount allo ; and (iv) the amount s(See Specific NT 3 r and concise manr t measurable. (Sect	cated to Program services allocated to Fundraising \$ Instructions on pag  er. State the number ion 501(c)(3) and (4)	e 20.)  Program Service Expenses
Repedu f "Y (iii) t Pa Wha All of corga	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these joint amount allocated to Management and generat III Statement of Program Senerat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discurizations and 4947(a)(1) nonexempt charitate	coluitation' int coseral \$ rvice ?  urposeurs a	mn (B) (Program service?  sts \$  Accomplishment:     SEE STATEME e achievements in a cleate achievements that are no lasts must also enter the am	; (ii) the amount allo ; and (iv) the amount s(See Specific NT 3 r and concise manr t measurable. (Sect nount of grants and all	cated to Program services allocated to Fundraising \$ Instructions on pag  er. State the number ion 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
Repedu f"Y iii) t Pa Wha All of corga	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these joint amount allocated to Management and generat III Statement of Program Senerat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discurizations and 4947(a)(1) nonexempt charitate	coluitation' int coseral \$ rvice ?  urposeurs a	mn (B) (Program service?  sts \$  Accomplishment:     SEE STATEME e achievements in a cleate achievements that are no lasts must also enter the am	; (ii) the amount allo ; and (iv) the amount s(See Specific NT 3 r and concise manr t measurable. (Sect	cated to Program services allocated to Fundraising \$ Instructions on pag  er. State the number ion 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
Repedu If "Y (iii) t Pa Wha All of corga	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these joint amount allocated to Management and generat III Statement of Program Senerat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discurizations and 4947(a)(1) nonexempt charitate	coluitation' int coseral \$ rvice ?  urposeurs a	mn (B) (Program service?  sts \$  Accomplishment: SEE STATEME e achievements in a cleatechievements that are no sts must also enter the am  (Grants and	; (ii) the amount allo ; and (iv) the amount s(See Specific NT 3 r and concise manr t measurable. (Sect nount of grants and all	cated to Program services allocated to Fundraising \$ Instructions on pag  er. State the number ion 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
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Repedu of "Y (iii) to Pa Wha All of o	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these joint amount allocated to Management and generat III Statement of Program Senerat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discurizations and 4947(a)(1) nonexempt charitate	coluitation' int coseral \$ rvice ?  urposeurs a	mn (B) (Program service)  sts \$  Accomplishment: SEE STATEME  e achievements in a clea achievements that are no ists must also enter the am  (Grants and	; (ii) the amount allot and (iv) the amount s(See Specific NT 3 and concise mann to measurable. (Sect mount of grants and allocations \$	cated to Program services allocated to Fundraising \$ Instructions on pag  er. State the number ion 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
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Repedu If "Y Pa	corting of Joint Costs Did you report in cational campaign and fundraising solicities," enter (i) the aggregate amount of these joint amount allocated to Management and generat III Statement of Program Senerat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discurizations and 4947(a)(1) nonexempt charitate	coluitation' int coseral \$ vice real \$ vice real \$	mn (B) (Program service?  sts \$  Accomplishment:     SEE STATEME e achievements in a clea achievements that are no lists must also enter the am  (Grants and  (Grants and  (Grants and  (Grants and  (Grants and	; (ii) the amount allo; and (iv) the amount s(See Specific NT 3  r and concise mann the measurable. (Sect nount of grants and allocations \$  d allocations \$  d allocations \$  d allocations \$  d allocations \$	cated to Program services allocated to Fundraising \$ Instructions on pag  ner. State the number ion 501(c)(3) and (4) ocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for

