

# Return of Organization Exempt From Income Tax

**1999**

Department of the Treasury,  
Internal Revenue Service

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

This Form is Open to Public Inspection

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

**A** For the 1999 calendar year, OR tax year period beginning **1999**, and ending **1999**

<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return  <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1104</b> City or town, state or country, and ZIP + 4 <b>LITTLE ROCK, AR 72203</b>	<b>D</b> Employer identification number <b>31-1580204</b>
		<b>E</b> Telephone number ( ) - -	<b>F</b> Check <input type="checkbox"/> if exemption application is pending

**G** Type of organization  Exempt under section 501(c) ( 03 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

**H** (a) Is this a group return filed for affiliates? . . . . .  Yes  No **I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

(b) If "Yes," enter the number of affiliates for which this return is filed:

(c) Is this a separate return filed by an organization covered by a group ruling? . . . . .  Yes  No **J** Accounting method:  Cash  Accrual  Other (specify)

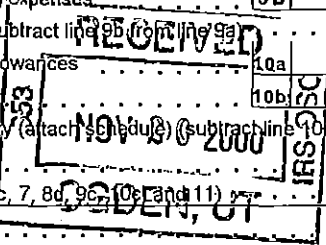
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received: <b>STMT 1</b>		
	a	Direct public support . . . . .	1a	3,135,038.
	b	Indirect public support . . . . .	1b	
	c	Government contributions (grants) . . . . .	1c	
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 2,856,600 noncash \$ 278,438.) . . . . .	1d	3,135,038.
	2	Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Interest on savings and temporary cash investments . . . . .	4	
	5	Dividends and interest from securities . . . . .	5	131,191.
	6a	Gross rents . . . . .	6a	
	b	Less: rental expenses . . . . .	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a) . . . . .	6c	
7	Other investment income (describe <input type="checkbox"/> ) . . . . .	7		
8a	Gross amount from sales of assets other than inventory . . . . .	(A) Securities	(B) Other	
		8a		
		8b		
		8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	8d		
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ of contributions reported on line 1a) . . . . .	9a
		b	Less: direct expenses other than fundraising expenses . . . . .	9b
		c	Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .	9c
10a	Gross sales of inventory, less returns and allowances . . . . .	10a		
		b	Less: cost of goods sold . . . . .	10b
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .	10c
11	Other revenue (from Part VII, line 103) . . . . .	11		
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .	12	3,266,229.	
Expenses	13	Program services (from line 44, column (B)) . . . . .	13	29,185.
	14	Management and general (from line 44, column (C)) . . . . .	14	131,326.
	15	Fundraising (from line 44, column (D)) . . . . .	15	131,329.
	16	Payments to affiliates (attach schedule) . . . . .	16	
	17	<b>Total expenses</b> (add lines 16 and 44, column (A)) . . . . .	17	291,840.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .	18	2,974,389.
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	19	2,934,220.
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20) . . . . .	21	5,908,609.

Revenue SCANNED DEC 1 2000



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ... [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ... ; (ii) the amount allocated to Program services \$ ... ; (iii) the amount allocated to Management and general \$ ... ; and (iv) the amount allocated to Fundraising \$ ...

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: SEE STATEMENT 6, 29,185. Row b: (Grants and allocations \$), 29,185. Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 29,185.

**Part IV Balance Sheets** (See Specific Instructions on page 22.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash - non-interest-bearing	2,934,220.	45	5,644,492.
	46	Savings and temporary cash investments	NONE	46	278,438.
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		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	88,884.		
	b	Less: accumulated depreciation (attach schedule)		57c	88,884.
58	Other assets (describe )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,934,220.	59	6,011,814.	
Liabilities	60	Accounts payable and accrued expenses	NONE	60	103,205.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	NONE	66	103,205.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	2,934,220.	67	4,145,512.
	68	Temporarily restricted	NONE	68	1,763,097.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<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)	2,934,220.	73	5,908,609.
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	2,934,220.	74	6,011,814.