## Part IV Balance Sheets (See Specific Instructions on page 20.)

A	Intal	Where required, attached schedules and amounts within the description	(A)		(B)
Note:		column'should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash - non-interest-bearing	NONE	45	2,934,220.
	46	Savings and temporary cash investments		46	<u> </u>
	70	Cavings and temperary easitimes and property of the contract o			
	472	Accounts receivable			
	h h	Less: allowance for doubtful accounts 47b		47c	
	"	2000. dilovidi do dodini d			
	182	Pledges receivable			
	h	Less: allowance for doubtful accounts	•	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		ĺ	
	• •	(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
		schedule) 51a			
ets	b	Less: allowance for doubtful accounts		51c	
Assets	52	Inventories for sale or use		52	
⋖.	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule)		54	
	55a	Investments - land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe >)		58	
			NONE		0 004 000
_	59	Total assets (add lines 45 through 58) (must equal line 74)	li e e e e e e e e e e e e e e e e e e e		2,934,220.
	60	Accounts payable and accrued expenses		60 61	
	61	Grants payable		62	
	62	Deferred revenue			
abilities	63	• • • • • • • • • • • • • • • • • • • •		63	
Πq	640	schedule)		64a	
Ë		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)	<u> </u>	65	
	"	· · · · · · · · · · · · · · · · · · ·			
	66	Total liabilities (add lines 60 through 65)		66	
_		anizations that follow SFAS 117, check here ▶ X and complete lines			
		67 through 69 and lines 73 and 74.			
Š	67	Unrestricted	NONE	67	2,934,220.
nce	68	Temporarily restricted		68	
ala	69	Permanently restricted		69	
D H	Org	anizations that do not follow SFAS 117, check here ▶ 🔛 and	•		
- En		complete lines 70 through 74.			
70	70	Capital stock, trust principal, or current funds		70	
ş	71	Paid-in or capital surplus, or land, building, and equipment fund	<u></u>	71	
9	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 through 69 OR lines			
2	!	70 through 72; column (A) must equal line 19 and column (B) must	NONE	7.	2 024 220
		equal line 21)	NONE		2,934,220.
_	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	NONE	14	2,934,220.

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

Form	n 990 (1998)					<u>31-15</u>	<u>802</u>	04 Page 4			
P	art IV-A Reconciliation of Revenu		Part IV-B Reconciliation of Expenses per Audited								
	Financial Statements wi	th Revenue per		Financial Statements with Expenses per							
	Return (See Specific Instr	ructions, page 22.	)	Return							
a	Total revenue, gains, and other support			a Total ex	penses and losses	per					
	per audited financial statements		29.		financial statemer	-	а	149,209.			
b	Amounts included on line a but not on		98000000		s included on line						
	line 12, Form 990:			on line 1	17, Form 990:						
(1)	Net unrealized gains			(1) Donated							
۲٠,	on investments \$			• •	of facilities \$						
(2)	Donated services			(2) Prior year	· ••						
(~)	and use of facilities \$				on line 20,						
/31	Recoveries of prior			•	) \$						
(3)	year grants \$			(3) Losses re	•						
(4)	-										
(4)	Other (specify):				Form 990   \$						
	Add amounts on lines (1) through (4)	ь	********	(4) Other (spe	city):						
	Add amounts on lines (1) through (4)	b		A d d =	<u>\$</u>		××××				
_	Line a minus line fr		_		unts on lines (1) thro ninus line b						
C	Line a minus line b	3,083,4	\$1000000000					149,209.			
d	•		·		s included on line						
	Form 990 but not on line a:				90 but not on line	a:					
(1)	Investment expenses			(1) Investme	•						
	not included on line				ded on line						
	6b, Form 990 \$				990 \$						
(2)	Other (specify):			(2) Other (spe	cify):						
•	\$.				<u>\$</u>	1.00					
		d			ounts on lines (1)		a				
e	Total revenue per line 12, Form 990				penses per line 17						
		e 3,083,4			lus line d) · · · ·			149,209,			
Ľ	art V List of Officers, Directors, Tr	ustees, and Ney I	zmpic	oyees (List 6	each one even if h	ot compensa	ea; s	ee Specific			
	Instructions on page 22.)		(B) Tit	le and average	(C) Compensation	(D) Contribution	ns to	(E) Expense			
	(A) Name and address		hou	ırs per week	(If not paid, enter	employee benefit   deferred compen	plans &	account and other			
	<u> </u>		gevot	ted to position	-0)	deterred compen	sauon	allowances			
	SEE STATEMENT 5			,	NONE	NI.	ONE	NONE			
	OLL GIATEMENT 5		· · · · · · · · · · · · · · · · · · ·		INOINE	IN.	ONE	NONE			
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75				-	•	-		[w]			
	organization and all related organizations, of		v 000,c	was provided by	y the related organiza	tions? ▶	$\square$	Yes X No			
	If "Yes," attach schedule - see Specific Instru	ctions on page 22.				•					
					· · · · · · · · · · · · · · · · · · ·			<del>, , , , , , , , , , , , , , , , , , , </del>			

_	n 990 (1998) 31-158U2U4			age 5
Pa	rt VI Other Information (See Specific Instructions on page 23.)		Yes	<u>No</u>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u> </u>
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	78b	N.	ÌΑ
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	o If "Yes," enter the name of the organization			
	and check whether it is exempt OR nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 NONE			
h	Did the organization file Form 1120-POL for this year?	81Ь		Χ
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	015		
0 L a	or at substantially less than fair rental value?	82a		Х
t.	of "Yes," you may indicate the value of these items here. Do not include this amount	<u> </u>		
L	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	· · · · · · · · · · · · · · · · · · ·			
01 <b>-</b>		83a	~~~~	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	$\overline{}$	X	,
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<del>├</del>
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	********	X
	o If "Yes," did the organization include with every solicitation an express statement that such contributions	*****	8888888	
	or gifts were not tax deductible?	84b		A
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		( <u>A</u>
l:	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85Ь	N /	' A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	i Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>*****</b>		
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N.	<u> </u>
h	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N.	Α
86	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on			
	line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizationsEnter:			
а	Gross income from members or shareholders			
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? If "Yes," complete Part IX	88		<u> </u>
89 a	501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) organizationsDid the organization engage in any section 4958 excess benefit			
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X_
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		NON	ΙE
d	I Enter: Amount of tax in 89c, above, reimbursed by the organization		NON	
	List the states with which a copy of this return is filed NONE	<del></del>	,	
		90h	NON	ĪĒ
	The books are in care of ► SKIP RUTHERFORD  Telephone no. ► 501-97			
J 1	Located at ► 303 W CAPITOL 4TH FLOOR, LITTLE ROCK, AR ZIP+4 ► 72201	<u> </u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041Check here			$\Box$
	and enter the amount of tax-exempt interest received or accrued during the tax year			NE_
	24   34   34   34   34   34   34   34			

Form 990 (1998)	B -47				80204 Page 6
Pårt VII Analysis of Income-Produ	1				(E)
Enter gross amounts unless otherwise	(A)	lated business in	(C)	y section 512, 513, or 514	Related or
indicated.  93 Program service revenue:	Business code	(B) Amoun	nt Exclusion	(D) Amount	exempt function income
<del>-</del>	Code		- 1000	'	nicome
ab	-				
		· - · · · · · · · · · · · · · ·			
d	1				,
de	-				
f Medicare/Medicaid payments	·				
g Fees and contracts from government agencies	•	<del> </del>			-
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities .			14	33,429.	
97 Net rental income or (loss) from real esta				30   120 !	
a debt-financed property			·		
b not debt-financed property					
98 Net rental income or (loss) from personal property .	1				
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			`		
102 Gross profit or (loss) from sales of invent	-				
103 Other revenue: a					
b					
С	1				
d	I				
e					
104 Subtotal (add columns (B), (D), and (E)).				33,429.	
105 Total (add line 104, columns (B), (D), and	(E))			· · · · · · · <b>&gt;</b>	33,429.
Note: (Line 105 plus line 1d, Part I, should equa				•	
Part VIII Relationship of Activities					
Line No. Explain how each activity for whi	ch income is r	eported in colum	n (E) of Part VII contri	buted importantly to the acc	omplishment
of the organization's exempt purp	oses (other th	an by providing fo	unds for such purposes)	).	
			·	<del> </del>	
Part IX Information Regarding Ta	vahla Suk-	idiarias (Ca-	anlata this Bart 154	the "Vee" have an line	QQ is shooked \
Name, address, and employer identifi		Percentage of	Nature of	Total	End-of-year
number of corporation or partners		ownership interest	business activities	1	assets
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
/	· · · · · · · · · · · · · · · · · · ·	% %		<u> </u>	
		% %			
Under penalties of perjury, I de	clare that I have	evamined this return	i n. includina accompanyina	schedules and statements, and	I to the best of my knowledge
		prepare	r (other than officer) is base	ed on all information of which pro	eparer has any knowledge.
			1./4/.	0/99	Without & Precons
			Date /	Type or print name	and title
			Date/	/ Type of print name	Droporoza CCM

### SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION 31-1580204 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None.") (b) Title and average (d) Contributions to (a) Name and address of each employee paid more (e) Expense hours per week (c) Compensation employee benefit plans & account and other than \$50,000 devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions on page 1. 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 WILLIAMS & CONNOLLY 752 12TH STREET N.W., WASHINGTON D.C. LEGAL 88.200. Total number of others receiving over \$50,000 for