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

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

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

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	3,266,229.
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants . . . . \$		
	(4) Other (specify):		
	\$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	3,266,229.
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
	\$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	3,266,229.

a	Total expenses and losses per audited financial statements . . . . ▶	a	291,840.
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify):		
	\$		
	Add amounts on lines (1) through (4) . . ▶	b	
c	Line a minus line b . . . . . ▶	c	291,840.
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	291,840.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		12,000.	NONE	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule - see Specific Instructions on page 25.





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

1999

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

WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION

Employer identification number

31-1580204

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

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

Table with 5 columns: (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. Content is NONE.

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

NONE

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Entry for PETER O'KEEFE, 1200 N VEITCH ST, APT 630 ARLINGTON, VA, FUNDRAISING CONSULT, 87,500.

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

NONE

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

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

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

- 5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, 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 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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

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



Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12.

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

NOT APPLICABLE

		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.)		
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32	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 basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
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.)			
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33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
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-----			
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
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.		
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 . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 6 of the instructions.)

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

**NOT APPLICABLE**

- Check here  **a** if the organization belongs to an affiliated group.
- Check here  **b** if you checked "a" above and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<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 - <b>If the amount on line 40 is -            The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000	<b>41</b>	
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<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 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable amount . . . . .					
<b>48</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>49</b> Grassroots lobbying expenditures . . . . .					
<b>50</b> Total grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		<b>X</b>	
<b>c</b> Media advertisements . . . . .		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public . . . . .		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements . . . . .		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<b>X</b>	
<b>i</b> 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.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 8 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:

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

- (i) Cash
- (ii) Other assets
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

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

**52a** 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:

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

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
-----

07/08/1999	500,000.
06/15/1999	50,000.
07/08/1999	50,000.
07/08/1999	50,000.
07/08/1999	10,000.
08/10/1999	15,000.
08/10/1999	50,000.
08/31/1999	5,000.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----
	09/15/1999	100,000.
	10/13/1999	5,000.
	10/13/1999	50,000.
	10/13/1999	200,000.
	10/26/1999	10,000.
	10/26/1999	50,000.
	10/26/1999	500,000.
	10/26/1999	100,000.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	----	-----
	11/30/1999	25,000.
	11/30/1999	12,500.
	12/01/1999	20,000.
	12/28/1999	25,000.
	12/30/1999	25,000.
	12/31/1999	278,438.
	12/31/1999	25,000.
	12/31/1999	100,000.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS

DATE  
----

12/31/1999 100,000.

12/31/1999 100,000.

12/31/1999 200,000.

12/31/1999 200,000.

12/31/1999 250,000.

12/31/1999 25,000.

MISCELLANEOUS CONTRIBUTORS < \$5,000 VAR 4,100.

TOTAL CONTRIBUTION AMOUNTS  
-----  
3,135,038.  
=====



FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
STATE REGISTRATION FEES	8,068.	807.	3,631.	3,630.
CONSULTING FEES	105,450.	10,545.	47,452.	47,453.
CATERING	3,621.	362.	1,630.	1,629.
INSURANCE	10,284.	1,028.	4,628.	4,628.
DIRECT MAIL	9,501.	950.	4,275.	4,276.
ADVERTISING/MARKETING	19,779.	1,978.	8,900.	8,901.
IMPROVEMENTS, MINOR	3,705.	371.	1,667.	1,667.
EQUIPMENT, MINOR	3,234.	323.	1,455.	1,456.
FURNITURE & FIXTURES, MINOR	12,577.	1,258.	5,660.	5,659.
OTHER	971.	97.	437.	437.
TOTALS	177,190.	17,719.	79,735.	79,736.

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

TO DESIGN, CONSTRUCT, AND INITIALLY ENDOW A PRESIDENTIAL ARCHIVAL DEPOSITORY, TO HOUSE AND PRESERVE THE BOOKS, CORRESPONDENCE, DOCUMENTS PAPERS, PICTURES, PHOTOGRAPHS AND OTHER MEMORABILIA OF PRESIDENT CLINTON.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

THE FOUNDATION SOLICITS AND ACCEPTS GIFTS OR REQUESTS 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.