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. JSA

Schedule A (Form 990) 1998

professional services . . . .

hed	ale A (Form 990) 1998 31 - 1580	204	1	ag
arí	Statements About Activities		Yes	٨
	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?	1		888
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities	-		
	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.			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	of its 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: Sale, exchange, or leasing of property?			
а	Sale, exchange, or leasing or property?	2a	ļ	H
b	Lending of money or other extension of credit?	2b		-
C	Furnishing of goods, services, or facilities?	2c	-	-
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		L
	Transfer of any part of its income or assets?	<u>2e</u>	1-	H
	in the difference to any queeding to tee, alteen a actually statement explaining the harlocalistic.			
	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		
	Do you have a section 403(b) annuity plan for your employees?	4a		
	Attach a statement to explain how the organization determines that individuals or organizations receiving grants			
	or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)  Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.			200
ne o	rganization 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, page 4.)			
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 n	ame, city,		
, ſ	and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit, Section 17			-
, (	(Also complete the Support Schedule in Part IV-A.)	o(n)( r)(v)i	ίν).	
ia[		ic.		
_	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
1 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2 L	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	•		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses	acquired		
۱.	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	ations		
; L	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).			
	section 509(a)(3).)	366		
	Provide the following information about the supported organizations. (See instructions on page 4.)	•		
		ine numb om above		
		5111 45010		

	Note: You may use the worksheet in the in:	structions for converti	ng from the accrual to	o the cash method of	accounting.		
Caler	ndar year (or fiscal year beginning in) 🕠 🕠 🕟	(a) 1997	(Ь) 1996	(c) 1995	(d) 1994	1	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants, See line 28.)	NONE					NONE
16	Membership fees received						
17	Gross receipts from admíssions,		·				
	merchandise sold or services performed, or						
	furnishing of facilities in any activity that is						
	not a business unrelated 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				ļ.		
	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						
20	benefit and either paid to it or expended on		ŀ				•
	its behalf				[		
21	The value of services or facilities furnished to						
41	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						
44	include gain or (loss) from sale of capital assets	-					
23	Total of lines 15 through 22	NONE	• · ·				NONE
	Line 23 minus line 17 · · · · · · · · · · · ·	NONE	<del></del>				NONE
24 25	Enter 1% of line 23	NONE					NONE
25		··.		1	<u> </u>	26a	NONE
26	Attach a list (which is not open to public inspection					204	IVOIVE
U	person (other than a governmental unit or publicly s						
	· · · ·		•	·		26b	
	1997 exceeded the amount shown in line 26a. Ente	i the suff of all these	excess amounts .			200	
	Tatal support for postion 500(s)(4) took Enter line 24	Lackwan (a)			_	0.0-	NONE
	Total support for section 509(a)(1) test: Enter line 24			• • • • • • • • •	–	26c	INCIAL
a	Add: Amounts from column (e) for lines: 18	19			_		
							NONE
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) c						NONE %
f							MOIAE 30
27	Organizations described on line 12: a For amoun						
	person," attach a list to show the name of, and total		i each year from, eac PLICABLE	n "disqualified perso	n." Enter the st	ım	
	of such amounts for each year:				(400.4		
	(1997)(1996)						
b	For any amount included in line 17 that was received	•	•		<del>-</del>		
	received for each year, that was more than the large	• •	•	• • • • •			
	organizations described in lines 5 through 11, as w	•	• -			ed	
	and the larger amount described in (1) or (2), enter t						
	(1997) (1996)		(1995)		(1994	)	
C	Add: Amounts from column (e) for lines: 15	1	5 <u> </u>				
	1720	2	1		• • • • • •	27c	
d	17 20	and line 27b total .	•		▶	27d	
e	Public support (line 2/c total minus line 2/d total)				–	27e	
f	Total support for section 509(a)(2) test: Enter amount						
g	Public support percentage (line 27e (numerator)	divided by line 27f (d	lenominator))		▶	27g	%
<u>h</u>	Investment income percentage (line 18, column						%
28	Unusual Grants: For an organization described in lir attach a list (which is not open to public inspection)						
	grant, and a brief description of the nature of the gr					ie	

Part V

Private School Questionnaire (See instructions on page 4.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

			Yes	No
29 30	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?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	29		
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	,			
	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
	basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32b		-
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
â	Students' rights or privileges?	33a		
ŧ	Admissions policies?	33b		<u></u>
C	Employment of faculty or administrative staff?	33c		
C	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
T	Use of facilities?  Athletic programs?	33f		
g H		33g		
	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
	n you answered Tes to any or the above, please explain. (if you need more space, attach a separate statement.)			
	Does the organization receive any financial aid or assistance from a governmental agency?			
34a		34a		•
Ŀ	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	25		

			Lobbying Expendi	tures During 4-Year	Averaging Period	
Calendar year (or fiscal		(a) 1998	<b>(b)</b> 1997	(c) 1996	<b>(d)</b> 1995	(e) Total
45	/ear beginning in) ►  Lobbying nontaxable  amount · · · · · · ·	1990	1997	,	1995	rotai
46	Lobbying ceiling amount (150% of line 45(e))					
<u>47</u>	Total lobbying expenditures	···				
<u>48</u>	Grassroots nontaxable amount					
<u>49</u>	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

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

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

Sch	edule A (Fo	rm 990) 1998		31-15802		F	age
	rt VII	Information Regarding	Transfers To and Transactions an	d Relationships With Noncharitabl	e		
51	Did the re	Exempt Organizations	y or indirectly engage in any of the follo	owing with any other organization desc	ribed i	n sect	ion
J 1				n 527, relating to political organizations			
а			ation to a noncharitable exempt organiz			Yes	No
	(i) Casi	h			51a(i)		Х
					a(ii)		X
b	Other trai						,,
			ble exempt organization		b(i)		X
			ncharitable exempt organization		b(ii) b(iii)	<u> </u>	X
					b(iv)		x
					b(v)		X
	(vi) Perf	formance of services or me	mbership or fundraising solicitations		b(vi)		X
C	•		ing lists, other assets, or paid employee	· · · · · · · · · · · · · · · · · · ·	C		Х
d	If the answ	ver to any of the above is "Yes	," complete the following schedule. Column	(b) should always show the fair market value	of the		
	goods, oth	er assets, or services given by	the reporting organization. If the organization	on received less than fair market value in any			
			w in column (d) the value of the goods, other I				
	(a)	(b)	(c)	(d)			
	Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and shi	aring arra	ingeme	nts
-							
	<del></del>						
	•						
			<u> </u>				
			,				
						•	
			· · · · · · · · · · · · · · · · · · ·				
<u> </u>			 				
5 Z a			ctly affiliated with, or related to, one or code (other than section 501(c)(3)) or i		Yes	Y	ما ا
í		' complete the following sch					
	•	(a)	(b)	(c)			
	Na	me of organization	Type of organization	Description of relationshi	р		
		· · · · · · · · · · · · · · · · · · ·					
		· · ·					
			ļ				
				<u>.</u>			

# FORM 990, PART II - OTHER EXPENSES

**DESCRIPTION** 

STATE REGISTRATION FEES SERVICE CHARGES
P.O. BOX FEES
CONSULTING FEES
EVENT DINNER

TOTALS

AND GENERAL MANAGEMENT

23,236. 7,835. 40. 6,512

37,632.

D6R01B K925 04/12/1999 08:41:48 V8.06.01 8SPSLN 1.000

# FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO DESIGN, CONSTRUCT, AND INITIALLY ENDOW A PRESIDENTIAL ARCHIVAL DEPOSITORY.

- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART 111

**DESCRIPTION** 

THE FOUNDATION HAS SOLICITED AND ACCEPTED GIFTS OR BEQUESTS OF MONEY OR PROPERTY FOR THE PURPOSE OF CONSTRUCTING AND INITIALLY ENDOWING THE PRESIDENTIAL ARCHIVAL FACILITY, AND FOR THE PURPOSE OF CONSTRUCTING AND MAINTAINING RELATED RESEARCH AND EDUCATIONAL FACILITIES AND ACTIVITIES.

TOTAL

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11

(NOT OPEN TO PUBLIC INSPECTION)

2,864,993.		3,050,000.	
!!!!!!			
	61,669.	500,000.	
188,331.	61,669.	250,000.	
2,	61,669.	2,300,000.	
1 1 1	# T		1 1 1 1 1 1 1 1 1 1
AMOUNT	LINE 24	NAME CONTRIBUTION	CONTRIBUTOR NAME
EXCESS CONTRIBUTION	MINUS 2% OF	TOTAL	