29,185.

TOTAL

29,185.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES L. RUTHERFORD 5604 HAWTHORNE ROAD LITTLE ROCK, AR 72207	PRESIDENT AS NEEDED	NONE	NONE	NONE
DAVID H. PRYOR 323 CENTER STREET, SUITE 1260 THE TOWER BUILDING LITTLE ROCK, AR 72201	VICE-PRES AS NEEDED	NONE	NONE	NONE
SHANNON TANNER 6518 ALLWOOD DRIVE NORTH LITTLE ROCK, AR 72118	BOOKKEEPER 10	12,000.	NONE	NONE
GRAND TOTALS		12,000.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE STATEMENT LISTING OFFICERS, DIRECTORS & KEY EMPLOYEES

FEDERAL FOOTNOTES

=====

THE FOUNDATION BEGAN OPERATIONS IN 1998 AND IS IN ITS EARLY STAGES OF RAISING FUNDS TO CONSTRUCT ITS FACILITIES AND TO DEVELOP PROGRAMS TO MEET THE EXEMPT PURPOSES. PROGRAM DEVELOPMENT IS IN THE VERY EARLY PLANNING STAGE AND NO SIGNIFICANT PROGRAM SERVICE EXPENSES HAVE BEEN INCURRED.

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

Department of the Treasury Internal Revenue Service

File a separate application for each return.

File this type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name: WILLIAM J. CLINTON PRESEDENTIAL FOUNDATION; Employer Identification number: 31-1580204; Address: P.O. BOX 1104, LITTLE ROCK, AR 72203

COPY

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trust must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

I request an extension of time until NOVEMBER 15, 2000, to file (check only one):

- Form 706-GS(D) [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1120-ND (sec. 4951 taxes) [ ] Form 8612 [ ]
Form 706-GS(T) [ ] Form 990-T (trust other than above) [ ] Form 3520-A [ ] Form 8613 [ ]
[X] Form 990 or 990-EZ [ ] Form 1041 (estate) (see instructions) [ ] Form 4720 [ ] Form 8725 [ ]
Form 990-BL [ ] Form 1041-A [ ] Form 5227 [ ] Form 8804 [ ]
Form 990-PF [ ] Form 1042 [ ] Form 6069 [ ] Form 8831 [ ]

If the organization does not have an office or place of business in the United States, check this box [ ]

- 2a For calendar year 1999, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? [X] Yes [ ] No
4 State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Signature] Title: CPA Date: 08/11/2000

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- [X] We HAVE approved your application. Please attach this form to your return.
[ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
[ ] We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[ ] Other:

EXTENSION APPROVED AUG 24 2000

By: [Signature] Director Date: [ ]

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: WILLIAM J. CLINTON PRESEDENTIAL FOUNDATION / BAIRD, KURT; Address: P.O. BOX 3667, LITTLE ROCK, AR 72203-3667

RICHARD CREAMER, Director; Ogen Submission Processing

**Application for Extension of Time to File  
Certain Excise, Income, Information, and Other Returns**

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

type or file the original and one copy by the due date for filing your return. See instructions on back.	Name <b>WILLIAM J. CLINTON PRESEDENTIAL FOUNDATION</b>	Employer identification number <b>31-1580204</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>P.O. BOX 1104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE ROCK, AR 72203</b>	

**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trust must use **Form 8736** to request an extension of time to file **Form 1065, 1066, or 1041.**

**1** I request an extension of time until **AUGUST 15, 2000** to file (check only one):

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)    | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

- 2a** For calendar year 1999, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- b** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3** Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4** State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 5a** If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions . . . \$ \_\_\_\_\_
- b** If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . \$ \_\_\_\_\_
- Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions . . . \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ *M. Sam Mawson* Title ▶ CPA Date ▶ 05/12/2000

**FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.**

**Notice to Applicant - To Be Completed by the IRS**

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

case type or Print	Name <b>BAIRD, KURTZ &amp; DOBSON</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>P.O. BOX 3667</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE ROCK, AR 72203-3667</b>